Autism

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KEY CONCEPTS
Mental space and spacelessness, mindlessness, meaning, containment, endoskeleton, adhesive identification versus projective identification, introjective identification, defence versus retreat, consensuality, organ of consciousness, shifts in contact, one- two- three- and four-dimensionality (time), delusional systems.

Last night I tried to develop for you particularly the theme of Mrs Klein's discoveries, as it were, of the spaces of the mind – the geography of phantasy – and to trace for you its implications for the concept of psychopathology and phenomenology related to these different spaces. And tonight I want to try to develop the next theme, which is really in a sense the discovery of spacelessness, which was also, I think, the discovery of mindlessness. And I want to try to show you how this was developed, because it developed with a certain degree of discreteness in two different people's work, although of course they were always in communication with one another a bit, and influencing one another – fundamentally a really big influence by Dr Bion.

There was Dr Bion developing his theory of alpha function, the grid, and the theory of container and contained, and there was Mrs Bick with her researches about skin containment and myself with my group studying autistic children. And what came out of it was a very surprising convergence that seems to me to have opened up an annex, as it were, to the whole problem of the geography of phantasy that has brought psychoanalysis a bit more into a rapprochement with some of the problems being worked on in some of the centers of philosophical research these days having to do with linguistics and the ways in which language can be used and misused and the ways in which communication does and doesn't take place. This work brought into focus the concept of *meaning*. It seems to me that one can deal with Freud's model of the mind as if it were a model that didn't necessarily deal with meaning in itself but

really dealt fundamentally with impulse life and the gratification or frustration of impulse life, the generating of anxiety as a signal of danger, but the danger not necessarily being a danger that had any particular meaning in it. When you get to Mrs Klein's model, it really does change in a way that makes meaning the very center of things. Emotionality becomes the most intense focus of the meaningfulness of what is going on in the mind.

Now in a sense, being brought up psychoanalytically in Mrs Klein's sphere and taking these spaces rather for granted, and in a sense therefore also taking the meaningfulness of mental life for granted, it did come as a very great surprise to me as I studied with my colleagues the phenomena thrown up in the treatment of this group of autistic children. And the whole process of the treatment of the children, the supervision of that treatment, and the seminaring of it took about ten years. It took about eight of those ten years for these things to begin to sink in to myself and the rest of us because it was such a departure from the habitual modes of thought and the general conception of mental life that we had prior to that. And that is, that we certainly did seem to discover the compelling evidence in the evolution of the treatment of these children and the phenomena of the transference as it evolved with them, that these were children in whom the absence of an internal space and therefore the absence of the capacity for projection and introjection seemed to be the main factor in the impeding of their developmental process. And that seemed to us to imply that either these children had regressed from what Mrs Klein had defined as the first step in developmental history – that is, the first splitting and idealization and the first projections and introjections that accompany this splitting and idealization – that it seemed to imply that either there was a regression from that position that caused a sort of collapse of the spaces inside the self and inside external objects, or that there was really a developmental step prior to splitting and idealization that created these spaces into which projection and introjection could operate to create an internal world. By that time we understood very well that this internal world was really the place in the mind where the meaning of things was generated in unconscious phantasy which Dr Bion later described as Row C in his grid and that the first step beyond that was generated by alpha function.

It's true that in many of the histories of these children there did seem to be a history of an initial advance in their development and then some sort of collapse and regression. And I don't think we ever came to any absolute conviction within ourselves as to whether the spacelessness that we observed in these children was developmental, an impedance of a primary developmental step, or whether it was a regression from a position that was given by what Dr Bion would call a preconception, that a preconception of spaces would find its immediate realization simply in the act of birth. I must say that seems most likely to me. But I don't think it matters essentially whether spacelessness is a primary developmental situation that then has to be expanded into spaces or whether it's something that happens as a result of some sort of collapse of the spaces that have their origins in this first realization of the process at birth. The thing that mattered to us really was the phenomena that we saw for the first time in these children that seemed related to spacelessness. That is, that we did think that we saw in these children an incapacity to function at a level that had meaningfulness as its focus and that in its place they function at a level that had either meaningless behavior or imitative behavior.

