

## BION'S FOUR PRINCIPLES OF MENTAL FUNCTIONING\*

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Bion's lifework as a psychoanalytic theorist was the formulation of a theory of thinking. Over a span of four decades, virtually every one of Bion's papers, books, lectures, clinical seminars, notes to himself (his "cogitations") involves an effort to develop one aspect or another of that theory of thinking. Bion experimented with a variety of metaphors (models) in his effort to capture the nature of thinking and its consequences. The major metaphors with which he experimented include the idea of the interplay of the work group and the basic assumption groups; an intersubjective conception of projective identification; the theory of alpha-function; the concept of the container-contained; the theory of L, H, and K linkages and of attacks on linking; the concept of binocular vision; the grid; psychic transformations; and the concept of "O."

With a body of work as extensive as Bion's, I find it useful to state in as few words as possible what I discern to be the fundamental tenets running through that work. Bion (1962/1975c), in the same spirit, commented, "Psycho-analytic virtue lies not in the number of theories an analyst can command but the minimum number with which he can meet any contingency he is likely to meet" (p. 88). Accordingly, I will begin by stating in a highly condensed fashion what I think of as "the four principles of mental functioning" that I believe constitute the core of Bion's theory of thinking. My ideas are offered as points of departure for thoughts about Bion's theory of thinking, not as end points.

After presenting, in the space of a single paragraph, my conception of Bion's four principles of mental functioning, I will go on to discuss at greater length each of the principles that I have proposed. Finally, I will look closely at one of Bion's clinical seminars in an effort to demonstrate something of the way in which his clinical thinking is informed by his theory of thinking.

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### *Bion's Theory of Thinking*

*Bion's theory of thinking is built upon four overlapping and interconnecting principles of mental functioning: (1) thinking is driven by the human need to know the truth — the reality of who one is and what is occurring in one's life; (2) it requires two minds to think a person's most disturbing thoughts; (3) the capacity for thinking is developed in order to come to terms with thoughts derived from one's disturbing emotional experience; and (4) there is an inherent psychoanalytic function of the personality, and dreaming is the principal process through which that function is performed.*

#### *1. The human need to know the truth*

Organizing Bion's theory of thinking into four principles of mental functioning is my own device, not Bion's. So far as I am aware, Bion never used the term *principle of mental functioning* in connection with his own work on thinking. Freud's (1911) "Formulations on the Two Principles of Mental Functioning" addresses the way in which psychological development involves the movement from the dominance of the pleasure principle to the dominance of the reality principle. Freud believed that in conceiving of psychological development in this way he was "bringing the psychological significance of the real external world into the structure of our theories" (p. 218). As will be seen, each of Bion's four principles of mental functioning is similarly addressed most fundamentally to the individual's relationship to reality. But Bion's conception of the relationship between reality and thinking is quite different from Freud's. Freud's two principles begin with the search for pleasure in the discharge of instinctual tension (the pleasure principle) and end with the perception of, and the capacity to adapt to, reality (the reality principle). Each of Bion's four principles begins not with instinctual pressure but with lived emotional experience in the real world, and ends with thinking and feeling that experience. Moreover, Bion's understanding of unconscious thinking differs markedly from Freud's idea, in that, for Freud (1911), the unconscious is characterized by an "entire disregard for reality-testing" (p. 225), while, for Bion (1967b), "... without [unconscious] phantasies and without dreams you have not the means to think out your problems" (p. 25).

In formulating the first of Bion's four principles of mental functioning, I

will draw heavily on Bion's earliest contribution to psychoanalysis, *Experiences in Groups and Other Papers* (1959). (Though *Experiences in Groups* was published in 1959, the papers included in it were published much earlier: a "Pre-view" [written in collaboration with John Rickman] was published in 1943; "Experiences in Groups" is a set of seven essays that were originally published between 1948 and 1951; and "Group Dynamics: A Review" was first published in 1952. For the sake of brevity, I will refer to *Experiences in Groups and Other Papers* simply as *Experiences in Groups*.) In that collection of papers, Bion introduces a radical reformulation of the psychoanalytic conception of thinking and its psychopathology. What Borges said of his first book of poetry, *Fervor de Buenos Aires* (1923), might be said of Bion's *Experiences in Groups*: "I feel that my subsequent writing has only developed themes first taken up there; I feel that all during my lifetime I have been re-writing that one book" (Borges, 1970, p. 225).

Although I have read *Experiences in Groups* many times over the decades, I have recently "rediscovered" this collection of papers. As a result, the metaphors for thinking that Bion develops in *Experiences in Groups* hold a particular freshness for me now, which I hope will vitalize my attempts to articulate the essential tenets of Bion's theory of thinking. (When Bion speaks of thinking, he is always referring to thinking and feeling, which he views as inseparable aspects of a single psychological event.)

*Experiences in Groups* (1959) is at its core a study of the relationship between that aspect of "group mentality" (p. 60) that is able to think ("the work group," p. 98) and that aspect of group mentality that is unable to think (the "basic assumption groups," p. 153). The ideas that Bion develops concerning thinking in groups constitute the foundation of a general theory of thinking. Bion states that he views the psychoanalytic dyad as a small group: "The psycho-analytical situation is not 'individual psychology' but 'pair' [psychology]" (p. 131). Moreover, implicit in Bion's thinking about groups is the idea that the individual psyche might be thought of as a group comprised of different parts of the personality. That intrapsychic "group" engages in conversations between aspects of the personality that are able to think and other aspects of the personality that hate and fear thinking. (Bion, 1957/1967a, later develops the idea of intrapsychic conversations between parts of the personality in "Differentiation of the Psychotic and Non-Psychotic Personalities.")

