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ON CAESURA AND REVERSIBLE PERSPECTIVE

*From a conversation between James Grostein, MD,
and Willow Pearson, MFT, MT-BC.*

Introduction

James Grostein published over 250 papers and authored or edited 12 books on psychoanalysis, and served as North American Vice President of the International Psychoanalytical Association during his distinguished career. On May 30, 2015, Dr. Grostein died at the age of 90. His dynamic, visionary teaching activity continues to resound through his many publications and beyond. As Michael Eigen (2015) has written, "His writings enriched many. His person supported many. He had a rare generosity of spirit."

In spring of 2013, deeply inspired from having read Dr. Grostein's book *Who Is the Dreamer Who Dreams the Dream? A Study of Psychic Presences* (2000), together with his book *A Beam of Intense Darkness: Wilfred Bion's Legacy to Psychoanalysis* (2007), I contacted the Los Angeles Institute and Society for Psychoanalytic Studies (LAISPS) to inquire whether Dr. Grostein would be teaching anytime soon. LAISPS forwarded my inquiry to Dr. Grostein, who then most generously contacted me directly to ask me what questions I had.

A conversation between Dr. Grostein and myself took place on June 13, 2013. It started with me asking Dr. Grostein if he might discuss Bion's work on *reversible perspective* and *caesura*. My questions grew out of having read Bion's paper on caesura (1977/2011), together with Civitarese's paper on caesura (2008). I explained to Dr. Grostein that I came to know of his work when I was gifted two books by Dr. Suzanne Pallak, one of my departing professors at the Wright Institute. The books were *Do I Dare Disturb the Universe: A Memorial to W.R. Bion* (Grostein, 1983) and *Wild Thoughts Searching for a Thinker: A Clinical Application of W.R. Bion's Theories* (Lopez-Corvo, 2006). The piece that follows is based on Dr. Grostein's response to my questions.

— Willow Pearson, MFT, MT-BC

On Reversible Perspective vs. Binocular Focus

The book *Wild Thoughts* by Lopez-Corvo. The thought came through — the idea, the concept — from Bion. That's one of the instances where Bion never read Bion. If we use *binocular focus*, there's no such thing as a wild thought. There's a wild thought only from consciousness's point of view. But the orchard of the wild thought doesn't eat its wild oats. In other words, if received from the other side, it's like O, or a *beta element*. A beta element doesn't know it's a beta element. It's highly organized. It knows who it is. We don't know this because, initially, we don't have the means of translating it until we translate it with alpha function. In other words, everything has to be seen from at least two points of view — *binocular focus*. The connections have to be made from more than one vertex, to get triangulation, where common sense, as Bion puts it, resides. Bion didn't go far enough with Bion. I should have introduced Bion to Bion.

For *reversible perspective*, you must read pages 54-56 in Bion's *Elements of Psychoanalysis* (1963/1984). There is a common misconception, which even I make at times, where *reversible perspective* gets confused with *binocular focus*. Bion means reversible perspective to be pathological, and for binocular focus to be the normal form of reversible perspective. Reversible perspective is when the patient is using binocular focus in its psychotic form and is making a different conclusion than you think he's making. You think it's the same analysis, but it's not. It's tricky.

On Caesura

Caesura is so interesting, so important. Almost everything Bion has written on is holographic. By that I mean that one thought can represent a myriad of thoughts contained within it, independently and collectively.

Bion says that every human being is not only divided normally — not abnormally — into a normal neurotic and a psychotic person, but also divided between a socialist and a narcissist. By which he means the narcissist is the normal self, independent of the object — something which Klein never really understood. And the socialist is the group self — as it is seen in current post-Kleinian analytic technique, as they modify it, as it emerged from Bion's post-Klein group studies, from the individual studies. So every individual analysis is a group analysis. The analyst and the patient are a group as well as two individuals.

Now, Bion is very insistent on keeping both — the individual as well as the group. And Bion is probably the founder of intersubjectivity, though he never uses those words. For the relational people, there's an indivisibility of the two. But, with Bion, they are divisible and they are not divisible. Paradox.

This calls for a necessity for the myth that "we created it," as we discovered it. Everything that happens to me, I created it, as I discover it. If I discover it without creating it, it is called *trama*. So I have to create it afterward, in analysis. Call it fantasy and dreaming. The importance, then, lies in the hardly mentioned psychoanalytic concept of *psychic responsibility*. We're not responsible for what happens to us. But we're responsible for how we deal with it. We receive the image from the outside, what reality activates in us. We're responsible for our response. We are existentially responsible, though not necessarily guilty. We may or we may not be guilty. Bion is careful about that, distinguishing between false guilt as opposed to true guilt, true reparative guilt. But the main thing is that beyond guilt is responsibility. As soon as I am born, I am responsible for my life. For running it. For occupying it. For making the best of it.