Now, this imitative behavior, the mimicry, the things that we observed for instance in these children that were so striking was one of automatic imitation of things like a child watching branches swinging in the wind and immediately swinging with them, or watching somebody sweeping the leaves outside the consulting room and immediately making sweeping motions and so on. So that we felt at that time that we were seeing something in the nature of mimicry that had to do with the perception of the external formal qualities of objects and their movement or behavior, but that had nothing to do with the meaning of this behavior.

At the same time, Mrs Bick was struggling to understand phenomena that she was seeing in certain of her patients, primarily a very schizophrenic girl that she had for years but also surprisingly similar phenomena in much more ordinary neurotic patients, but neurotic patients of a particular sort, patients that seemed to have a peculiar and unexplainable tendency to collapse and then to recover and collapse and recover. What she described, as you probably know from reading her great paper, is that she discovered that these people had a defect in the experience of the self as being well contained by their skin and that they felt neither

well held together by a skin that functioned as an exoskeleton, you might say, nor had they reached the stage of development where they were well held together by identification with internal objects as a kind of endoskeleton to their personality.

These people whom she did describe as having this leaky kind of skin were having repeated experiences of collapse, of leaking, of vomiting, incontinence of urine on the street, or a tendency for nose and eyes to run – all of those sorts of phenomena of incontinent orifices. She also discovered that these patients, like our autistic children, manifest a certain tendency for automatic types of identification. She named it adhesive identification. And we picked up that name from her to apply to the phenomena of mimicry that we saw in the autistic children. Adhesive identification seems to me to be very different from projective identification. I don't think that, as far as the psychoanalytic literature is concerned, we are the first ones to describe this phenomenology. I mean, I think that it was very accurately described in Helena Deutsch's paper on the as-if personality. I always thought that paper could be subsumed under the phenomenology of projective identification, but when Mrs Bick described adhesive identification I could see very clearly that I had been mistaken about it, that Helena Deutsch had described imitative social behavior in people who changed their behavior with great facility to match in the social behavior of whatever group or culture they happen to enter.

And one sees this quite strikingly for instance in patients–I've had patients who came to England during the war as adolescent children and who learnt English – but *English* English – just like that. Whereas generally you would think that an adolescent child would not be able to learn a new language and its accents without great difficulty. But not only did they learn English just like that, they also forgot their mother tongue and later in life had to recover it. Sometimes accents of their mother tongue began to creep into their English. But these were the instances – that kind of change from one language to another – not only of picking up the grammar and the syntax, but picking up the music of it and speaking, as it were, better English than the English. This is also a manifestation of the capacity of some people to operate on the basis of mimicry, and

this mimicry seems to be produced, as Mrs Bick described it, by a phantasy of sticking to the surface.

From the point of view of the history of the development of psychoanalytic thought, it means that Freud was in great difficulty trying to distinguish (at the time of *Mourning and Melancholia*) between narcissistic identification and later in *The Ego and the Id*, introjective identification and couldn't find the means to describe the difference between them. Mrs Klein, then, through this description of spaces was able to describe a narcissistic form of identification – projective identification. Mrs Bick was describing a second, more primitive form of narcissistic identification which is called adhesive identification.

Now, the thing that relates to spacelessness and to the problem of meaning and meaninglessness and of mentality and mindlessness is that adhesive identification manifests a mimetic identification with the surface appearance and behavior of other people or things or animals; it certainly plays a part in a sense of culture in general. And this is an identification with the appearance of things having nothing to do with the meaning, nothing to do with the mental states of the particular person, say, who is being identified with. It doesn't have to do with mental states at all. It has to do with social appearances, and it is a method of social adaptation which some people are very, very skillful at. *Pro*jective identification is essentially concerned with mental states. The very object, the very purpose that lies behind the projective identification has essentially to do with the perception that the object is in a different mental state than the self, and that that mental state is coveted in some way – one wishes to invade it, to participate in it, to take it over. It is the capture of the mentality of the object that is the very aim of projective identification. I think that's something that we didn't quite realize about projective identification until we were in a position to compare it to this more primitive form of narcissistic identification and the mindlessness that it involved.