Throughout “Experiences in Groups” (1948-51) — the series of papers that forms the core of *Experiences in Groups* — Bion eschews psychoanalytic terminology and, instead, invents his own everyday language for discussing the group experiences that he has observed and in which he has participated. For example, Bion does not use the term *phantasy* to refer to the shared unconscious beliefs of a group and instead invents his own more expressive term, *basic assumption*. The “basic assumptions” are the fearful orientations to reality that shape group experience so profoundly that it is inadequate to think of them as mere ideas. They are so basic as to warrant the term *proto-mental* — thinking in which “physical and mental activity is undifferentiated” (1959, p. 154).

Bion describes three types of basic assumption groups — three forms of group mentality that groups generate in an effort to evade thinking: the dependent, the pairing, and the fight-flight basic assumption groups. To evade thinking is to evade the task of coming to terms with, and making efforts to modify, what is actually occurring both within and outside of the group. The “dependent” basic assumption group is based on a shared assumption that the group leader will “solve [all of the group’s] problems” (p. 82). At the same time, the group adopts an “unshakeable indifference to everything I [the group leader] say” (p. 83). The group members’ indifference to the leader’s ideas derives from the fact that the members are not the least bit interested in making use of what the leader says for the purpose of thinking for themselves. Quite the contrary, the group opposes thinking and insists on simply waiting for the leader to magically set things right. Thinking and making use of one’s thoughts to try to effect changes in the real world are the leader’s responsibilities, not theirs. Interpretations are more likely to be met by “awe than a pause for thought” (p. 85).

The “pairing” basic assumption group is based on a jointly held assumption that two members of the group will produce “a Messiah, be it a person, idea or Utopia” (p. 152) who (or which) will rescue the group from their feelings of destructiveness, hatred, and despair. Again, the group members steadfastly oppose doing any psychological work of their own and, instead, wait to be saved.

The “fight-flight” (p. 153) basic assumption group holds the proto-mental and unconscious belief that all of the group’s problems can be solved by means of fighting or taking flight from an enemy. Neither fighting nor fleeing requires any thinking on the part of the group. Thus, for all three types

of basic assumption groups, genuine thinking is replaced by magical thinking. This allows the group, at least temporarily, to evade reality rather than attempt to think about it and modify it.

The basic assumption groups reflect the group's "hatred of learning by experience" (p. 86) as well as its "hatred of a process of development" (p. 89). These fears and hatreds are born of the group members' fears of emotional experience "for which they do not feel prepared" (p. 82). In other words, the basic assumption group mentalities are founded on the wish to be able to arrive "fully equipped as an adult fitted by instinct to know without training [i.e., without having to learn from experience] or development exactly how to live and move" (p. 89) as a mature adult. The group fears and hates the fact that immaturity is an inescapable part of the human condition and that the processes of learning and maturing require that one tolerate feelings of not knowing, of confusion, and of powerlessness.

And yet, despite the fact that we are powerfully drawn to magical solutions (forms of non-thinking), for Bion, groups (and individuals) are at their core "hopelessly committed to a developmental procedure" (p. 89), i.e., to thinking, learning from experience, and growing up. This commitment reflects what Bion believes to be a need that is perhaps the most powerful of all human strivings: the need for truth.

It is almost as if human beings were aware of the painful and often fatal consequences of having to act without an adequate grasp of reality, and therefore were aware of the need for truth as a criterion in the evaluation of their findings [perceptions].  
(1959, p. 100)

... a sense of reality matters to the individual in the way that food, drink, air and excretion of waste products matter.  
(1962/1975c, p. 42)

In other words, thinking that lacks an "adequate grasp of reality," an adequate sense of the truth (for example, each of the various forms of magical thinking employed by the basic assumption groups), is useless in one's effort to learn from experience and to grow psychologically. Magical ideas cannot be linked with other ideas in the process of generating a line of thought that one can use to solve emotional problems that arise in the course of a life lived in the real world. One cannot construct a line of rational thought on a foundation of ideas generated for the purpose of evading the

truth. Instead, the individual or group remains in a solipsistic world of magical thinking — “thinking” that is based on the idea/wish that one creates the world as one goes. A magical world is simultaneously an ideal place and a nightmare: one cannot learn or grow; one is damned to live in an eternal, static, directionless present. Bion interpreted a patient’s fearful use of magical thinking by saying, “What a shame it is that you have been reduced to omnipotence” (Grotstein, 2003, personal communication).

The human need for truth leads us ultimately to loosen our reliance on the illusion or delusion of safety that is provided by magical thinking, and to attempt to engage in genuine thinking — thinking that confronts reality in its full, unforgiving alterity. Only by means of such a confrontation with the truth in the act of thinking is it possible to do something with (to learn from and efficaciously attempt to modify) the reality of one’s lived emotional experience. For Bion, *the human need to know the truth of one’s experience is the most fundamental impetus for thinking*. This conception of thinking constitutes the first and most fundamental of what I am calling Bion’s four principles of mental functioning.

Closely tied to Bion’s first principle of mental functioning are three ideas that are critical to Bion’s theory of thinking. The first of these is the idea that non-thinking (i.e., evasion of thinking) and genuine thinking are inseparable and, in fact, depend upon one another. For example, the thinking performed by the work group (the group mentality in which genuine thinking may take place), on the one hand, and the various forms of magical thinking that characterize the basic assumption groups, on the other, constitute two facets of a single experience. Primitive fears of learning by experience and of emotional development are the very experiences from which a group learns about itself and develops. In the absence of the painful psychic reality constituted by these primitive fears, we would have nothing to think about and nothing to learn from: no “therapy could result unless these psychotic patterns [the basic assumptions] were laid bare [regardless of how psychologically healthy the members of a group may be]” (Bion, 1959, p. 181). The essence of “developmental conflict” (p. 128) from which the group grows is “the painful bringing together” (p. 128) of the reality of the primitive (the “psychotic” basic assumption beliefs, fears and hatreds) and the “sophisticated” (p. 128) (the capacity for genuine thinking). In other words, mature thinking is generated in response to our most archaic fears.