Now, caesura. Caesura is fascinating. Let me think as if I were Bion talking to you. Caesura means scissors. Cutting. Division. There are three elements that emerge: The whole, which is cut. How it's cut. And the separation after it's cut. What one can gain is non-separate. Let me give you an example of what I mean by that. One can use the statement about the division about the pre-birth state and the post-birth state as being not so discontinuous as we thought. Let's continue that statement. If we really use and understand our minds, we see that we are continuous with the universe. The plasma in your bloodstream is identical to the salt concentration in the ocean. It's as if your body incorporated the ocean and continued with it and you became a land lover. So we are continuous with Mother Earth. And separate from her. So we're together and separate. Now, together and separate normally, creatively, can be characterized by selective permeability. Most people know it as "semi-permeability," like the cell of a body is semi-permeable. That isn't true. Semi-permeable doesn't exist. What exists is selective permeability. In other words, alpha function — which is in the contact-barrier that separates consciousness from unconsciousness — constitutes the caesura. You can also think of it as Freud's preconscious. Bion doesn't use that term. But there is a noumenon God in that place.

The Immanent God or Nounmenon

Trolldekt is the Norwegian-British God of bridges. *Mezuzah* is the Hebrew God. There's always a god for entrances and exits, some Intelligence. The Greeks used the best word for it, *diet daemon*, in the positive sense — something which is preternatural. A nounmenon is preternatural — it makes decisions which go in, which stay, and which go out as the "passport control card." That would be the caesura. Caesura is an approximate term for a vast array of functions all bound together.

Catastrophic Change

Bion was very close to Winnicott, though he never says so. Bion talks about the *pain of catastrophic change*. Winnicott talks about the failure to go on being. Infantile trauma constitutes the *failure to go on being* or fear and catastrophe by any change. Autistic children are very neo-phobic; any change is a bad change. They need symmetry rather than asymmetry. So, how does the normal baby adjust to change? The dream means the pain of an adjustment, giving up one taken-for-granted state in exchange for another state. Transitions — first described by Fairbairn and then later stolen by Winnicott — literally stolen, and he later admitted to it — but the first person to talk about it in other terms was Bion. So caesura is one of the functions. What's in the caesura is the capacity to tolerate change. One of the functions of the caesura is to mitigate or to handle the function of change. Now, what does this mean? What is the name of the function that does that? This is the genius of Bion. It's dreaming. Dreaming. To mythify Truth without changing the Truth, so as to make it tolerable. Or, in mathematical terms, reducing infinity to finiteness so you can get your mind around it and tolerate it. And, also, to chop into bits, splitting, which is normally called "discrimination." Sorting. And then creatively recombining again, but later. That's caesura.

Alpha Function and Beta Elements

Now, this is an area where I disagree with Bion. There's no such thing as a *beta element*. The reason that there's no beta element is that, according to Bion, beta element means it hasn't been "alpha-beta-ized." It hasn't been

mentalized. Not true. This is where it's Bion against Bion. Bion gave us the answer of why he was wrong. Everything which touches us is mental because our first awareness of it comes as a sense organ. The sense organ is the brain. So it's an outside object, which upon contact immediately becomes encoded, encrypted by dreamwork.

Bion hints at this but never says it: There's no such thing as the unconscious. The unconscious is not unconscious. We're unconscious of it. But we're projecting our stupidity, our blindness, onto it. The unconscious is very conscious. Both when we're conscious and unconscious. So, I think the mind should be seen as a holograph. Many different personalities occupying the same space. And mystically divided by a caesura.

So: *alpha function* — the intake interview of this new input that's landed on the emotional frontier of the person, the synapse — this new stimulus that's been subjected to the intake interview and being prepared for further passage through the mind, through alphabetization. However, if there's an indecision — it's too dangerous, I can't handle it, it's too traumatic — I reject it, and I call it a "beta element."

But the beta element doesn't know it's a beta element. That's why it forms a beta screen around the personality. We send it away, but it doesn't want to go away; it's part of us. That's one of the things behind projective identification. We project it out, but it's like a child who doesn't want to leave its mother. It's always wanting to get back. This tendency to always want to go back is called persecutory anxiety. It really wants to return ... with venom. Because it has been expelled. And there are two angles to it, which goes back to the concept of the defense mechanisms. There are probably two classes of defense mechanisms — normal and pathological. The normal ones can be understood as higher-level differentiation and repression, which would be equivalent to telling one's mind, "I can't handle this right now because I'm too young, too frightened, too immature. You keep it in the bank for me and I promise to redeem it when I'm old enough for the return of the repressed." That's normal. But with pathological defenses, there's a sellout. Bankruptcy. "I can't handle this. I refuse to handle this. I'll give up my right to be a person. I'll give up all pleasure." I knew this without realizing it when I wrote a paper years ago entitled "Demonic Possession, Splitting, and the Torment of Joy" (1979). People who give up their right to pleasure, their right to be a person, are protected, they think, from having to ever know life.