We came to these conclusions, that these autistic children were having a great difficulty in expanding the flatness of themselves and their objects and creating a space, and then further, having difficulty in closing the orifices of themselves and their objects so as to create continent spaces that could contain something. It did make us realize for the first time that there was a problem of dimensionality that really needed

to be examined and scrutinized in the whole realm of mental functioning and personality functioning – that we couldn't content ourselves with thinking this was something simply peculiar to the autistic child. From the point of view of our investigations, the problem of dimensionality was only a subsidiary feature of the autistic child that impeded his development. It didn't seem to be in any way the nuclear disturbance in the autistic child. It seemed to have something more to do with what we call dismantling – that is, really destroying the mind temporarily so that there was no possibility of functioning or not functioning.

Mrs Bick had already shown us the way, that this problem of containment was not simply something that she discovered operating in this terribly psychotic little girl that she had been treating all those years, but that it threw up phenomena that she recognized taking place in many other patients. Our eyes were opened, and we began to see evidences of what we are now calling two-dimensionality; that is, a tendency to relate to objects in the outside world as if they were flat or as if they were solid, as really only surfaces to relate to. They could possibly be burrowed into but only in the sense of finding a homogeneous substance inside them.

The main thing here is the relating to the surface and the surface qualities of the object. I think we began to see evidence of this in quite a few patients and evidence of mimicry operating in their relationship to the analyst in the transference. So it did open up a new area of phenomena for observation and also opened up to exploration certain categories of character difficulties which hadn't really attracted our attention as being distinct from other character difficulties. That, you might say, opened up a new way of viewing the general problem of what had been called for many years *ego strength*. That is, it did seem to us that what Mrs Bick was discovering about containment and what we were discovering about two dimensionality – the tendency to relate to surface qualities – played a very important part in the general problem of what had been lumped together under the title of ego strength, which seemed to me something like the general capacity to bear mental strain – not necessarily mental pain and not necessarily persecution or depression, and not necessarily excluding physical illness or fatigue or intoxication or any sort of general stress. The problem that we were touching on related to containment of the self and having internal objects that could

function as containers and seemed to give us a clue to the general problem of ego strength. It particularly opened our eyes to those phenomena in patients that Mrs Bick described as having sudden rather inexplicable types of collapse – collapse into exhaustion, syndromes of a type Freud would have called neurasthenia, sudden needs for holidays, going to bed for a few days, urgently having to have a vacation, or rather, physical manifestations such as vomiting on the street, having sudden nosebleeds, runny noses, and crying.

Accompanying this two-dimensionality that was related to the tendency to adhesive identification to the surface qualities of objects, we also discovered that there was a certain flatness or thinness of affect that related to that particular sphere of the personality. I remember a patient of mine whose husband was always complaining that she was always sitting behind *The Times* – reading the newspaper – but in fact she wasn't reading the newspaper. She was *looking at* the newspaper. That is, she was sitting with a newspaper in front of her. And she didn't actually read it with a sense of comprehending the meaning of it. She just went through it, went through it, column by column, reading the words but not taking in the meaning at all. And this was her form of relaxation. That would seem to be a good illustration of what I mean by a kind of thinness of affect. Of relating oneself *to* something but not to the meaning of it. But only to its surface qualities which of course in the case of reading means reading the words but not reading the meaning of the sentence and not taking in the significance of the paragraph.

