

# The internal attitude of the analyst at work

From Freud's free floating attention to Bion's reverie

# What is the analytic attitude?

- Being receptive, listening to the verbal and non verbal communications of the patient and being open to the patient's projections. Containing and transforming the patient's projective identification
- Being empathic, in tune with the patient's but also a step removed, able to observe with a spirit of inquiry
- Being able to reflect on what the patient communicates and to consider the effect it has on us

# The birth of the “Talking Cure”

- From hypnosis to free associations
- The transference as a repetition of the early relationship with the parents
- Interpretations as a way to make the unconscious conscious and to make sense of one's symptoms and one's life choices
- Dreams as the royal road to the unconscious



# Freud's free floating attention

- A calm quiet suspended attention
- The contrary of concentration
- Keeping an open and receptive mind free from prejudices and judgement
- Having space in one's mind to receive what the patient brings
- Tune in with the patient's unconscious

# Freud and Bion

- Being open to the unknown
- Being able to bear not knowing, doubts and uncertainties
- Let go of theories
- Let go of memory and desire ( in the session)

# The analyst as a surgeon and an attitude of neutrality

- The old-fashioned concept of the analysts as a surgeon – of emotional detachment
- It has to be seen in the context of the early days of psychoanalysis
- Neutrality: not to bring into the work social, political, ethical prejudices and bias
- Neutrality is today a less used concept



# The analysis of the analyst and of the therapist

- The emotional demands imposed by the work on therapists' and analysts' emotional life
- Need to have insight into ourselves so that we don't project our problems into the patient
- We can only go with our patients as far as we have gone in our own analysis and self analysis
- Patients helps us to grow further and to go in new areas of our mind
- Our task is getting more and more complex and we are seeing more difficult patients

# Psychoanalysis after World War 2 - A major shift and new complexities

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- Bowlby, Spitz, Robertson, Anna Freud, Winnicott, Klein and Bion
- The effect of early separation and of lack of maternal care
- The analysis of children and of psychotic patients
- The understanding of the influence of the first year of life and of the primitive functioning of the mind



# Countertransference

- The emotions evoked by the patient in the therapist/analyst are now used to understand better the patient
- Such understanding brings us to deeper areas of the mind
- The patient communicates not only with words but also by projection
- The handling of the c/t: consulting the analytic self

# Projective identification

- What we can't tolerate in ourselves we expel into another person. The other person becomes then identified with it.
- In the analytic situation, into the analyst
- The analyst is then perceived as the repudiated aspect of the patient
- Getting rid of what is unbearable in ourselves and making someone else feel bad
- The transmission of mental pain



# Projective identification as communication

- We transmit mental pain also to let the other know how we feel
- First pre-verbal mode of communication between the baby and the mother
- Not only a defence – get rid of the unwanted – but also a way to let the other know what is like being us
- If the communication is contained and understood by the mother and by the analyst and given back in a more tolerable form, it can be thought about. Base for reflecting, mentalising

# The setting as part of the analytic attitude

- The couch, the 50 minutes, the quiet room with no external intrusions
- This allows the intensity of the transference to develop
- The importance of continuity and sameness
- The setting as an extension of the analyst's mind
- The setting as a container of the vulnerable early emotions
- The child in the adult



# Bion's contribution to the analytic attitude – Bion is interested in how thinking develops

- How do we learn to think ?
- We are talking about emotional thinking, knowing oneself, understanding ourselves and others, being truthful, being reflective
- For Bion we learn to think in our relationship with another person who is able to receive, think about, give meaning and process primitive anxieties and dread (fear of dying, of disintegrating, of falling apart, of violent emotions etc)
- For Bion we learn to think ( or not ) in our early relationship with our mothers

# The mother reverie –similar to Freud's free floating attention

- The mother contain the primitive anxieties and terrors of the baby, reflect about them in a loving way ( reverie ) and process/ digest them on behalf of the baby
- For Bion this is the origin of thinking
- What was indigestible like big lumps of food is now being processed and homogenised by the mother and given back to the baby in a tolerable form
- Mother's reverie is similar to Freud's free floating attention, a state of openness to receive , of emotional alertness, of intuition, of holding thoughts and anxieties
- It promotes psychic reality and mentalisation
- A similar process goes on in analysis



# Containment – major aspect of the analytic attitude

- The container is an internal concept, it is not Winnicott's holding environment
- It is the mind of the mother, the mind of the analyst. It is an internal space
- Containing is receiving and processing the patient projective identification – both as evacuation and as communication
- The container/analyst is active, is constantly receiving and processing

# Containment as part of the analytic attitude

- The container-analyst represent the receptive mind capable of reverie and able to contain what is projected into it
- The aim of the analyst receptive mind is – through reverie- to TRANSFORM what has been projected into something that the projector can take back in his own mind



# The silent revolution

- The intense emotional relationship between patient and analyst – being participant and observer
- Consulting the analytic self
- Exploring versus interpreting
- Containing versus interpreting
- Interpretation of uncs phantasies

# The mind of the analyst at work

- The emotional demands imposed by the work
- Projective identification works both ways, risk of projecting our unwanted aspects on to the patient
- Keeping ourselves in check: listening to the patient, consultation with colleagues and c/t dreams
- The analysts as a real person