The second of Bion's ideas that is closely associated with his first principle of mental functioning is the notion that genuine thinking requires a tolerance for not knowing, a tolerance for "being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason" (Keats, 1817; quoted by Bion, 1970/1975a, p. 125) Genuine thinking, though driven by the need to know what is true, is at the same time characterized by a firm recognition that conclusions are always inconclusive, endings are always beginnings: "Every emotional experience of knowledge gained is at the same time an emotional experience of ignorance unilluminated" (Bion, 1992, p. 275). This aspect of Bion's theory of thinking culminated in his concept of "O" (1970/1975a, p. 26) — the unknowable, inexpressible truth of one's experience (see Ogden, 2004a, for a discussion of the concept of "O" and its clinical implications).

The concept of "binocular vision" (1962/1975c, p. 82) — "the need for employing a technique of constantly changing points of view" (1959, p. 86) — is the third of Bion's ideas that I view as a "corollary" to his first principle of mental functioning. This concept holds that thinking necessarily involves viewing reality from multiple vantage points (or "vertices," Bion, 1970/1975a, p. 83) simultaneously, for example, from the points of view of the conscious and the unconscious mind; the autistic-contiguous (Ogden, 1987, 1989a, 1989b), the paranoid-schizoid, and depressive positions; the work group and the basic assumption groups; the psychotic and the non-psychotic parts of the personality, and so on. Reality viewed from a single vantage point represents a failure to think. This can be seen in clearly pathological circumstances such as hallucinations, delusions, perversions, and mania, as well as in states that superficially do not appear pathological, for example, instances of strident pacifism or rigid adherence to the views of a school of psychoanalytic thought. Viewing reality from multiple vantage points allows each vertex (each way of viewing reality) to enter into a mutually mutative conversation with other ways of seeing/knowing/experiencing.

This idea of multiple vertices lies at the very heart of Bion's conception of sanity and insanity. If one has only one way of viewing reality, one cannot think, one is psychotic. Sanity involves a capacity for generating and maintaining a multiplicity of perspectives from which to view/experience one's life in the real world (including the reality of one's own personality). For example, a medical student in a state of relative psychological health

may be able simultaneously to experience the cadaver that he is dissecting as the body of a once-living human being; a non-human object constructed for the purpose of teaching anatomy; terrifying, inescapable evidence of the reality of death (his own death, the death of those he loves, the death of the patients he will treat); a reflection of the generosity of the person who granted permission for the use of his or her remains for purposes of medical education; and the scene of a rape born of the medical student's unconscious belief that his violent entry into the body of the cadaver is tantamount to rape, and, at an even deeper level, his feeling raped by the cadaver (in the form of the cadaver forcefully entering his psyche as the formaldehyde enters his body, leaving its color and odor on him and in him). Thinking, so conceived, is a process in which ideas and feelings live in continual conversation with one another, a conversation in which thoughts are forever in the process of being transformed (de-integrated) and formed anew as a consequence of shifting organizations of meaning.

## *2. It takes two minds to think one's disturbing thoughts*

Bion (1959) introduced what I am calling his *second principle of mental functioning* in the course of discussing the relationship between the group leader and the group. As mentioned earlier, the analyst leading the group is as subject to the draw of basic assumption "thinking" as are the other members of the group. This is not a reflection of the analyst's psychopathology, inexperience, or ineptitude; rather, the analyst's participation in the basic assumption groups is indispensable to his attempt to understand what is true to what is occurring in the group:

... many interpretations, and amongst them the most important, have to be made on the strength of the analyst's own emotional reactions ... The analyst feels he is being manipulated so as to be playing a part, no matter how difficult to recognize, in somebody else's phantasy ... [the analyst has] a sense of experiencing strong feelings and at the same time a belief that their existence is quite adequately justified by the objective situation [i.e., he believes that his feelings are a reasonable response to what is occurring in the group].

(1959, p. 149)

Bion, in this passage, is articulating for the first time the clinical basis for his radical revision of Klein's (1946/1975) concept of projective identification (see Ogden, 1979, 1986). Klein insisted that projective identification is strictly an intrapsychic phenomenon. Nevertheless, the language she used to describe projective identification suggests an interpersonal dimension: "Split-off parts of the ego are ... projected on to the mother or, as I would rather call it, *into* the mother" (Klein, 1946/1975, p. 8, italics in original). In Bion's psychological-interpersonal version of projective identification, the analyst must be able to experience himself in accord with the feelings elicited in him by the real interpersonal pressure that accompanies "somebody else's phantasy"; yet, it is critical that the analyst at the same time be able

to shake [him]self out of the numbing feeling of reality that is a concomitant of this state [which ability] is the prime requisite of the analyst in the group: if he can do this, he is in a position to give what I believe is the correct interpretation, and thereby to see its connection with the previous interpretation, the validity of which he has been caused to doubt.

