
Thinking Inside the Box: Objects of Mental Space in the Psychoanalytic Consulting Room

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Abstract

In his enigmatic appeal to psychoanalysts to work *without memory or desire*, Wilfred Bion (1970) warned against saturating the mental field of the analytic dyad with past and future elements. Doing so, he said, risks impinging on present sense impressions and infusing the patient's emerging associations with specific meaning, relegating them to occurrences of knowing rather than experiences of becoming. With an eye to becoming, Bion broadened the clinical uses of projection and projective identification to conceive of a model he called "container/contained" in which the analyst's mind (container) becomes a real-time, designated space for transforming patients' projected sense impressions and memory traces (contained) into elements that may be consciously thought and felt. In this article, I extend Bion's model to include physical and spatial aspects of the psychoanalytic environment. Drawing from clinical material I illustrate how patients associatively link memory fragments and projections to my office; from its concrete boundaries to the objects, sounds, and other sensory phenomena it houses. I argue that patients may thus experience my office as part of my mind, which "remembers" facets of their lived experiences. Based on these findings I will demonstrate how, in the present clinical moment, the materiality of my office becomes an extension of the transference field. Here the patients' sense impressions and memory traces become cast as contained memories, more accessible for conscious understanding in the therapeutic encounter.

Keywords: space, desire, memory, consulting room

The presence of memory in psychoanalytic space

Ever since the inauguration of psychoanalysis in the late nineteenth century, the evolution of its theories and praxis has been intrinsically shaped by the enigmatic status and function of memory in the operations of the human psyche. Using three clinical vignettes, I hope to illustrate how the term *contained memory* has helped me conceptualise particular ways in which memory impacts evolving clinical moments I have had with patients within a shared field I call *psychoanalytic space*. This space is (among other things I will say about it) a presently lived space, where emergent memory is captured and *contained* in the immediate setting as it links with concrete, present experience.

With this in mind, I draw from the work of mid-twentieth century British psychoanalyst, Wilfred Bion, to show how certain material objects or other physical qualities residing within (and inherent to) the *psychoanalytic space* meld with the insistent flow of memories conjured in the minds of the analytic pair to incite new thought and emotional experience. I elaborate on the layered breadth and complexity of what I am calling *psychoanalytic space*, as its special qualities are essential to the ways in which memory becomes a ubiquitous and complicated force in psychoanalytic work.

To borrow a term from Donald Winnicott, I begin by noting that psychoanalytic space is always a *potential space*.¹ It encompasses multiple phenomenological axes—psychical, emotional, temporal, material, corporeal, relational—where the interplay of these is always *on the verge* of conjoining what is evolving between my mind and that of the patient. What delimits psychoanalytic space is the treatment frame, a virtual border consisting of stable and familiar parameters within which unconscious impressions emerge and analytic treatment unfolds.

Before presenting clinical vignettes it is important to outline a few concepts *fundamental* to psychoanalysis. First, in a broad sense the psychoanalytic quest is to make conscious through symbolisation contents of the patient's unconscious psyche. This provides, to use a phrase from Bion, “a prelude to exploration of meaning”, where the exploration itself is accomplished in the articulated space between the analytic dyad.² Secondly, the unconscious part of the mind contains that which we are compelled to repress from consciousness. Adam Phillips poetically depicts the unconscious in describing the function of psychoanalysis: to provide a language “for what matters most to us; for what we suffer from and for; for how and why we take our pleasures.”³

Finally, psychoanalysis conceives of the unconscious as temporally non-linear. In it, there is no relation to past, present, and future. In 1899, Freud wrote in *The Interpretation of Dreams*:

... it is a prominent feature of unconscious processes that they are indestructible. In the unconscious nothing can be brought to an end, nothing is past or forgotten.⁴

Two decades later in *Beyond the Pleasure Principle* he was more to the point: *We have learnt that unconscious mental processes are in themselves “timeless”.* This

*means in the first place that they are not ordered temporally, that time does not change them in any way, that the idea of time cannot be applied to them.*⁵

Instead, the unconscious is a wash of mental elements, sense impressions, and mnemonic (or memory) traces, ever-present but unknown, whose only structuring parameters are the pre-existing signifying laws of one's surrounding culture.