Now this was all about the time that Dr Bion's series of books was coming out; *Learning from Experience* had already come out and had influenced us greatly. *The Elements of Psycho-Analysis* had come out and knocked us all down, as it were, and it took us years to begin to grasp what in the world he was talking about. *Transformations* was even more traumatic. I must say, it has taken me many years to discover the tremendous impact those books had on me. It was really only when I undertook to teach a course at the Tavistock Clinic on Dr Bion's work and was absolutely forced to transform what I thought I understood about it into actual knowledge about what I understood about it and to put it into words for other people that I began to grasp what a tremendous influence it had had on my thinking. And, of course, what is central to Dr Bion's

ideas are these concepts of container and contained which link so much to our work with autistic children and to Mrs Bick's work. And then, of course, Bion's incredible step forward into a real theory of thinking for the first time, I think, in psychoanalysis: the theory of alpha function and the grid.

This evening I want to try to discuss with you a bit more this business about meaning. And perhaps one of the most useful ways to do it would be to tell you some material from a child whose analysis I supervised who has made the most intelligent, systematic, relentless and fascinating attack on the meaningfulness of the relationship between himself and his analyst that I have ever seen. I think in seeing the ways in which he has gone about destroying the meaning of the relationship one can perhaps get some idea, by turning it on its head, what the meaning of the meaning is. So let's see if I can describe this little boy to you.

Clinical example

He's a little boy who is now seven, I suppose. He was a quite severely autistic child when he first came into analysis at about the age of three, three and a half. And I remember he was treated for the first year and a half by Wendy Brandschaft and supervised the last year by myself. In the early days his autism manifested itself in mutism, in being totally uneducable and unmanageable, and in what was called in his family *dervishing*. He was continually whirling about, whirling about, and ricocheting off objects in a sort of continual activity. Wendy Brandschaft agonized over him for about a year and a half, and the latter months of treatment turned into a crisis of separation between the two of them. This made a dramatic turning point in the child's development. By the time he started a subsequent treatment with Maria Schulman, which has now gone on for two years, he had absorbed the impact of Wendy really going away, which had been unthinkable to him, not unthinkable so much as a laceration to his heart, but as a breach of his omnipotent control and also a laceration to his feeling. The boy's material began to just blossom, and pictures began to pour out of him. His play, however, was very repetitive; session after session it was almost always the same, but each session had little modifications. Then he went through quite a long period of

being very preoccupied, as he had started to be with Wendy, about trains. With Wendy he had been preoccupied primarily with the underground that he took from his home to the clinic and to a very great extent with the advertisements along the escalators going up and down at the tube station – many of which were young women in bikini bathing suits. But now with Maria, he was very preoccupied with trains, trains passing through a landscape, and a landscape that had a bridge and a volcano. This bridge and volcano and sun and the position of the child in the train was a repetitive theme, and the most important element of it was the danger of passing over the bridge and the noises coming from the volcano. There didn't seem to be danger of eruption, lava and so forth, but noises – very frightening noises – coming from the volcano.

This theme of the frightening noises gradually developed into a theme of the boy's being terribly noisy and abusive and obscene in his language but at the same time being very frightened of its being heard, overheard by anybody who might be at the door, or particularly by his father who was in the waiting room. And that seemed to be the anxiety situation that crystallized to which he could find no solution. His demands of the therapist took the form that she mustn't have any other children in treatment but himself – she must not have any other babies – that she must undress and show herself naked to him, and that she must have no holidays. In relation to these demands and her refusal to acquiesce to these demands, his outbursts of verbal abuse, then the anxiety that they would be overheard, he began systematically to try to attack the meaningfulness of their relationship. And this he represented by attacks on the materials with which he had made his original drawings, particularly the felt-tipped pens. He made systematic attacks to destroy the felt tipped pens, but it wasn't simply a matter of destroying the pens and therefore destroying the capacity to make pictures that would represent the meaning. The point was to destroy the meaning of the felt-tipped pens. And this he did by a series of debates in which he demonstrated, or insisted that he could demonstrate to his therapist, that no matter how destroyed a felt-tipped pen was, if any shred of it could still be said to contain a shred of felt-tipped-pen-ishness, you might say, then nothing had been destroyed; nothing had been wasted.