(Bion, 1959, pp. 149-150)

In other words, when in the grip of projective identification, the analyst loses touch with the logic of his previous thoughts because his capacity to think has been compromised ("numbed"). He has unwittingly participated, for example, in the evasion of reality (the non-thinking or anti-thinking) that is occurring in a group. In shaking himself out of the psychic reality engendered in him, the analyst is not "regaining" his earlier capacity to think. Rather, having been changed by the experience of participating in the particular paralysis of, or attack on, thinking that characterized the specific intersubjective state (the basic assumption) of the group, the analyst is now in a new position (i.e., he has developed a new vertex) from which to understand what is occurring. Based on that new understanding, he may be able to communicate to the group something of what he believes to be the nature of the fears and hatreds that the group is experiencing. The aim of the analyst in putting such thoughts into words is not to solve the emotional problems of the group; rather, he offers interpretations in an effort to help the group do the work of thinking the truth (the reality) of the emotional experience that is unfolding.

A decade later, in "A Theory of Thinking" (1962/1967) and *Learning from Experience* (1962/1975c), Bion fleshes out his conception of thinking as an intersubjective experience:

Ordinarily the personality of the infant, like other elements of the environment [such as the provision of holding, feeding, and loving] is managed by the mother. If mother and child are adjusted to each other projective identification plays a role in the management [of the infant's personality] through the operation of a rudimentary and fragile reality sense.

(1962/1967, p. 114)

Thus, in the process of healthy projective identification, mother and infant think together and, in so doing, the infant achieves “a rudimentary and fragile reality sense,” a rudimentary capacity to perceive himself, his mother, and the world realistically.

Bion continues:

As a realistic activity [i.e., an actual interaction involving two people] it [the infant's contribution to the projective identification] shows itself as behaviour reasonably calculated to arouse in the mother feelings of which the infant wishes to be rid. If the infant feels it is dying [i.e., feels as if he is losing his rudimentary sense of self as a consequence of his inability to cope with his disturbing emotional experience] it can arouse fears that it is dying in the mother. A well-balanced mother can accept these and respond therapeutically; that is to say in a manner that makes the infant feel it is receiving its frightened personality [no longer dissolving or fragmenting] back again but in a form that it can tolerate — the fears are manageable by the infant personality.

(1962/1967, pp. 114-115)

In this way, mother and infant together think thoughts that had previously been so disturbing as to be unthinkable by the infant on his own: “The activity we know as ‘thinking’ was in origin ... projective identification” (Bion, 1962/1975c, p. 31).

In reconceptualizing projective identification in this way, Bion is expressing what I view as his second principle of mental functioning: *it requires two minds to think one's most disturbing thoughts*. The two minds engaged in thinking may be those of the mother and infant, the group leader and group member, the patient and analyst, the supervisor and supervisee, husband and wife, and so on. The two minds may also be two “parts” of the personality: the psychotic and non-psychotic parts of the personality (Bion, 1957/1967a); “the dreamer who dreams the dream” and “the dreamer who

understands the dream” (Grotstein, 2000); the “dream-work” and the “understanding-work” (Sandler, 1976, p. 40); and so forth. When the thinking capacity of the parts of the personality in conversation with one another proves inadequate to the task of thinking one’s troubling experience, the minds of two separate people are required for thinking one’s previously unthinkable thoughts.

Since every stage of development involves facing emotional experience for which one feels unprepared, we are throughout our lives in need of other people with whom to think. As Bion (1987) puts it, “the human unit is a couple; it takes two human beings to make one” (p. 222). Winnicott (1960/1965) famously puts it in his own way: “There is no such thing as an infant” [apart from the mother] (p. 39fn).

### *3. Thinking develops in order to cope with thoughts*

Bion introduced in “A Theory of Thinking” (1962/1967) and developed in *Learning from Experience* (1962/1975c) what I view as his third principle of mental functioning: “*Thinking is a development forced on the psyche by the pressure of thoughts and not the other way round*” (1962/1967, p. 111, italics added). This is a theory that “differs from any theory ... [that views] thought as a product of thinking” (p. 111).

In earliest post-natal life, all experience — even what we later view as soothing experience — is disturbing in that it is utterly new and unexpected. For example, air as a medium in which to live has no equivalent in intrauterine life. And breast-feeding, for which the infant is instinctually “hard wired,” almost always proves to be difficult at first. The breast for which the infant has a “pre-conception” (p. 111) is not the real breast that the infant encounters (even when the mother is highly sensitive to the infant’s psychosomatic state). The infant’s (metaphorical) first thought is not of the breast, but of the “no-breast” (p. 112) — the absent breast or that part of the experience of the actual breast that differs (beyond tolerable limits) from the pre-conceived breast: “If [the infant’s] toleration of frustration [with the help of the mother] is sufficient the ‘no-breast’ [experience] inside becomes a thought and an apparatus for ‘thinking’ it develops” (p. 112). Alternatively, if the infant is unable to tolerate the tension and psychic pain associated with frustration (even with the mother’s help), the experience of the “no-breast” is short-circuited. What might have become a thought becomes either an evacuation of tension (for example, in the form of action

or excessive projective identification) or an evasion of thinking (for example, in the form of omnipotent “thinking”). What might have become an apparatus for thinking a thought becomes a “hypertrophic ... apparatus of projective identification” (p. 112).

Bion's theory of alpha-function is an elaboration of the third principle of mental functioning — the idea that thoughts give rise to thinking. Bion posits that the individual's encounters with reality generate “beta-elements,” “sense-impressions related to an emotional experience” (1962/1975c, p. 17). These sense impressions (in the absence of further transformation) cannot be linked in the process of thinking and are fit only for evacuation, for example, by means of projective identification. But we must not lose sight of the fact that beta-elements constitute our sole psychological connection with reality. Beta-elements might be thought of as “those unthoughtlike thoughts that are the souls of thought” (Poe, 1848/1992, p. 80). Bion hypothesizes that “alpha-function” (1962/1975c, p. 6) (an as-yet unknown, and probably unknowable, set of mental operations) serves to transform beta-elements into alpha-elements that can be linked to form dream-thoughts. Dream-thoughts are the symbolic representation of the disturbing experience that was originally registered primarily in sensory terms (i.e., as beta-elements). The capacities for alpha-function, dreaming, thinking, and remembering are “called into existence to cope with thoughts” (1962/1967, p. 111).

