2025 1206 Inside out and outside in, The Frame as the Site of Analytic Work.

In this paper I hope to give you an idea of the way that I understand the development of the conscious cognitive mind, the importance in analytic work of the boundary and then finally an example that I hope demonstrates some of those thoughts taken from a piece of work I did with an organisation.

The development of the human cognitive conscious mind.

In my view there is a period of development of the conscious mind that is not affected by the external world except in a minimal way that can be taken as true for all human beings.

It is not possible to describe this process in full detail today, although I have done so in various publications that you may be interested in reading later. Instead, I shall give you the simple story of this earliest period of development and then move on to consider the interplay of internal and external worlds.

Having described the state of the psyche of all animals and infant human beings in terms of the pleasure principle, Freud says that the human infant is able to do something that no other animals are able to do which is to turn to face reality.

The problem is that he does not describe what it is about the human infant that enables them to do something that other animals do not do.

It is helpful that he links the moment at which the infant can turn to face reality with the development of what he describes as a hallucination of the breast; he says it is when the hallucination that has been providing some comfort fades away, leaving space for the return of the urge for the real breast, that the infant turns to face reality.

In other words, he is linking this stage of development with the capacity to symbolise. His description of the hallucination matches Bion's description of the thought that has been created by an absence in the face of a preconception.

Although this description provides a sort of background to the point of development that makes the difference between an infant human and an animal, Freud still has not provided an explanation for what is special about the human. Bion does. He proposes the existence of the K drive with the same qualities as love and hate; specifically, that they are all innate and therefore operate from the beginning. At first glance, Bion seems to create an unnecessary complication by talking about alpha function. Indeed, it is alpha function that he describes as a necessary, innate capacity that is essential to explain the infant's ability to develop thinking as an alternative to action. My own view is that it is important to have this model of how the urge to know operates within the psyche. We might say it is the mechanism of the K drive, how it works.

At this point I would like to suggest a different way of describing these things. This is because of the centrality of *feelings* as the primary mechanism for communication between unconscious and conscious. For this reason, I suggest curiosity is a better description of the 'K' drive because, like love and hate, it has an emotional quality. As for alpha function, I would say that this operates like a computer programme that requires us, all the time, to answer the question, "what is going on here?" My own study of these early processes, of which this is a very brief and very condensed expression, is that the activity of the alpha function, which means the activity of curiosity, results in explanations that begin to form the conscious cognitive mind. There are a couple of things that can be said about these explanations, the first is that all explanations are formed from what the

individual already knows and, secondly, in healthy development, there is a continual refinement of earlier explanations that are the result of further experiences. This is the origin of the process that Bion described as learning from experience.

Now that I have described the innate, third drive that distinguishes humans from animals, I can demonstrate how the requirement for an explanation of emotional experiences provides the necessary basis for the development of thinking rather than action in response to intense feelings. In the first place Freud makes this clear that it is the intensity of the feeling that provokes action; he calls this unpleasure. It follows that it is necessary to reduce that intensity for there to be any other possible response to the feeling. The early explanations for what is happening to the infant have been described as the primitive defence mechanisms. Every single one of those creates space. For example, projective identification moves the source of the feeling into the other, who is at a distance. In other words, creating space is the same thing as creating a primitive volume control on the emotional noise. Thus, the first requirement for development of thinking is established through the earliest explanations of what's happening to me.

The second thing that is necessary for the ability to think is the provision of a template that offers an experience of a safe space within which this process can take place. My suggestion is that, once again, Bion provides this understanding when he describes container/contained. It is important to note, as I'm sure you are all aware, that this process is not simply a mother becoming a vessel that contains the infant and the infant's emotions. Instead, the mother has to access her own alpha function to answer the question, "what's going on here?" This requires an ability to tolerate not knowing. Irma Brenman pick and Dennis Carpy write about how important it is both in terms of the mother's containment of the baby and the therapist's containment of the patient that they can tolerate not knowing. Both of these authors agree that it is the baby's awareness of mother's struggling to understand her baby's emotional experience that is the thing that makes everything feel better. Although it is true that the mother, having understood her baby's cries (which, by the way, are actions) will then address his needs in the same way that the analyst transforms his understanding of the patient into an interpretation, I agree that the real transforming and containing experience arises from the knowledge that the baby and the patient has that their pain has been shared.