The approach that his therapist made to this was an approach that

took the problem out of the realm of felt tipped pens and felt tipped pen-ish-ness, and whether a little shred of felt could still be called a felt-tipped pen. She lifted it out of that realm and brought it into the realm of the question of her interest, and her attention, and her mental states; particularly about the time of her life and whether or not he could defend himself against the charge of wasting the time of her life, wasting her patience and interest and possibly bringing the therapy to a point where her interest and patience could be exhausted. And this had a very great impact on him. But the result of it was that a whole new operation started. He began to bring things into the session which he had scavenged in forays with his father to a nearby rubbish dump or something of the sort. He began to bring in little bits and pieces of musical instruments, radios, and televisions. And it began to reverse the process that had been represented by the destruction of the felt-tipped pens; that is, he began to bring in debris of what you might call music-making apparatus with the avowed intention of constructing for himself from this debris a talking machine to replace his therapist.

At that time his therapist interpreted to him and examined with him whether or not his proposed construction could really substitute for her, and whether it was really possible that he prefer a machine – particularly a machine that didn't work. There had never been an assertion on his part that the device would work, but that it would simply be enough for him that it would represent a substitute for her.

When she methodically challenged his assertion that this would be an adequate substitute because this meant that he would really prefer a non-working, ugly assemblage of debris that he called a talking machine to herself as his therapist, another level of phenomena appeared. He began to construct in phantasy a modification of the room; there was a sort of protective plastic sheeting going up to about four feet on the walls, and it was held in place by a kind of beading which in turn was held in place by screws. This beading and the screws were said by him to be a public address system leading from the consulting room into the waiting room where his father would be waiting. And these screws were filters which he could adjust so that he could abuse her to his heart's content, but what his father would hear in the waiting room would be only sweet sounds and sweet, inoffensive words.

His preoccupation started out with the danger of this volcano rumbling and making frightening sounds that were connected with his abuse of his therapist when she wouldn't acquiesce to his possessive and erotic and sensuous demands of her. He ended up with a system that was intended to enable him to abuse her without, you might say, the volcano knowing about it and by means of this apparatus which filtered out the truth and delivered into the waiting room a pack of lies. But nonetheless, it was still allowing meaning to flow even if the meaning was being so filtered that what got through was like the censorship of the news. The impression at the end of the censorship was entirely different from the impression of the full news story before it had been censored. But still, meaning had been re-established.

So there was first the period of attempting to destroy the meaning and significance of his relationship with her by these very cynical devices using and misusing words to prove that words were meaningless. For instance, the little shred of felt *was* a felt tipped pen and therefore nothing should be wasted, and therefore there was no such thing as waste, and then swinging over into the other attack on meaning that pieces of debris, because they originally came from things that had to do with music, could really be called a musical instrument or a talking machine and that that was just as good as, if not better than, a human being to relate to. There were these two attacks on meaning: one an attack that said that meaning doesn't exist, and the other attack that said meaning can be created ad lib in any way you please.

That little boy seemed to me to make a very strong link to Dr. Bion's work, on the one hand, with the concept of the beta screen, the idea of alpha function working in reverse, and the idea, which hadn't yet been completely developed, of the negative grid. But what it also linked with was this little boy's very beginnings as an autistic child and the world of meaninglessness where only surface qualities exist.