In addition to the theory of alpha-function, a second important line of Bion's thinking, the concept of the “container-contained” (1962/1975c, 1970/1975a; see also, Ogden, 2004b), represents an extension of Bion's third principle of mental functioning. The third principle — the idea that thinking develops in order to cope with thoughts — is in essence a conception of the way mental functioning inherently involves a forceful dynamic interplay between thoughts and the capacity for thinking. The “container” (1962/1975c, p. 90), in Bion's theory of the container-contained, is not a thing but a process: it is the unconscious psychological work of dreaming, operating in concert with preconscious dream-like thinking (reverie) and conscious secondary process thinking. The term *contained* (p. 90) refers to thoughts and feelings that are in the process of being derived from one's lived emotional experience.

When the relationship between container and contained is a healthy one, growth occurs in both and is reflected in the enhancement of the individual's

capacity for “tolerated doubt” (p. 92). So far as the container is concerned, there is an expansion of the capacity for doing unconscious psychological work (i.e., dreaming one’s lived experience). The growth of the contained is reflected in an enrichment of the range and depth of thoughts that one is able to derive from one’s lived experience in the world.

Under pathological conditions, the container may become destructive to the contained resulting in a limitation of what one is able to “retain [of one’s] ... knowledge and experience” (p. 93). What one has learned from experience is no longer available to oneself; one feels as if important parts of oneself are missing. Conversely, the contained may overwhelm and destroy the container, for example, in nightmares, when the dream-thought becomes so disturbing as to overwhelm the capacity for dreaming, and, as a result, the dreamer wakes up in a state of fright. Similarly, in children’s play disruptions, the thought being “worked on” in play (the contained) overwhelms the container (the capacity for playing). (For further discussion of the concept of the container-contained and its relationship to Winnicott’s concept of holding, see Ogden, 2004b.)

Viewing thoughts as the impetus for thinking leads the analyst in the clinical setting to be continually asking himself what disturbing (unthinkable) thought is the patient at any given moment in the analysis asking the analyst to help him to think. The analyst is also aware that even as the patient is asking for help in thinking, the patient fears and hates the analyst for attempting to do just that: “Patients hate having feelings at all ...” (Bion, 1987, p. 183).

The idea that the development of an apparatus for thinking takes place as a response to disturbing thoughts also contributes to a theory of the therapeutic process: the analyst’s being receptive to, and doing psychological work with, the patient’s unthinkable thoughts serves not as a substitute or replacement for the patient’s capacity for thinking, but as an experience of *thinking with the patient* in a way that serves to create conditions in which the patient may be able to further develop his own inborn rudimentary capacity for thinking (his own inborn capacity for alpha-function).

Thus, the goal of the psychoanalytic process is not that of helping the patient resolve unconscious intrapsychic conflict (or any other emotional problem); rather, the aim of psychoanalysis is to help the patient develop his own capacity for thinking and feeling his experience. Once that process is underway, the patient is in a position to begin to confront and come to terms

with his own emotional problems. The patient is increasingly able to think with people other than the analyst and to engage in kinds of “conversations” with them and with himself that involve different aspects of his own personality that previously had not been available to him for the purpose of conscious, preconscious, and unconscious psychological work.

#### *4. Dreaming and the psychoanalytic function of the personality*

The fourth of what I think of as Bion's principles of mental functioning is the idea that *there exists an inherent psychoanalytic function of the personality, and dreaming is the principal process for performing that function.*

In positing “a psycho-analytic function of personality” (1962/1975c, p. 89), Bion is proposing that the human personality is constitutionally equipped with mental operations that generate personal symbolic meaning, consciousness, and the potential for unconscious psychological work with one's emotional problems. All three of these components of the psychoanalytic function of the mind mediate psychological growth. What makes this function of the personality “psycho-analytic” is the fact that the psychological work is achieved to a large extent by means of viewing an emotional situation simultaneously from the perspective of the conscious and unconscious mind. For Bion, dreaming (which is synonymous with unconscious thinking) is the principal psychological form in which this work is performed.

Dreaming occurs continuously both while we are awake and asleep (Bion, 1962/1975c). Just as the stars remain in the sky even when their light is obscured by the glare of the sun, so, too, dreaming is a continuous function of the mind that persists even when our dreams are obscured from consciousness by the glare of waking life. Dreaming is the most free, most inclusive, and most deeply penetrating form of psychological work of which human beings are capable. In conceiving of the psychoanalytic function of the personality in this way, Bion is radically revising Freud's understanding of the work of dreaming and of the analytic process. For Freud, the goal of dreaming and of psychoanalysis is that of making the unconscious conscious, i.e., making derivatives of unconscious experience available to conscious (secondary process) thinking.

In contrast, for Bion, the unconscious is the seat of the psychoanalytic

function of the personality, and, consequently, in order to do psychoanalytic work, one must make the conscious unconscious, i.e., make conscious lived experience available to the unconscious work of dreaming. The work of dreaming, for Bion, is the psychological work by means of which we create personal, symbolic meaning thereby becoming ourselves. In other words, we dream ourselves into existence. In the absence of the capacity for dreaming, we are unable to create meaning that feels personal to us: we cannot differentiate between hallucination and perception, between our own perceptions and those of others, and between our dream-life and our waking life. In this psychological state, one “cannot go to sleep and cannot wake up ... the psychotic patient behaves as if he were in precisely this state” (Bion, 1962/1975c, p. 7).