The point is that this experience, container/contained, is a template that the baby can refer to when required to find an explanation of what Bion would describe as the preconception meeting with an absence. Being able to conjure the image of being contained allows the baby to "imagine" an outcome of such a process which, as Bion shows us, would be a thought. The thought within a container is the beginning of thinking. So far in the baby's development all explanations derive from what the baby already knows, which has little to do with the external world except in what we might describe as a very general sense. For example, the baby discovers the experience of another in the womb and has the experience of being contained as a consequence of the ordinary human activity of a mother towards her baby. The only reason I'm mentioning this is to show how these explanations about what's going on are the same for all infants independent of the culture that they grow up in. The impact of the outside world has not really begun yet.

If we thought that there was a divine architect, we might say that this was the plan for the human psyche. As long as the infant is able to continue to learn from experience and, thereby, build up a richer and richer source of information from which to create new explanations, this would be a healthy human being. However, as we all know, none of us are without certain flaws in our

development. My suggestion here is that those flaws develop as a consequence of the growing experience that the infant and then the child has of the external world.

To put it another way those essential building blocks for the development of the conscious cognitive mind, the defensive structure that reduces the intensity of the emotional experience and the container contained template providing a safe space for thinking, are both available for perversion. When they operate in the way that I have been describing, this enables the growing infant to accumulate more and more experience of and information about the real world outside as well as inside. Problems arise when the impact of the external world is so challenging that that particular reality cannot be borne. In such a case the human being produces defences against experiencing that reality that might be described as more complex combinations of the primitive defences. The point is to avoid a particular reality. An observation of the development of such a state would perceive the process of learning from experience as becoming blocked. An original explanation, now serving to protect the infant from a challenging truth about the environment, does *not* change in the light of new experience but remains the same. Ron Britton has given a name to this; he calls it an unconscious belief. You will recall that Britton explains that any consciousness of such a belief appears as a basic fact of life, hardly noticeable amongst all the other facts of life. It certainly does not manifest as a belief which, by definition, invites further investigation.

Unconscious beliefs can also develop from the perversion of the container/contained. Under the right circumstances a child can retreat into that space and continue to play with a thought indefinitely. This results in a feeling of power and omnipotence that can be so strong that it can lead to a belief that one's mind can exist without one's body. A good example would be anorexia; the internal container becomes the site within which the concept of being able to feed oneself can be maintained indefinitely.

Boundaries are where the work happens.

I'm going to leave the description of the development of the conscious mind there for the moment because it is time to turn to thinking about psychoanalytic work. My rather bald statement that the real psychoanalytic work happens at the boundary requires some unpicking. I have previously written about my own journey to understanding this concept and the consequences that fall out from it. There is no time to describe that process here, instead I should begin by describing my original deductions about the work and the frame for that work.

Freud described how the patient who comes seeking analysis and convinces us how much he wanted and how committed he will be to it is the same patient who, on the first day of the actual analysis begins by resisting the process. I think that there is a danger in the use of the term resistance because it suggests that the patient is fighting against the process of the analysis. My own view is that the patient is completely on task because he is making clear those parts of his personality that do not want to be explored. In other words, he is offering us an indication of the area that requires exploration.