Projective identification, dimensionality, and delusional systems

Mrs Klein described projective identification as a general phenomenon. You could easily have described all sorts of different forms of narcissistic identification as they existed in hypochondria, as they

existed in claustrophobia; you could have had hypochondriac identification, claustrophobic identification, confusional identification, and so on. I suppose the stroke of genius in this field partly relates to the ability to see what was the selected fact – the most general organizing principle. It would seem to me that the general differentiation between object related identifications and narcissistic identifications would be the top level of our generalizing; we generally think that the object-related identifications are essentially introjective and occur primarily with internalized objects. That may be wrong. There may be other aspects of object-related identifications that haven't yet been described. We assumed for a long time that projective identification *was* narcissistic identification. Well, now there's a second form. So that you have to put these two under the general heading of narcissistic identification. We might discover a third or fourth. And then under projective identification, one could easily describe sub-categories of projective identifications, as I did last night in describing the spaces inside the mother's body and the different mental states that relate to these sub-spaces, and so on. You could probably do the same with adhesive identification.

The question of introjective identification isn't really something I'm able to get to at this point, but I hope to get to it much later – though perhaps it is worthwhile talking about now. I mean, I don't think that adhesive identifications or introjective identifications have anything to do with swallowing. I think that introjective identification is something that comes about in a most mysterious way through an intensely cooperative relationship between an object that wishes to project and an object that wishes to accept the projection. It's not only the baby that introjects from the breast, it's also the mother who introjects the baby. Not simply accepts the projection of distressed parts of the self as Dr Bion has described in order to return them to the baby in a less distressed state. But the mother does also introject the baby as a person in her internal world and the baby introjects from the mother not simply a breast or nipple and not simply a mother, but introjects what the mother wishes to project into the baby which generally we assume is a mother and father, a united couple, a combined object. So it isn't much related to swallowing and different kinds of swallowing or cannibalistic internalizations, as it used to be called. It seems to me that introjection is a much more mysterious mind-to-mind

process which may go on and perhaps optimally does go on in the infant-breast relationship; that is, the infant-mother relationship at the moment when the mother is feeding the infant with the breast – the baby is getting its nourishment from the breast. The introjective processes are mind-to-mind processes.

It seems to me that at present, in tracing the consequences of the operation of these modes of relationship that we call introjection, projective identification, and so on, our tendency is to try to examine them on the basis of their relationship to two different spectra that have to do with the mode of operation of these mechanisms. One is the spectrum from sadism to love and the other is the spectrum from, you might say, intense omnipotence to humility. We do, in fact, examine the consequences of these operations – of these mechanisms – as to the degree of sadism and the degree of omnipotence with which they are implemented, because they certainly have very different consequences.

In the actual clinical situation, classification is one that derives from the descriptive names as they appear in the patient's dreams, the patient's anecdotal associations, by which you come to have terms of reference that you and the patient agree upon for designating particular phantasy constellations. But that isn't of any use pedagogically. The kind of classification that I tend to use is the classification of geographical spaces and the classification of the splitting of the infantile self into various generally recognizable parts – the baby, little boy, little girl, destructive part of the self, and so on. And that seems to me to be enough to get on with pedagogically in terms of doing supervision of other people's work. There's something always to be lost in classifying too. You know, it's the story that Dr Bion speaks of about the container and the question of its being either incontinent or so rigid that it squeezes the meaning. Classifications have a very great tendency to squeeze the meaning.

In talking about two-dimensionality, it's true that, as in the patient described by Mrs Bick, that it is very common in patients who have a leaky containment. The point about two dimensionality is that it relates to the object quite outside the sphere of containment. Two dimensionality can function as a defensive position, you might say, rather than as a specific defense against anxiety. It is equivalent to what in war communiqués used to be called "withdrawing to a more strategic position". That's

not the same as defending yourself against the enemy. It's a euphemism for retreating, and I certainly have seen two-dimensionality to be a position to which people retreat at a moment when they are threatened with panicky affect. That doesn't make it a mechanism of defense.

Dismantling is quite a different thing. In the autism book, I tried to relate it to certain aspects of fetishism and to the so-called transitional objects and to certain aspects of obsessionality in general. This is a dismantling of the sensory apparatus insofar as it is, most of the time, automatically treated in what Dr Bion calls a common-sense way, or what Harry Stack Sullivan called "consensuality". Dismantling is the dismantling of that consensuality into discrete sensory modes of perception and relationship to the world, and it's something quite different from two dimensionality as we were seeing it and describing it.