Moreover, from Bion’s perspective, dreaming is the psychological activity through which we achieve consciousness. Dreaming “makes a barrier against [unconscious] mental phenomena which might overwhelm the patient’s awareness [for example] that he is talking to a friend, and, at the same time, makes it impossible for [conscious] awareness that he is talking to a friend to overwhelm his [unconscious] phantasies” (p. 15). Dreaming is not a product of the differentiation of the conscious and unconscious mind; it is the dreaming that creates and maintains that differentiation, and, in so doing, generates human consciousness.

In sum, Bion’s fourth principle of mental functioning holds that dreaming constitutes the central component of the psychoanalytic function of the personality. Dreaming is our profoundest form of thinking and constitutes the principal medium through which we achieve human consciousness, psychological growth, and the capacity to create personal, symbolic meaning from our lived experience.

I will end this section by returning to its beginning. *I view Bion’s theory of thinking as a theory built upon four fundamental principles of mental functioning: (1) the impetus for all thinking is the human need to know the truth — the reality of who one is and what is occurring in one’s life; (2) it takes two minds to think one’s most disturbing thoughts; (3) the capacity for thinking develops in order to come to terms with thoughts derived from one’s disturbing emotional experience; and (4) there is an inherent psychoanalytic function of the personality, and dreaming is the principal process through which that function is performed.*

*Bion's Clinical Thinking*

I will now offer an illustration of the way in which Bion's clinical thinking is informed by his theory of thinking and the four principles of mental functioning that I believe underlie that theory. The clinical work that I will discuss is taken from the 16th of the clinical seminars that Bion conducted in Sao Paolo in 1978 (Bion, 1987, pp. 200-202). The seminar begins:

PRESENTER: The patient lay down on the couch and started to talk. "Mrs J is the owner of the house where I live. She is 88 years old. I dreamt that she was walking along the road, talking about the rental agreement." Then she started shouting, "What are you doing there behind me? Tell me *immediately*. You are a dishonest liar!" This took me by surprise.

(p. 200)

This opening paragraph is confusing to me each time I read it. The pronoun *she* is ambiguous in the phrase, "Then she started shouting...." Is the presenter using the pronoun *she* to continue telling the dream in the patient's words, in which case "she" (who is shouting) refers to a figure in the dream? Or has the presenter begun to tell the dream to Bion in his own words, in which case "she" is the patient, and the sentences in quotation marks that follow are the words that the patient shouted at the presenter: "What are you doing there behind me? Tell me *immediately*. You are a dishonest liar!" It is impossible for Bion (who is listening to the presentation, not reading it) to know whether Mrs J in the dream is shouting at the patient or whether the patient in waking life is shouting at the presenter. Each time I read this passage, it is only after taking pains to figure out what the quotation marks are indicating that I am able to determine that the patient is interrupting her own telling of her dream to shout at the analyst. The analyst remarks to Bion, "This took me by surprise." This took me by surprise, too, because of the way the presenter is making it difficult for the reader, and impossible for Bion, to know what is dream-life and what is waking life.

Bion responds:

I wonder what the difficulty is. If she knows that you are a dishonest liar, then obviously you would be telling lies behind her back. At the same time, why ask you what you are doing behind her back? Presumably you will only tell her more lies.

(p. 200)

The presenter is not a liar, but he has made it very difficult to understand what has happened in the session. Perhaps, this confusing rendering of the session led Bion to say, “I wonder what the difficulty is?” In so doing, Bion leaves open the possibility that he is asking the presenter what *his* difficulty is (in addition to asking about the patient’s difficulty).

Bion continues:

Alternatively, is she afraid that you do not tell lies? If she thinks that there is a chance that you speak the truth, that would explain why she asks you what you are doing.

(p. 200)

Bion is suggesting that the patient is afraid of (and, at the same time, highly values) *the way the analyst thinks* — a way of thinking that is concerned with what is true to the emotional experience that is occurring between them. What is being suggested here reflects Bion’s first principle of mental functioning — the idea that the need to know the truth is the most fundamental impetus for the development of thinking. At this moment in the session, that truth involves the recognition that the patient is unable to differentiate between being awake and dreaming, i.e., that the patient is psychotic.

The patient attempts to prevent the analyst from thinking, not only by surprising him by yelling at him, but also by equating thinking and “doing,” and by insisting that he tell her what he is doing *immediately*, i.e., without thought on his part, thereby ending genuine thinking by turning it into reflexive, fearful action. I believe that in this part of the seminar, the presenter is not only telling Bion about the very disturbing experience that he had with this patient, he is showing it to Bion (and the reader) by unwittingly making it difficult for the reader, and impossible for Bion, to differentiate between what is dream-life and what is waking life. In this way, the presenter is engendering in Bion something like the effect on him of the patient’s psychosis, which the presenter is unable to think on his own.

Bion goes on:

To put it another way: there is something wrong with this story: either the patient is lying, or she is slandering the analyst. Otherwise why should she spend her time with a dishonest liar?

(p. 200)

In pointing out the contradiction that the patient views the analyst as a dishonest liar and yet continues to see him for analysis, Bion is asking the question that he asks far more frequently than any other question in the clinical seminars: “Why has the patient come for analysis?” This question reflects the second of Bion’s principles of mental functioning — the idea that it takes two minds to think one’s most disturbing thoughts (and, by extension, that it is for this reason that patients come to analysis). For Bion, the omnipresent clinical question is: “What is the thought, the emotional problem, that the patient (ambivalently) is asking the analyst to help him to think?”