To expand on an earlier point, in the context of exploring the unconscious mind in psychoanalytic space, *memory* defies the logic of time. It might more appropriately be imagined as a spontaneously constituted thinking surface, woven from bits of past sensual and perceptual experience, soldered together with acquired knowledge and captured in present experience. It is of course paradoxically always associated with that which is absent (in the Platonic sense where memory is *the presence of an absent thing*).⁶ So it is at best a *half-truth* in the present moment—*re*-collected—a background onto which these bits of remembered data spontaneously coalesce and link with here-and-now experience to make meaning.

Likewise the spontaneous past-into-present quality of memory can generate those links, leading to psychical and emotional transformation, as when such an emergence occurs in the analytic encounter through free association. Paul Ricoeur eloquently captured this emergence visually: “Once past things are irrevocably absent, does not memory seem to place us in contact with them through the present image of their vanished presence?”⁷

Clinical vignette: Jonathan

I became distinctly aware of the transformative capacity of memory and its ability to be contained in some tangible, material aspect of a clinical moment on a chilly San Francisco afternoon last winter. My 13-year-old patient, “Jonathan”, suddenly wrenched himself free from an immobilising, silent protest. Angry over having been plucked from school for his appointments with me, he had been tightly coiled in his chair for several sessions without eye contact. Barely a word had crossed his lips. Anything I said seemed utterly useless. But on this day, with a start he became animated, pointing to an antique box that sits on a shelf in my office. He announced that the box reminded him of similar boxes his mother used to keep on the mantelpiece in their living room, which contained the cremated ashes of family pets from her past.

Jonathan then added that he had suddenly wondered if my box contained ashes too, and imagined with sardonic and morbid delight that perhaps they were the cremated remains of a dead patient. An avid comic book artist, he went on to say that he was going to create a “weird and freaky” ‘zine about a therapist who kept the ashes of a dead patient on a shelf in her office. He did not elaborate his fantasy to include what had happened to *my* dead patient, what I may have actually *done* to now possess the patient's ashes, or *why* I might be keeping them in my office in that box.

I might have interpreted that Jonathan's box association pointed to an unconscious fear of being annihilated by me as a mother figure, and of course there might be truth in that. But what unfolded suggested something else: what he *did* was gradually shift his posture toward me. He seemed somehow more tolerant of my presence in the room, and a space opened between us in which we began appreciating the freaky weirdness of it together. Jonathan had begun to speak, and the threat of an encroaching impasse gave way to real verbal exchange.

In the final minutes of the hour, with renewed irritation he returned to his mother's boxes, exclaiming: "Why would anyone keep their pets' ashes in boxes? In the living room!"

"Perhaps she really loved those dogs and couldn't yet let go of them," I responded. He calmed down then, thoughtfully considering this. I wondered to myself if he might have been alluding to a worry he felt: not about being annihilated by his mother or his therapist, but about how things are most valued only after they die, about being kept versus being thrown away, or about having a place on his mother's mantel, or mine. I also imagined his desperate need for clear boundaries from his parents who, a couple years earlier, had gone through a painful and bitter divorce, causing him to now have to bounce between his mother's house and father's house each week, making school his only stable environment.

Finally, I thought he could also be speaking about longing, and the lonely deadness that can creep in when boundaries are set and adhered to. I thought of the boundary of our twice-weekly, 50-minute sessions competing with the "oceanic feeling" that soothes him when he lingers after school with his beloved friends. I recalled the suicide attempt he made just before we had begun treatment, at a time in which his most beloved friend, whom he described as "the only person in the world I trust", was away for an entire semester. In this instance a space was made for *me* to *think*. I, too, along with Jonathan had been led out of the dark by his sudden, enlivening association to boxes of ashes.

To reiterate my point more generally: through momentary association a patient can use an object in my office as an extension of my mind—to make contact with and contain what he can remember but cannot yet think, cannot yet link with feeling—and in that moment find meaning.

"No memory or desire"—the emergence of the emotional link⁸

In my second vignette I will hone my thesis about the potential for memory to be contained in the material dimension of psychoanalytic space as it relates to processing *emotions*, the essential currency required for psychic change. Here, the function of memory shifts from fostering a kind of reified knowledge *about* something from the past, to a catalyst that, drawn into the present by its link to a tangible thing, can induce spontaneous emotional expression, allowing for its

release. An important point to grasp is that for the human psyche, that which is *remembered* represents something *long since lost*.