We thought in the autistic children that dismantling was very clearly a flight from overwhelming depressive anxiety impinging on an as-yet extremely primitive personality structure. I would say it was a flight rather than a defense. You see, one of the things that you have to consider is the problem of the sense of identity, so that what presents itself to you in the consulting room at any moment is really that part of the personality that is, you might say, in possession of the organ of consciousness; that organ for the perception of psychic qualities, the possession of which carries with it a sense of identity. That I, at that particular moment, am that part of myself that is in possession of my organ of consciousness.

Now, what happens, which you see most obtrusively in adolescence, is that different parts of the self which are split from one another come into possession of that organ of consciousness from moment to moment, day to day; it's as if you are talking to a different person who hardly remembers what happened yesterday. Well, the same thing happens in many flights from pain that don't really constitute a regression in the sense of a loss of organization of the structure of the personality; that more primitive parts of the personality are allowed to take over this organ of consciousness and the sense of identity and to use their particular modes of relating to the world and to relate to the world that they experience.

A patient may shift from three to two-dimensionality, from four to three to two-dimensionality, by shifting the contact that you're making in the transference with different parts of the personality without any regres-

sion taking place at all. And therefore, it isn't really correct, I think, in terms of theory, to call it either regression or a mechanism of defense. It is really a shift of the point of contact with the personality – that is, the point of contact offered to the world at that particular moment.

One can sometimes see adhesive identification, projective identification, and introjective identification operating in sequence in a single patient. I heard in a supervision today about a patient who at first was quite clearly presenting two dimensional material and then suddenly shifted over into three dimensional material about the babies inside the mother. It ended up with a yearning for a good father that he could identify with, who would refurbish this mother and bring her babies back to life so he wouldn't have to be out on the snowy slope. I mean, I absolutely saw the material shift from two- to three-dimensionality to introjective identification. And I would think that good sessions often can be traced in quite a different way from the sort of sequence that I demonstrated in *The Psycho-Analytical Process* which was really a cycle of object relationships at a three-dimensional and possibly four-dimensional level. With patients who have two-dimensional tendencies, you can see within a single session the cycle of dimensionality.

Now in the child we've been discussing, I think the level of dimensionality is motivated by a very powerful and despairing refusal of a relationship that is going to come to an end. It's the sort of thing that Mrs Bick calls "the dead end"; the fear of continuous falling and things of that sort. I would think that in this child, it may be in many ways similar to what Mrs Bick calls catastrophic anxiety, but I think that term doesn't quite catch the depressive quality of what I think this child is defending against, which he got a real whiff of at the ending of his therapy with Wendy Brandschaft.

We take it that one-dimensionality is linear and is equivalent to a concept of tropism; that the impulse has only direction. By two-dimensionality we mean the experience of an object as at least a surface that has form and quality toward which the impulse may have not only direction but configuration. Three-dimensionality includes the possibility of spaces; that the object is three dimensional and may have a space inside itself, and therefore a space outside, which is different from the internal space. And by four-dimensionality we mean another dimension of linear time

is included, whereas in these other forms of dimensionality time is not apprehended as a linear process or a linear dimension. It's apprehended either as oscillating or circular or is non-existent.

It's rather interesting about this little boy. I described to you that one of his chief manifestations when he first came to therapy was what his family called his *dervishing.* When he came to make these attacks on meaning and carried out these lengthy Socratic debates with his therapist about the meaning of things, when she began to get through to him, he came to refer to those operations as his mind dervishing. This child, like most children who are well contained and in analysis, was tremendously improved upon and was able to go to school and start his learning. The kind of behavior he was manifesting at the start of his treatment tended only to erupt a bit after weekends and holidays at home. It's a pretty ordinary picture that, as the transference relationship in an analysis deepens and becomes more infantile and more primitively disturbed, the child or adult patient, for that matter, begins to lead a much less troubled life outside. Of course one of the pitfalls of analytic therapy in a naïve community is that the parents often think the children are well and want to take them out of treatment prematurely.