I know that there has been a lot of writing about the frame or setting. I should like to approach this from a slightly different direction. It seems to me that the frame represents a clear description of the boundaries within which the work can happen. It follows that it is necessary for the patient to be clear about these expectations before agreeing to start work, indeed I think it is a serious error on the part of the analyst not to make these things clear. For example, the fact that there are times set aside during the week for the therapy to take place; that these times are paid for by the patient and remain available to the patient even if he or she chooses not to use them. In other words, the

patient will be expected to pay for those times even when they have chosen to be somewhere else. There are other aspects to the setting that different analysts will lay different emphases on but the central one that describes the actual analytic encounter seems to me to brook no disagreement. Essentially the arrangement is as follows:

- You have come for an analysis because you feel that you have problems that you cannot manage on your own.
- The psychoanalytic approach to this is that, when human individuals are unable to solve problems within themselves it is because they cannot see the true source of the problem; it is unconscious.
- It follows that coming to a psychoanalyst or psychoanalytic therapist for help expresses a tacit agreement that it is the unconscious source of the conscious emotional pain that you hope to discover in the therapy.
- Having established a mutual understanding about psychoanalytic work, it becomes possible to create a basic working agreement as follows.
- You are the patient. I am the psychoanalyst.
- You say or do whatever comes to your mind without inhibition, I try to understand the unconscious meaning of what you are bringing and describe this to you.

These are the central parts of the frame. However, the typical experience within the psychoanalytic process is that the patient treats the analyst as if he is somebody else. The analyst might notice that this is happening and that the patient is behaving as if he is, for example a threatening figure. At this moment it is clear that the agreement, the boundary, has been broken. After all it was agreed at the start that the psychoanalyst is a psychoanalyst not a threatening figure. This is what I describe as a breach of the boundary and it is at this point that the real work happens because it triggers the analyst to do two things. One is to re-establish the arrangement and the other is to stick to his end of the bargain by trying to offer an explanation of what might be going on below the surface for the patient. Thus, the analyst will say, 'You seem to feel that I'm a threatening figure.' This, by implication, reactivates the original arrangement that this is an analyst not a threatening figure. But the analyst has a duty to provide an explanation about what might be going on and so he might say this is reminiscent of how you were describing your father yesterday. In other words, simply by attending to the contract of work and addressing the way that it has been challenged, the analyst ends up acknowledging how the patient is feeling, that he is in the presence of a threatening other *and* he gives an interpretation about how this has come about.

It might be argued that this is very simplistic and I would be the first to agree. My real point is to say that it is only the encounter between patient and analyst on the boundary of the frame that carries the real unconscious message. If we imagine the container in the same shape as it appears in the container/contained image, there will be an encounter going on within the container that is not without importance or meaning because it's a place for engagement and enquiry. Indeed, my own view is that this enquiry has to be a benign (in other words loving) enquiry. However, I am suggesting that the process going on in the centre of the container, the process of enquiry, is what stimulates the reaction in the patient which challenges the boundaries. The activity is the unconscious communication from the patient to the unconscious of the analyst. The boundary provides a sensitive indicator that something has happened. The psychoanalytic description of these events is couched in terms of transference, countertransference, projection, projective identification and so on. All of these are unconscious communications, all of them change the identity of the analyst from his actual professional role into something else. The role of the frame or boundary is that it is a place that resonates when this type of event happens in such a way that the analyst

might be able to notice it. Another way of describing that is that the first experience the analyst has of projective identification is that they have a feeling about the patient. They might not think this is a feeling projected into them for all kinds of reasons which I don't have time to go into now but their best chance of noticing this is if they can see that they have stopped behaving like an analyst. In other words, they notice that they have moved across the boundary that defined them as an analyst into a place where they, hopefully temporarily, take up a different relationship to the patient.

It seems to me that most of us some of the time and some of us most of the time use the setting as a mechanism for thinking at a conscious level about what the patient is doing. For example, our awareness of the arrangement between patient and ourselves enables us to notice when the patient is trying to change that arrangement, usually by turning us into something other than an analyst. The problem with this approach is that it avoids a real emotional experience; it is more like behaviourism. The behaviour of the patient at the boundary triggers an analytically informed explanation of what he is up to and the analyst, in producing a description of that, gives the illusion that an interpretation has been made. I believe that real analytic work requires an avoidance of rushing to that kind of explanation and, instead, waiting for the emotional impact of what the patient is doing. I think that Freud's notion of free-floating attention and Bion's recommendation that we encounter the patient without memory or desire are both ways of describing something that I described earlier as tolerating "not knowing". The discovery of the emotional communication only happens when we have allowed ourselves to be pulled across the boundary into the role that has been allotted us by the patient. One might say that this means that being pulled across the boundary is not bad practice but remaining in that position will become that.