Bion asserted by way of analogy that for the geometer—one who studies points, lines, and space—the concept of *space* represents “a place where something was”. In the domain of psychoanalysis it is meaningful to say that one feels *depression* as a marker for “the place where a lost object (or other) was” and that *space* is “where the original emotion for the lost other—used to be”.⁹ I understand this to mean that there is a *space (or spaces)* inside the unconscious mind of the patient which marks the place where there was an emotion now long since forgotten (repressed), felt for an *other* long since lost. What is left then is the mark, the *space* where emotion used to be and can once more be felt, given the conditions for resonant contact in the present moment between self and a (present) other. (I imagine this as a first step in developing the capacity to mourn.)

Paradoxically, in his famous edict Bion warns analysts to work with no memory or desire.¹⁰ He cautions against resorting to memory (which tends toward ever-more fixed narrative of the past), as well as desire (toward a particular outcome in the future) for indications about what is being experienced in the present moment in the analytic space.

Clinical vignette: Theresa

A second patient, “Theresa”, walks into my office, and before lying down on the couch wanders, as if secretly snooping, over to the narrow table in the corner where I have neatly arranged some of my favourite objects. I am struck when she drags her finger across the table, muttering with disgruntled concern, “you’ll never get the dust off that wax cup”. I find myself wishing that she had taken notice of the objects themselves, which I value and could in a small way share with her. So what does she mean by that comment? Does she worry that I am already overburdened with the detritus of my own life—or hers? Is the dust a symbol of my negligence, my lack of attention to those objects I have chosen to showcase?

Is that how I treat what I love most? Is this about the indelible stain, what cannot be got rid of, made tidy, or fixed? Is it her dead mother, whom she lost as a small child and who now amounts to a profound void. No-thing. No-love. Barely a film of dust in Theresa’s memory, and certainly no more useful to her now than dust. Finally, there is that invisible but malignant vestigial connection to her mother in the form of the breast cancer gene she inherited from her, that sparked Theresa’s own near-fatal bout of breast cancer at age 30. Her own double mastectomy, another lost breast, the no-thing left of primary necessity?

In fact, Theresa and I can never arrive at absolute knowledge regarding the meaning of her comment. It speaks, in a way, to something that she’ll never get back. The question is rather, can we tolerate *not* knowing, living with uncertainty, surviving without. Can she have faith in my willingness to experience the terror

of uncertainty with her, rely on me to remain present, to continue *being* in the unbearableness of her losses.

The seduction of memory

In psychoanalytic work, one is always grappling with the *presence* of memory, in both senses of the word. For patient and analyst, the psychological field is always being happened upon by bits of memory, seduced by narrative memory, colonised by intrusive memory. This is, in part, to avoid unbearable states of uncertainty. Because of this, it is easy to be pulled in by the narrative determinism that reminiscences evoke, which according to Bion can encumber the analytic field.

Bion maintained that memory and desire can fill or *saturate* the mental space between patient and analyst with fixed knowledge, or knowledge *about* something: “[T]he more successful the memory is in its accumulations, the more nearly it approximates to resembling a saturated element saturated with saturated elements.”¹¹ This fixing propensity of knowledge collapses the thinking space of the therapeutic dyad, otherwise open for the potential of “becoming”—through acts of faith—bringing one closer to psychic truth.¹² “The more reminiscence is indulged,” he warned, “the farther one is removed from a form of anxiety ... reminiscence becomes a[n] ... orgy to keep out the painful insights that follow on the denial of sensuous experience.”¹³

I imagine that the “sensuous experience” he alludes to here, which he suggests needs to be denied for the sake of avoiding unbearable internal states, is that which at times can more easily be accessed through associations or contact with present inanimate objects in such a way that is psychically tolerable.

In my clinical work I often struggle with Bion’s enigmatic concept of “no memory or desire”. This is not only because of the ways I find memory useful in developing an alliance with a patient and in tracking their course of treatment, but admittedly because it seems impossible *not* to always be in the company of memory. It has been through experiences like those I describe that I have come to appreciate and rely on Bion’s assertion. It serves to remind me to keep memory’s insistence in check, optimising my receptivity for traces of that key unconscious association in the timeless zone of the analytic space—what Melanie Klein called the “point of urgency”.¹⁴

Clinical vignette: Agnes

I will conclude with a brief vignette in which the psychoanalytic space can become stripped of the capacity for speaking, thinking, and dreaming—by constant threat of psychic annihilation. I am including this example because it extends the material parameters of the analytic space, reflecting this patient’s profoundly constricted capacity for verbal articulation.

