LISTENING TO THE UNCONSCIOUS IN THE BIPERSONAL FIELD

Gavin Ivey

"In the end, it is impossible not to become what others believe you are"

(Naphtali Lewis, *Ides of March*, 1983)

Workshop aims

‘Psychoanalysis has been blessed, and plagued, with invisible things from the beginning. First and foremost was the thing called the Unconscious…. To this world of invisible psychoanalytic things we must now add the “dynamic field”…the dynamic field may be a special kind of thing that helps us see and think about the existence of other special things that are otherwise difficult to see and describe… things that are somehow, somewhere, in between analyst and patient’ (Narva, 2017, p. 140)

- To appreciate how dynamic field theory has radically transformed our understanding of what the unconscious is, where it is located, what purpose it serves, and how we approach it
- To listen to and reflect on your own style of unconscious listening and how this relates to the listening of other workshop participants
- To engage with clinical case material and think about the complex articulation between the intrapsychic and interpersonal

Field theories and the premise of intersubjectivity

Intersubjectivity refers to “the assumption that whatever takes place between analyst and patient will be *co-determined* by the unconscious desires and defensive needs of both participants in the analytic process…We see the analytic relationship and process as *mutually* constructed out of the reverberating influence and interaction of the conscious and unconscious wishful and defensive needs and desires of the analyst and the analysand, each upon the other (Levine & Friedman, 2000, pp.65-66).

Freud's undeveloped anticipation of intersubjectivity

- "No one who, like me, conjures up the most evil of those half-tamed demons that inhabit the human breast, and seeks to wrestle with them, can expect to come through the struggle unscathed" (Freud, 1905, p. 109)
- "it is a remarkable thing that the *Ucs*. of one human being can react upon that of another, without passing through the *Cs*." (1915, p.194)
- The unconscious possesses "an apparatus … to undo the distortions which other people have imposed on the expression of their feelings" (1913b, p. 159)
- "…he [the analyst] must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient…. so the doctor's unconscious is able, from the derivatives of the unconscious which are communicated to him, to reconstruct that unconscious, which has determined the patient's free associations (1912, pp. 115-116)

What are field theories?

“The concept of a field was first employed by physicists, who used it to refer to a region of space in which a given effect – such as magnetism or gravity – exists. But it also implied a certain organization of such region, in which any change at a given point had effects on every other point of it. Field theories implied an epistemological revolution in science because they replaced linear causality, as an explanatory principle, by complex interdependence. They also had the characteristic of being atemporal because they explained the phenomena that took place in the field in terms of the latter’s organization and dynamics, without any reference to its previous history” (Tubert-Oaklander, 2007, p.116)

The bipersonal field of the psychoanalytic encounter

The analytic field is a metaphor designating a dynamic and dialectical bipersonal entity, largely unconscious, generated in the relational space of the therapeutic encounter. While informed by the reciprocally interacting subjectivities of patient and therapist, it is not the product of either, but an ambiguous co-creation that transcends and transfigures the contribution of both participants.

Implications of bipersonal field theory

- **Spatial**: The ucs is not inside the patient (or therapist) but exists in the unstable relational space between them.
- **Temporal**: The ucs is not a historical creation re-enacted in the present but rather a new (here-and-now) product of a present encounter
- **Authorship**: it is not the patient's creation but a conjoint co-creation where questions of authorship and responsibility are inherently uncertain and ambiguous
- **Epistemological**: The constant implication of the therapist's ucs in the field means that there is no objective vantage point from which to know and interpret the patient's 'transference distortions' of interpersonal reality
- **Function**: not primarily defensive, but a communicative and creative medium for the evolution of 'waking dream thoughts' & expansion of the patient's (and therapy couple's) container function
- **Therapeutic implications**: Insight less important than field transformation and the metabolisation of previously indigestible experience (beta elements)

Madeleine and William Baranger: Originators of Dynamic Field theory (1961)

"In speaking of the analytic field, we are referring to the formation of a structure that is the product of the two participants in the relationship but which in turn involves them in a dynamic and possibly creative process… It is not simply a matter of allowing for the analyst's countertransference experiences but of acknowledging that both the transference manifestations of the patient and the analyst's countertransference spring from one and the same source: a basic unconscious fantasy that, as a creation of the field, is rooted in the unconscious of each of the participants" [M. Baranger (1992), The mind of the analyst: From listening to interpretation]

Robert Langs (1928-2014) and Communicative Psychoanalysis

Bipersonal field: “A metaphor for the therapeutic situation that stresses the interactional qualities of the field and postulates that every experience and communication within the field receives vectors from both patient and therapist” (Langs, 1990, p. 720).