In my book I described boundaries as follows.

> They are not 'things' that exist independently of the activities of the working couple, they are part of the engagement of that couple. In fact, they act to stimulate conflict. Perhaps it is truer to say that they are not concrete 'rules' that prescribe the behaviour of the participants, as in a legal contract; they are emotional and psychological material that can be stretched and distorted so as to reveal unconscious information. The skill of the therapist and the therapeutic institution is to maintain a psychological balance that allows these apparent rules to be broken without ever completely losing the Hippocratic commitment to do no harm. (Stokoe 2020 p 110)

There are a number of reasons why this conceptualisation of the analytic space can be very helpful. As I have said the first one is that the container acts like an amplifier picking up the unconscious activity. The second is that, like with any container, constant pressure can cause cracks, fragmentation and even a complete collapse. This realisation has given me a model for describing the relationship between the work and advice about the work. If the workplace can be described as a therapeutic container then it is important for that therapeutic container to be contained itself by a secondary container. The reason for this has to do with an important development in thinking that arises within the context of a container and, in healthy development, results in three-dimensional thinking.

The model for this arises from a proper understanding of Bion's container/contained, namely the importance of the mother feeling, within herself, contained by an internal object relationship. Whether she is conscious of this in the way that I've just described or not mothers frequently talk about how, in the presence of the baby is crying, they go in their mind to what their own mothers might say about it. This represents the capacity for three-dimensional thinking. To be specific, three-dimensional thinking is the ability to move to a third position from which to observe the process

that been going on between me and the other. That process could also be described as communication and that communication could also be expressed as the process of thinking. Thus, with the ability to step outside the conversation and observe it and think about what might be going on before going back into it with this new view provides the mechanism that brings enrichment as well as learning from experience.

The capacity to move to a third position and think about what's going on between my patient and myself requires a small qualification. It is not the observation of behaviour that we seek from this third position. It is the recognition of emotional exchange.

This represents a move into the secondary container but within the analyst's mind. The external secondary container, which I do imagine as being an actual container of the therapeutic container, is the site of the supervisor and of the clinical discussion group to which the analyst will belong. In the UK it is a legal requirement that analysts provide for themselves continual professional development (CPD). Talking to a supervisor and talking to colleagues offer the opportunity to be given feedback about the way that the patient has affected us emotionally without us noticing. The moment that we understand how the unconscious functions, we have a duty to attend to our own unconscious processes.

There are times when the emotional impact on the boundary causes it to crack or fracture. I believe that this happens more often most analysts are aware. If we can notice signs that it has happened, we have the chance to do something to repair it. If we don't notice it, we can hope that our supervisor or colleagues will do. One of the signs is that there is an indication or a sense that things are stuck. There is a danger at this point that the analyst, rather than seeing that the therapeutic container has fractured, pursues an idea that this stuckness is to do with some pathological part of the patient. I'm sorry to report that this attitude on the part of therapist and analysts is a lot more common than one would wish. Another indication of the fracture of the container is that the analyst finds himself constantly repeating the same interpretation or making the same intervention. This is what Bion called the overvalued idea in distinction from the selected fact; Steiner and Britton described this very clearly in their paper.