The seminar continues:

P: I said, “I am listening” [in response to the patient’s demand to know *immediately* what the analyst was doing]. She replied, “Yes, that’s important.” She calmed down and continued describing her dream.

B: That is a very interesting sequel. Notice that the analyst didn’t start an argument about whether or not he is a liar [he did not angrily and fearfully offer a counterattack to the patient’s attack on his thinking]; he didn’t get up and leave the room [he did not evacuate thoughts in the form of action]; he didn’t lose his temper [he maintained a state of mind in which he could think]. The effect on the patient seems to have been quite helpful. It is not a cure, but a little bit of a cure; it is enough of a cure to make another minute or two [of thinking] possible. Not only does it matter what you say or do, it also matters what you do not say or do.

(pp. 200-201)

Bion, as ever, is understated in his response to the presenter. He refers to the analyst’s work simply as “interesting,” but nowhere else in the 52 “clinical seminars” does Bion step back, as he does here, to ask the other seminar members to “notice” what the analyst did in the clinical situation being discussed. Although Bion does not spell it out, I believe that what was critical to the effectiveness of the presenter’s response was his calm refusal to accept the terms offered by the frightened patient (i.e., to confess or to defend himself), either of which, in this instance, would have constituted a reflexive form of non-thinking. Instead, the presenter gently, undefensively reminded the patient who he is and would continue to be — an analyst who is listening and thinking — despite the fact that the patient was frightened

of the way the analyst was thinking. At the same time, she was afraid that he would not be able to remain an analyst who may be able to help her to regain her sanity by *thinking and dreaming with her* the terrifying experience that she could not think/dream on her own. In attempting to tell her dream to the analyst, the patient's capacity for thinking/dreaming fell apart — she became increasingly unable to differentiate being awake and dreaming, and as a result she treated the analyst as if he were a figure in the dream.

How different it would have been had the presenter, instead of simply saying, "I am listening," had said, "You're afraid that I will be so frightened of you that I won't be able to think when you attack me and, as a result, I won't be able to be an analyst who will be able to help you to think your thoughts in a way that feels sane." The latter is accurate in content, but sounds to me like a rather stereotypic, analytic way of talking. In addition, I do not believe that the patient, in her state of severe distress, was capable of listening to more than the first few words of such a long and complex interpretation. By contrast, the analyst's statement, "I am listening," has the ring of words spoken by a person who is thinking and talking to another person (who is very frightened) in a manner that is genuinely his own.

The patient responded not only by saying, "Yes, that's important"; in addition, "She calmed down and continued describing her dream." In other words, by means of the experience of having her psychotic thoughts contained by the analyst's thinking, the patient was able, if only "for another minute or two," to think (perhaps for the first time in the session).

P: She continued to describe her dream: "Mrs J wanted to come into the house and look it over. There was a portrait of a nude in one of the rooms and I knew that she would not like that. So I tried to stop her coming into the house, but I couldn't. In the kitchen there were two blood-stained garments."

B: The patient said this was a dream. Did you believe her? It sounds very likely that she wanted to stop you from seeing what was in her mind, leaving her feeling naked. But she wasn't able to lock the door; she wasn't able to make you leave; she wasn't able to put a stop to the analysis right away. So now you may find out what kind of a person she is. However, there is always a safeguard: if you give an interpretation she can say, "It doesn't matter — I don't really think like that — it was only a dream."

(p. 201)

Bion responds here by saying, “The patient said that this was a dream. Did you believe her?” Who other than Bion would have responded to “the dream” in this way? Bion’s question (it seems to me) is intended to direct the presenter’s attention to the fact that the patient is unable to dream, unable to distinguish between internal and external reality, and unable to distinguish between being awake and being asleep.

The patient, though seemingly describing a dream from the previous night, had not awoken from that “dream,” which was not a real dream in the sense that it did not involve a differentiation of conscious and unconscious experience. It seems to me that the patient was experiencing in the session a state of mind akin to a night-terror (a phenomenon in sleep that is not a dream, but an experience of being unable to dream a terrifying experience). (See Ogden [2004c, 2005a] for discussions of genuine dreams, night-terrors, and nightmares.) The presenter’s elegant interpretation, “I am listening,” had the effect of helping the patient genuinely to awaken from her dream-that-was-not-a-dream by containing the patient’s unthinkable dream-thought.

Bion then addresses what he believes to be the nature of the patient’s previously undreamable thought. He views the dream as an expression of the patient’s belief that she is not able to distinguish her thoughts from those of the analyst and, therefore, cannot stop the analyst from “seeing what was in her mind, leaving her feeling naked.” The experience of being seen naked against one’s will is the opposite of feeling understood. It is closer to an experience of being raped (perhaps it is this state that is represented in the “dream” by the blood-stained garments).

Bion then makes a curious, somewhat enigmatic statement: “So now [after demonstrating to the patient that you are able to continue to think while she is yelling at you] you may find out what kind of person she is” (Bion, 1987, p. 201). I believe that Bion is suggesting that, with the help of the presenter’s calm and thoughtful response to the patient’s yelling at him, the non-psychotic part of the patient’s personality may become a stronger force in the analysis. The non-psychotic part of the personality is that aspect of the patient that is able to think/dream, to do something uniquely her own with her lived emotional experience. In this sense, the patient, at this point in the session may be in a position to begin to dream herself into existence, thus affording the presenter and the patient, herself, an opportunity to “find out what kind of person she is.” This entire line of thought reflects Bion’s

fourth principle of mental functioning — the idea that even when the patient is in the grip of a full-blown psychosis, the psychoanalytic function of the personality remains operative, albeit in a highly circumscribed way. Such an assumption underlies analytic work, not only with schizophrenic and other severely disturbed patients, but also with the psychotic aspect of every patient, supervisee, or group.