Resistance and Psychic Retreats

That's why there are imbalances known as *psychic retreats*. What happens is analysis tend to think of that as a resistance. I'm very much against the idea of resistance in analysis. I'll tell you why. Resistance is simply another way of expressing one's pain. Our job is to be able to see through it. I also believe that you get a different kind of analysis when you think of an analysis as strictly and entirely as a dramatic play. A passion play, where the patient knows exactly what's wrong — somewhere in his mind. And the Dreamer Who Dreams the Dream is the writer and the producer who produces the play for the patient and the analyst to take part in. Enactments and all. So that something becomes clear. "The play's the thing where you'll catch the conscience of the King!" (*Hamlet*). So what you see in the patient is not resistance. It's showing up because the patient is saying, "I can't handle this. You have to help me handle it" — rather than resisting analysis. Resisting analysis is being in analysis! So there's a normal resistance that's understandable. And there is what's not understandable. The problem is most of the Kleinian analysis I know — I consider myself a Kleinian analyst, Kleinian-Bionian — think that when they have a patient in analysis with a negative therapeutic reaction, it's because the psychic retreat is sabotaging their progress. What the analysts, I have found, including myself, never really understood was that the saboteur — the one who inhabits psychic retreats because he has sold his soul to the devil in order to be safe — believes he gave up his right to a life and therefore he can't get well. He gave away the property of getting well. The capacity. So when the analyst interprets resistance, it shows the hostility towards understanding. And the one who's trapped inside a psychic retreat attacks the relationship between the cooperative patient and the analyst because the analyst is in collusion with progress. The one on a psychic retreat doesn't believe he can make progress. So the more progress the twin makes, the greater the discrepancy, the greater the danger that at one point he's going to snap and a psychosis will take place. So it means that empathy should be guarded towards the one who feels trapped and hopeless. It isn't whether he's right or not. Because in his belief, he doesn't know what's right.

Mysticism and Deity

Bion used to interpret, "You are reduced to omnipotence!" His work on the deity is fantastic. He was not a religious man, but he believed in religion — in other words, the religious instinct. Man is born with religious instinct, which is his instinct to create a god in order to justify his need to worship. And that's not as pathological as it sounds. It's like idealization. Kleinians tend to think of idealization as pathological, and it can be and oftentimes is. But the inherent meaning of idealization is to have someone to carry the ideals that I can aim towards. We need ideal carriers. Heroes. Heroines. Models. Bion was well read among the mystics. The *Kabbalah*. Meister Eckhart in particular. Eckhart was considered a heretic. He was one of the most gifted clerics of the Middle Ages, the Renaissance. Here is my understanding, based on Bion's sketch. Eckhart believed there were two Gods. The immanent God that's inside of us — which Bion thinks of as the Ideal Forms of Plato, in which we have Faith — the pre-conceptions, as opposed to the preconceptions. So, the immanent God is the one within us that is striving to come through. Now, that's a very interesting point. Most of us think of God as omnipotent. God is not omnipotent. God is incomplete. God had to create man so as to be complete. And that's being Christ, God's child. This was God trying to become incarnate. This is what Freud did not know, but he hinted at in "On Narcissism: An Introduction" (1914/1957), when he talked about an ego-ideal. An ego-ideal has the gradient of the ego, and its face is to remain internal so as not to incarnate. He didn't use that word, but it's an unborn God. Interesting. From a Jewish atheist! So that's one God. The other God is the transcendent God. The God of *godhead*, or *godhood*. Godhead really means godhood in older Middle English. God the thing in itself, the essence, the untouchable.

You see, the problem with God, which I think has not been understood, is that God is the subject, never the object. Praying to God is blasphemous because it's rendering it an object. The Jews know this without understanding it. They are not allowed to pronounce the name of God. I was riding in the car once, going to a dinner with a friend of ours who was dating this English businessman who's Jewish. Charming man. Very well-educated. And I was talking about this and saying "*Adonai*," "*Yahoroh*," etc., and he said, "Don't say that!" He was very upset. I had done the most horrible thing possible: pronounced the name of God. There are many versions of it.

Yahoweh, which has been mistranslated as *Yahweh*. This *Yahoweh* — it's written two ways in the religious books. Outside of the Temple one says "*Adonai*" and going inside one says "*Shem*." Why do they go to all that trouble? Is it just religious nonsense? Or is it the religious derivative of the realization of something which is ineffable? I prefer the latter explanation.