I will call her Agnes, a middle-aged woman who looks as though she carries a dense mass in her core that causes the rest of her posture to cave in. She cannot think about a future other than a time somewhere beyond the present when she will kill herself, and has only begun to have dreams in the last year of our six-year treatment. Agnes had been subjected to a perversely seductive violence to body and soul from ages eight to 19. She came to incorporate into her own ego those who seduced, hurt, and shamed her: persecutory captors who have joined forces inside and against her fragile self, never letting her forget her shameful badness and worthlessness.

Silence emanates from Agnes's constricted body like an atmospheric straightjacket. At times she stares in sessions, as if she is scanning the void *behind* the objects in the environment rather than seeing the objects themselves. In her presence I experience the consulting room as a hollow organ, its sheath a porous membrane. The walls become permeable to noise, amplifying it as it seeps in from outside.

The cooing of pigeons outside the window amplify and recede like the heaving moans of a sexual encounter; creaks in the walls grate the flesh, and our stomachs snarl and growl like ravenous cats. I start to feel humiliated, and cut myself down in my thoughts. How can I have such a horribly inadequate office? How can I call myself a professional? My shame has nowhere to hide.

With Agnes the materiality of the environment is not visualised in physical objects. Rather it is more primitively *sensed* in atmospheric phenomena: invisible but invasive, colonising, pernicious. Like with Agnes herself there is no skin—nothing solid to hold onto. Instead there are forces of energy that permeate, pass through, suffocate the air passages, suck life out of things—noises, life outside, my own breathing. The body is the instrument of communication. She winces, startles, shrinks, slumps, stares. I fidget, drift, am overcome with dizzy nausea.

This primitivity in our sessions belies a persistent absence of trust in the psychoanalytic space—so raw, the wounds ever-fresh and open. We still so often find ourselves imprisoned in what Bion refers to as “the bondage of inarticulation”.¹⁵ Over time, though, Agnes is beginning to link in words her internal states. This past Monday, as the end to our last session approached before I left to give this conference paper, she silently and intently scanned a Turkish woven rug on my wall. I said: “I have a sense you're looking for something.” She turned to face me and smiled, a rare moment indeed. “I was,” she said. “I think that maybe I've memorised it. All of those imperfections, where the shapes don't match from side-to-side.” She was silent for a moment. Finally she said, “Maybe I'll try to draw it while you're gone, from memory.”

Endnotes

- ¹D.W. Winnicott, “The Location of Cultural Experience,” in *International Journal of Psycho-Analysis* 4 (1967): 370, accessed July 14, 2011 via Psychoanalytic Electronic Publishing <http://www.pep-web.org/search.php?volume=48&journal=ijp>.
- ²W.R. Bion, *Attention and Interpretation* (London: Tavistock, 1970), 36.
- ³Quoted in Patricia Elliot, “A Psychoanalytic Reading of Transsexual Embodiment,” in *Studies in Gender and Sexuality* 2 (2001): 297, accessed July 14, 2011 via Psychoanalytic Electronic Publishing <http://www.pep-web.org/document.php?id=sgs.002.0295a&type=hitlist&num=0&query=zone1%2Cparagraphs|zone2%2Cparagraphs|author%2CElliot%2C+Patricia|viewperiod%2Cweek|sort%2Cjournal%2Ca#hit1>.
- ⁴Sigmund Freud, “The Interpretation of Dreams,” in *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume IV* (London: The Hogarth Press and The Institute of Psycho-Analysis, 1975), 576.
- ⁵Sigmund Freud, “Beyond the Pleasure Principle,” in *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XVIII (1920-1922)* (London: The Hogarth Press and The Institute of Psycho-Analysis, 1975), 27.
- ⁶Paul Ricoeur, *Memory, History, Forgetting* (Chicago and London: University of Chicago Press, 2006), 508.
- ⁷Ricoeur, *Memory, History, Forgetting*, 7.
- ⁸Bion, *Attention and Interpretation*, 34.
- ⁹Bion, *Attention and Interpretation*, 9.
- ¹⁰“Receptiveness achieved by denudation of memory and desire (which is essential to the operation of ‘acts of faith’) is essential to the operation of psycho-analysis ...” in Bion, *Attention and Interpretation*, 35.
- ¹¹Bion, *Attention and Interpretation*, 28.
- ¹²Bion, *Attention and Interpretation*, 26.
- ¹³Bion, *Attention and Interpretation*, 66.
- ¹⁴Melanie Klein, “The Psycho-Analysis of Children,” in *The International Psycho-Analytical Library* 22 (London: The Hogarth Press, 1932), 50.
- ¹⁵Bion, *Attention and Interpretation*, 14.

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