If the analyst can become aware that a fracture has occurred, it is possible to do something about that and potentially avoid a complete collapse of the therapeutic container. All that one has to do is to recognise that therapy is no longer happening and to meet with the patient in a different way. Essentially the analyst says to the patient that therapy is not working and that it would be a good idea to take a step back and rethink the original arrangement and whether this is something that the patient would still like to sign up to. A typical example in which this approach can save the therapy is when the patient is not paying bills. If the analyst leaves it too long, it may be very difficult to repair the therapy but if he can intervene early enough, and approach what is essentially a business meeting with the attitude of a benign enquiry, it is often enough to find a way to repair the problem and re-establish the therapeutic arrangement.

There is a lot more to be said about the idea of a secondary container in terms of ethics but that would distract us from our task today. I referred to the way that unconscious beliefs that serve to block a specific view of reality, are the real focus of analytic work. I also suggested that this starts to happen as the growing infant becomes more engaged with the external world. This is the final focus of this paper.

Outside in and inside out, clinical example.

In order to address this topic, I would like to give you a clinical example of a consultation to an organisation. I have worked as an organisational consultant since 1983, and my model derived from the Tavistock where it is often described as a mixture of psychoanalytic and systems theory. From my perspective this means that I take it as axiomatic that organisations seek to understand dysfunction and address it. I think this is an expression of human nature. The action of seeking external help seems to me to indicate some level of recognition that, if they could see what was going wrong, they would have done something about it therefore the real problem lies below the surface. In other words, the real difficulty is unconscious.

I found myself invited to help an organisation working with trauma; specifically, the trauma of sexual abuse, and their clients were mostly adolescent. I discovered eventually that there were two teams; one working with victims and the other with perpetrators.

The organisation had suddenly found itself able to expand. I was asked to help because the chief executive knew about work that I had done enabling organisations to move from an entrepreneurial shape into a managed hierarchy. He thought that this was the problem his organisation was suffering from.

I offered to run an intervention that is partly consultancy and partly training which I had invented at the Tavistock clinic in 1994. The format was a lecture for an hour and a quarter followed by a twenty-minute break and then an experiential group without agenda. I brought two colleagues with me. The CEO said that it would be impossible to get all the teams together more often than once a month. I agreed to that.

As I began to engage with this system, it became clear that the emotional atmosphere was much more unpleasant than the resistance to change that accompanies every organisation moving into a managed hierarchy. In my meeting with staff teams, I was either told about incidents in their reflective practice meetings, where somebody attacked somebody else in an extraordinarily violent way, or incidents in which clinicians felt completely misunderstood by managers. It turned out that these incidents happened in every reflective practice meeting, all of the time. I wondered about the external consultant who ran the groups. I was able to talk to him. He had already handed in his notice, and he told me that he found the whole experience to be the most horrific and disabling in his professional life. No interpretation seemed to have any effect (straight transference interpretation didn't work) not even pointing out that they seemed to think behaviour that would not be acceptable in any other social gathering was reasonable in this one. The only response to that was that there had been some event that justified the attack.

The system for providing support had become perverted into a place of violence. (I should say that there had been no physical violence, but the nature of communications felt extremely and dangerously aggressive.) What should have been a safe place had become a very dangerous place. It was clear that most of the vitriolic abuse was aimed from workers towards managers.

In the experiential group I was able to witness not only the attacks but also the impossibility of being able to discuss it. On one occasion a senior member of staff, part of the management team in fact was attacking a more senior person. The charge that was being made was that the more senior person was cold and manipulative, uninterested in how other staff felt and intent on getting

his own way. I interrupted to say that this was a description of a psychopath to which the assailant simply agreed.

Although I stopped this attack and made it clear that this was not acceptable in this forum because it was a place where people should feel safe to be able to express their feelings not frightened of the consequences of doing so, my point in reporting it is simply to say that there was something intimidating about the certainty with which one person was vilifying another.

These incidents led me to notice something else, which was that there were an inordinate number of managers for an organisation that, although too big to be an entrepreneurial system, could still be described as a small organisation. It was as if there was a concrete response to the accusation that managers were out of touch with workers which was to promote everybody so that they would become a manager.