This is why the subject took so long to arrive in psychoanalytic thinking. And why the concept of the object is ridiculous. There are no objects. We relate to them as if they were objects, but they're not objects. They're people, in flesh and blood, who have feelings and who have mystery. In all of Klein's work, you never find the word "mystery." The depressive position is nothing if it isn't the emergence of a mystery.

In terms of *projective transidentification*, and the distinction between recognizing the ineffable versus the misperception of the projection, how do we parse out those two?

We have to be very careful and astute. And in touch with our feelings. And also think about it and reflect on it. What's being touched inside and what's being transplanted? A patient can be projecting onto his own internal object and use projective techniques to try to ensorcell the analyst. Even on first meeting, yes? The source-er is at work, yes? If the analyst catches it, there is a kind of cooperation that dances between collaboration — healthy collaboration — and resonance with the patient.

This leads to another thing, which is Bion's concept of the analyst's *transformations in O*. This he's been preaching. Bion doesn't believe that the analyst chooses the patient. The analyst must remain civil. I read Bion on that, and I wondered if he had read Stanislavsky (1936). I asked Mrs. Bion, recently. She said yes, he read the book and was fascinated by it. The reason I asked is because, in classical acting, the actor undergoes a projective identification, which is his concept of the role. He inhabits the object. He becomes the object, à la Klein. With Bion, the analyst, like getting rid of memory and desire — I'll get to that in a moment — is armed with his empty pre-conception receptors, which are sensitive not only to the patient's imprint but also to his own experiences, life experience, his own ideas, his own pre-conceptions, which become activated — keyword: "activated" — which are very close, almost identical, to those of the patient, but they're separate. Our capacity to be empathic isn't a fusion. It means resonance, which is quite different.

Memory and Desire

One more thing I was going to say. Memory and desire. What Bion is after there — unfortunately, he says it like a British sergeant major! — "Abandon memory and desire!" — like a command. "Aye, aye, sir!" What he means is that language — Language of Substitution — the language of experience has no language, has no feelings. And, so, if we're to feel it, we have to get rid of that Language of Substitution. Caesura means that memory and desire are together and apart. One self has to use the Language of Substitution to negotiate the world of reality. The other self has to use the Language of Achievement to have feelings. And, so, if we're to feel it, we have to get rid of the need to use substitutes. So, caesura means: with memory and desire we are like Siamese twins. We are together and apart. One self has to use the Language of Substitution to negotiate the world of reality. Another self has to use the Language of Achievement, shorn of the substitution, so as to read the internal script — the internal registration of what's happening. Then they get together across the caesura, in alpha function, and compare notes.

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INTRODUCING: COMMUNITY MENTAL HEALTH COMMITTEE

David Cushman, Psy.D.

The Community Mental Health Committee (Chair David Cushman, Chiyon Won, Clara Brandt, Daniel Gunther, and Stefania Pifer) is a recently formed committee interested in the intersection between Community Mental Health (CMH) and psychoanalysis. We are excited about the possibilities for increasing the presence of CMH clinicians in NCSPP, and creating avenues for NCSPP to be an ally and advocate for clinicians in CMH settings. In the last year (*our first year of existence!*) we created a new NCSPP membership category specifically for CMH clinicians. We also held a reading group focused on the work of Salman Akhtar in support of last year's NCSPP Annual Lecture with Dr. Akhtar.

In the New Year, we have begun outreaching to local clinics to gauge the needs of CMH clinicians and how NCSPP can best support and engage therapists doing this vital work. As CMH clinicians ourselves, we have felt the constraints of time and space (literally and metaphorically) that can take hold in community agencies. We are eager to make contact with other CMH clinicians and agencies to learn more about the work they do, the constraints they face, and their existing sources of support and professional development. We hope to learn more about ways for NCSPP to develop programming that would be optimally relevant and useful to CMH clinicians.

We are additionally developing a "Help Line" through which CMH clinicians who are trying to navigate (or challenge) those constraints can receive psychodynamic organizational consultation, support, and referrals. We are thinking about ways to provide support to CMH clinicians through the spacious and thoughtful consultation that is so central to psychodynamic work.

Finally, we are also planning reading groups to accompany Jessica Benjamin's highly anticipated Annual Lecture on Saturday, May 21. We plan to discuss themes of harm, repair, and the implications of the "moral third" in the context of CMH, where the dynamics of clinical care are often complicated by systems of power in rather concrete ways. We expect a lively discussion!

There is important work to be done in bridging the theoretical and concrete gaps between community work and psychoanalytic practice. Our committee aspires to create a more inclusive home for CMH clinicians within