Two co-existing ucs systems:

1. The “deep ucs system” is an evolutionary adaptation for detecting dishonest communication (Smith, 1999). Once it identifies dishonesty, cheating, or the infraction of some rule governing social interaction, this ucs system signals awareness of the dishonesty by means of ucs communication.
2. The other subsystem, consistent with Freud’s dynamic ucs, comprises intrapsychic conflicts based on anxiety-provoking fantasies, memories, and defences against conscious awareness of these.

One subsystem exists to detect and signal interpersonal deception, the other exists to create self-deception, because of the pain and anxiety that certain memories and fantasies evoke. One is devoted to exposing the truth of interpersonal contexts, whereas the opposing ucs system avoids truth, both interpersonal and intrapsychic, to gratify neurotic needs and evade painful self-awareness.

Implications for psychoanalytic listening

1. The patient's narratives and associations may be disguised communications about how they ucsly but accurately perceive the therapeutic interaction, especially the therapist's cs and ucs contribution to this interaction.
2. When the therapist is functioning well patients feel safe and respond by ucsly communicating personal conflicts in the hope that these will be accurately heard and responded to. If the therapist indulges in unnecessary framework deviations and countertransference-driven interventions, the focus of the patient's ucs communications will be on the therapist's conduct rather than the patient's conflicts.
3. How the patient relates to herself may reflect her internalisation of the therapist's interaction with her, and may be a commentary on her immediate experience of the therapist's interventions.
4. Every intervention or framework management action constitutes an adaptive context that serves as a trigger to which the patient responds ucsly. This requires a form of interactional listening in which the ucs mutual influence of the participants on each other is the focus, rather than the supposedly distorting influence of the patient's transference fantasies.

Unconscious listening & unconscious supervision

The following three therapy vignettes were reported by different therapists in supervision contexts. Drawing on Langs' communicative psychoanalysis listening theory, what thoughts do you have regarding the following questions:

1. In each case what events constitute the adaptive contexts and triggers for the patients' ucs communication?
2. How is the ucs communication conveyed in the patients' narratives and how can we 'decode' these communications?
3. Which ucs system is operant and what role do the patients' personal conflicts play in their perceptions of their therapists' behaviour?
4. What interventions may be appropriate in the light of the patients' ucs supervision?

Therapy Vignette 1: Angela and the Slow Truck

Angela referred a friend of hers, Jessie, to the same female psychotherapist she was seeing. Based on her own experience, she said, “I think you could really help Jessie.” The therapist agreed to see the referred friend. Angela began her next session by saying she had recently had an argument with her boss, Sharon, about Sharon’s unfair treatment of workers she employed. Angela believed that that their wages were too low, and thought this was probably a contravention of the relevant labour legislation. She then thanked the therapist for agreeing to see her friend, before going on to recall that she had got lost on the way to her therapy session today. She had been driving behind a large, slow truck, and consequently did not see the large crack in the garden wall that was her signal to turn into the therapist’s driveway. She had thus inadvertently driven right past. She went on to say that she had developed a sore throat last night and wondered whether she would be able to talk today.

Therapy Vignette 2: The nurse and the Chicken Pox

After a few sessions in which she'd taken a history from a new female patient, an experienced female therapist learned that the patient had been sexually abused as a child. Hearing details of the abuse had made the therapist feel angry and upset, though she refrained from expressing these feelings to her patient. The therapist felt that the patient wasn't yet ready to deal with the abuse experience and shifted the focus to the patient's current life difficulties. In the therapy session immediately following this one, after the therapist had asked her how her week had been, the patient replied that she felt much better. She added, however, that small things had been worrying her. The previous day her daughter had started scratching herself all over her body. When the patient examined her she found that her daughter had chicken pox. The patient, who is a nurse, panicked and became irrationally worried that she might catch the disease herself. She suddenly started to feel sick as well, but then reminded herself that she can handle chicken pox, and that it can be treated.