Organisations usually respond to this intervention by attacking the model being offered in the teaching module, usually on the grounds that psychoanalysis has been discredited. The attack in the experiential module usually takes the form of requiring the consultants to accept the roles of experts; advising on examples of their work that they bring to that meeting. This organisation was completely different; there was no challenge to the lectures, which I delivered, and, even more amazingly, nobody brought any examples of their work to the experiential meetings (there were three of these, each run by myself and my two colleagues). Neither did they bring any indication of whether they worked with perpetrators or victims. It was as if there was no difference.

The only thing that happened in these experiential groups was a constant repetition of violent encounters.

Gradually I became aware that I was colluding with something I didn't think was working and yet I didn't do anything about it. I found myself repeating in my mind that my role was simply to consult to the system not to challenge it. Fortunately, my discomfort carried on growing until it was impossible for me not to take it seriously. I realised that I was doing exactly what I describe in my thinking about the fractured therapeutic container; constantly repeating the same "overvalued idea". This led me to realise that I was stuck in a conscious cognitive state of mind that served to protect me from feelings.

Once I had had this thought, in other words, once I had been able to drag myself into the third position, I realised that the emotion I was avoiding was fear, I was frightened of what would happen if I said that I couldn't go along with what they were doing.

It also became clear to me that I was not having any real impact on this very stuck and very toxic system. I tried to think about this more deeply and noticed that I was pleased to have been able to provide firm boundaries around the task and the behaviour, for instance, challenging the aggression, but this was misleading. Standing up to bullies is something I'm used to doing; but it was now clear to me that this was not my role but the role of a manager. I realised that the previous shape of the reflective practice group, before the reorganisation, had always involved the CEO. Thus the entrepreneurial shape had become the only way to provide safe investigation of the emotional impact of the work on the teams. It didn't symbolise this process, it was the only way to provide it; symbolisation had collapsed. My behaviour had not been thoughtful; it had been an action. It became clear, my capacity to symbolise had been replaced by concrete certainty.

This insight led me to approach the organisation in a different way. I decided to speak about my problem thinking and I described this story, but I included what I had not challenged at the beginning. I said to them that I knew, from many years' experience, that a gap of a month between sessions of the course was not viable, there would not be a proper emotional, psychological link between the meetings. I suggested that the thing that I'd been told from the beginning, that whole team meetings (their reflective practice group) was a violent, dangerous and toxic event, it now struck me that making them happen less often was an action and that I had joined in with a re-enactment rather than helping them to get sufficient space from this to think about it instead.

Summary

My aim today has been to show the connections between the unique nature of the human mind, specifically the essential difference from other animals that enables us to develop a conscious cognitive thinking mind, and the processes that interfere with our ability to face all realities. At the heart of this are feelings; the means by which our own unconscious communicates with our conscious mind. I have tried to show that the essential difference, the curiosity drive, creates an environment in which thinking can develop. Particularly, through the primitive defences, a space that reduces the intensity of feelings and then, through the experience of container/contained, a template for a safe space within which thinking can develop.

I have described how the growing impact of the external world can create problems for all of us that interfere with the natural progress of the curiosity drive through the perversion of either or both the primitive defences and the container/contained space, the aim of which is to obscure a particular reality that feels too powerful to face. I have said that these blocks can be understood as maintained by unconscious beliefs.

The next thing was to demonstrate how psychoanalytic treatment works through the replication of the container/contained structure so that the activity within that space, which I have called a benign enquiry will stimulate the unconscious area protected by an unconscious belief causing feelings that the patient will manage in ways that transform the basic arrangement for treatment. My claim is that the boundary of the container will be the place where this transformation takes place, that the analyst will experience this as a feeling and his familiarity with the frame can provide him with the feedback he needs to help him to process that feeling. I have likened this to the activity of the mother in the original container/contained experience.

Finally, I have brought an example of these processes in the context of an organisation so that I can show how the psychoanalytic model for understanding unconscious flight from reality applies to all human endeavour.

I thank you for your kind attention.