But Bion cautions, “However, there is always a safeguard: if you give an interpretation she can say, ‘It doesn’t matter — I don’t really think like that — it was only a dream.’ ” Here Bion is commenting on the effect of thoughts on thinking: there may be a resurgence of the patient’s attack on the analyst’s capacity for thinking as well as on her own. Although he does not use the term, the form of attack that Bion is describing is what he elsewhere calls *reversible perspective* (Bion, 1963/1975b, p. 50). Bion, in the clinical seminars, scrupulously avoids technical language.

The non-thinking that Bion is pointing out involves a shift of figure and ground in a way that undermines the analyst’s use of his capacity for thoughtful observation: the patient claims (and believes her own claim) that when the analyst describes “the figure” (for example, an interpretation of personal meaning in a dream), the patient insists that the only reality is the ground (for example, the “nonsensical” manifest content — “it doesn’t matter — I don’t really think like that — it was only a dream” [Bion, 1987, p. 201]). Thus, thoughts serve not to contribute to the development of thinking, but to the destruction of thinking. From the perspective of still another of Bion’s ways of conceptualizing the relationship between thoughts and thinking, the patient’s thought that dreams mean nothing (the contained) is serving to destroy the capacity for patient and analyst to think together (the container). These ideas reflect Bion’s third principle of mental functioning — the notion that thinking develops in order to come to terms with disturbing thoughts, and that a forceful interaction between thoughts and thinking continues throughout one’s life.

The presenter continues:

She went on, “I was afraid the house-owner wouldn’t renew the contract, complaining that I didn’t take care of the house — although it was in an even worse condition when I first rented it. With a magic wand she turned the nude portrait into a Negro woman dressed in a rose-coloured dress. The Negro woman started to move. I saw a door I had never seen before, opened it,

and found a dying plant. I was afraid the owner would be angry because I hadn't taken care of it. I tried to revive it with the magic spell she had used, but couldn't." Then she began to shout again, "What are you doing there? You are a liar. You are doing something you don't want to tell me about. I hate you. I want to destroy you, tear you into pieces and throw the pieces away." She was very, very angry.

(p. 201)

There is the same confusing ambiguity in this paragraph that there was in the opening paragraph of the seminar. Is the figure in the dream shouting at another dream figure or is the patient shouting at the analyst in waking life? (It is only the punctuation — the fact that there are double quotation marks, not single quotation marks, surrounding the words that are shouted — that indicates that it is the patient who is shouting at the presenter and not a dream figure shouting at the patient in the dream. Since Bion is listening to the presentation and not reading it, it is impossible for him to know who is shouting — the patient or a figure in the patient's dream. The distinction between being awake and being asleep is again disappearing. The patient, herself, seems to me to be disappearing. As many times as I have read the words, "I ... found a dying plant," I still misread the words and make them say, "I ... found a dying patient."

Bion responds to this portion of the case presentation:

What are you doing to her? She has continued to talk, so she is taking off her own disguises. If you take off the black skin, there is a person there; if you take off the dream, she herself is there. [Perhaps Bion is suggesting that the dream is not a dream, but an assault on the non-psychotic part of the patient's personality. Without the meaning-destroying and dreamer-destroying "dream," there may be a person capable of thinking.] I think she is worried about what you are doing to her. Why do you make her speak the truth? It seems that you are only talking, but she knows it isn't only that. You are talking in some peculiar way which makes her expose the truth ... So although it is horrible for the patient, it is just as well for the analyst to remain able to think. But we cannot settle this matter by being unable to be angry or frightened; we have to be able to have these strong feelings *and* be able to go on thinking clearly even when we have them.

(p. 202)

The seminar ends with these comments by Bion. In the segment of the session that Bion is discussing, the patient becomes increasingly frightened in “the dream”/hallucination. Listening to the patient in this part of the session, for me, is like watching a person drown. The patient feels that she is dying or losing her mind — which amount to the same thing. Virtually word by word, we see the patient becoming increasingly a character in her own dream; at the same time, the figures in her dream (the landlady and the painting of the nude) are turning into living people who seem to the patient to occupy her waking life.

The published fragment of the seminar contains only a very brief account of the analytic session and does not include any of the presenter’s interventions, or even his thoughts, after he said, “I am listening.” This artifact of the editing and tape recording of the seminar contributes to the distressing feeling that the patient’s disintegration is not being met by further attempts on the part of the analyst to contain the patient’s terror.

### *Concluding Comments*

I will close by stating in a slightly different way what I believe to be the core principles of Bion’s theory of thinking.

Thinking, for Bion, derives most fundamentally from the human need to know the truth of who one is and what is occurring in one’s life. Disturbing thoughts (unprocessed experience) provide the impetus for developing an apparatus for thinking (doing psychological work with) those thoughts. There is an inborn “internal structure” for doing psychological work with our experience that Bion calls *the psychoanalytic function of the personality*. That inborn structure is analogous to the inborn “deep structure” of language (Chomsky, 1968) that underlies our capacity to learn how to speak.

In the course of a life-long process, we increasingly develop the capacity for thinking/dreaming our lived emotional experience. However, beyond a certain point (a point that varies for each individual), we find it unbearable to think/dream our experience. Under such circumstances, if we are fortunate, there is another person (perhaps a mother or father, an analyst, a supervisor, a spouse, a sibling, a close friend) who is willing and able to engage with us in a process of dreaming our formerly undreamable experience. Dreaming — whether on our own or with another person — is our most pro-

found form of thinking: it is the principal medium in which we do the psychological work of being and becoming human in the process of attempting to face the reality of, and come to terms with, our emotional problems.

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