This isn't a matter of the analyst getting the bad and the parents getting the good. This is a matter of the analyst getting the infantile and the primitive, and the parents getting the more more mature aspect of the personality. There are those problems in therapy where an idealization occurs and blankets the procedures in an analysis, and all the bad is split off and acted out with the parents or at school. Or conversely, where a negative transference unrelentingly goes on and all the idealization goes out to some teacher or aunt or someone like that. What I'm describing is a situation in which both the positive and negative transference are pretty well held together in the therapy at a very infantile level, and what the parents are getting at home is a far more sane and mature little boy who is beginning to be able to go to school and be able to learn to read and write.

Delusional systems

Now before we end, I'd like to say something about delusional ideas and

delusional systems. I think we need to be able to conceptualize and find a way to describe the difference between the two.

What I have described to you about delusional systems was in one way very similar to what Freud described in the Schreber case, but also an extension of his description in two ways. One is that I suggested that every person has a delusional system that is developed in parallel with the construction of his internal world and is constructed along the basis of a law of negativism, you might say. Anti-nature. That is constructed by the most destructive satanic part of the personality, and I have equated it with Milton's description of Satan building Pandemonium. The patient or the part of the personality that is tempted to enter into that delusional system, is tempted (speaking in geographical terms) into a place that is beyond the gravitational pull of the beauty and goodness of the world. The fear of becoming schizophrenic is often experienced by patients as a fear of just floating into space. The patient quite often fears the return of the schizophrenic parts of the self and of being invaded and overwhelmed by parts of themselves that have disappeared into the extra-global interstellar spaces of the mind that have as their chief geographical characteristic a navigational nowhere.

Delusional ideas are very complicated because you have to consider delusional ideas (now that we have Dr Bion's grid) from many different points of view. We even have to add to Dr Bion's grid Mr Money-Kyrle's idea of misconceptions, which are different from lies and different from cynical distortions of the truth. Delusional ideas seem to me in general, not to fit in what Dr Bion has described as column two in his grid; that is, ideas that are known to be false but which are asserted as a defense against experiencing the truth. I don't think delusional ideas fit into what he describes as beta elements and beta screens. That is, the emotional experiences which have not been worked upon by alpha function in a way that creates symbols, enables dream formation, and so on. I think that delusional ideas as we encounter them clinically are part of the phenomenology of narcissism and relate specifically to these processes we've been talking about tonight connected with narcissistic identification processes. That is, projective and adhesive identification processes. I think there are other aspects of narcissism that have to do with splitting processes and with narcissistic organizations, gang formation, and so

on that don't get into the realm of delusional ideas. But the distortions of the world imposed by these changes of the geography brought about by projective or adhesive types of identification do seem to me to generate what we generally call delusional ideas. But then, delusional ideas of this sort are Dr Bion's Row C and can be elevated to higher levels of abstraction and become the most sophisticated delusional scientific systems. Milton's theology, for instance, was probably at the same level of abstraction as the infinitesimal calculus, but on a delusional level.

The apprehension of time as a linear dimension and function seems to me from the emotional point of view to be an extremely sophisticated realization because it has to do with actually acknowledging a beginning and an end to the self as individual. Generally, what we have to take its place is the apparent circularity of time, of day and night, of the seasons, and so on. But that doesn't really go anywhere. And patients who employ projective identification a great deal experience time changes related to going in and out of their objects, as if it were equivalent to reversible time, to being able to go backward in time and forward in time and backward in time and forward in time, as if time were simply an oscillating system and could be reversed at a moment's notice.

Note: This was the second of three lectures.