Therapy Vignette 3: ‘Mr. Nice Guy’

Nick had been in therapy for some time with Gemma. She began a session by asking him if she could audio-record their sessions for supervision purposes in the context of her Ph.D. psychotherapy training. Nick immediately agreed to this. After a pause he spoke of seeing a cartoon that reminded him of himself, how he is “Mr. Nice Guy”, always polite and courteous, but lacking in self-confidence. He went on to say that he is “fed up” with his work situation because Hugo, his boss, is “acting up, being a prima donna. He’s moving the goal posts and it aggravates me. He says we’ll go for new and innovative products … Then he says, ‘No we’ve got to do this particular thing’. And I said, ‘But we’ve set a target in that particular direction, why can’t we do it’? And I thought, ‘But this is crazy … I’ve come across this before with people in charge, all their phone calls are on hold, they don’t take any calls, they don’t respond’.

He added: ‘Jake was telling me about his boss, who says, ‘This store room hasn’t been cleaned out – I’ll do it’. He gets in there and about an hour later, having used about ten different people, and fouled up bits and pieces, he says, ‘There you are, that wasn’t so difficult; I don’t know why it was never done before’. I will go into something, and I’ll write up an analysis of something or an assessment of something, and people will say, ‘But what about this and this’? And I’ll say, ‘But it didn’t come up for discussion. These are the parameters that we discussed. I’m aware of those other things, but they weren’t asked for. I mean, I’m not trying to be like a computer or a machine, but really, those weren’t discussed’.

Towards the end of the session David mentioned his wife: ‘She’s wanting to be supportive. But I think she wants the security of a partner in her life, the security of someone who knows how to fix the broken lamp, and knows what to do when the tap won’t turn off or when the microwave makes funny noises, all of the things that happened recently. When I wasn’t around she got to rely on the neighbor quite a lot. But now I’m back, and I sort out these things. She’s not an incompetent person, but I get the impression that she’s making the compromise because she wants that aspect, the security aspect’.

Conflictual listening and the analytic instrument

Listening, as it involves an object relationship, necessarily activates residual ucs conflicts in the therapist. The therapist's listening and responding is thus continuously shaped by compromises between conflict components – wishes, defences, superego prohibitions/punishments, and unpleasurable feelings (anxiety, depression) – activated by the relationship with each patient. 'If all the analyst's responses are indeed compromises resulting from internal conflict, it follows that the analyst's conflicts – or neurosis, if you will – constitute the listening instrument' (Smith, 2000, p.107). It is not possible to 'separate out countertransference responses that interfere with the process from those that facilitate it. Countertransference …does both all the time' (p.99). Means that countertransference is 'a source of data but not a source of evidence' (p.105).

Lasky (2002) refers to the 'analytic instrument': the analyst's internal states, involving both conflicted and unconflicted aspects, builds 'an intensely vital representation of the patient and identify aspects of the transference that have no yet been consciously recognized by either analyst or patient'. It is through the 'interplay of self-analytic work and these active conflicts that he continues to increase his conscious and preconscious awareness of his patient's internal experiences and conflicts'.

Session material illustrating conflictual listening

The following detailed process notes from a single session illustrate how listening to – and through – the therapist's residual conflicts elicited by interaction with a patient may serve as an 'analysing instrument' if:

1. The therapist is sufficiently open to his/her discomforting experience;
2. Is not unduly emotionally hampered by the residual conflicts;
3. Is able to appreciate the dynamic intersection of the patient's and therapist's ucs processes.

Projective identification and role responsiveness

The unconscious phantasy whereby some aspect of the self (either a self- or object-representation) is split off and attributed to another person. The phantasy exerts interpersonal influence because the projector, relating to the other as the embodiment of the projection, responds in a manner that induces the recipient of the projection to feel and act in a manner consistent with the projective phantasy.

PI serves as: (1) A defence to distance oneself from unwanted self aspects or experience; (2) a communicative effort to make oneself feel understood by pressuring another person to experience feelings akin to one's own; (3) a type of object relatedness in which the other becomes a receptacle for the unwanted aspects and associated feelings; and (4) a therapeutic vehicle as "feelings similar to those with which one is struggling are processed by another person, following which the projector may identify with the recipient's handling of the engendered feelings" (Ogden, 1979)

Role responsiveness (Sandler, 1976)

The transference is not a phantasy or distorted perception of the therapist, but invariably involves the patient's ucs provocation of the therapist into enacting or actualising a relationship based on complementary roles deriving from the patient's childhood experience in her family of origin. More often than not, therapists only become aware of the transference roles assigned them when they catch themselves unconsciously complying, i.e., enacting these roles in their countertransference responses.

The therapist's unconscious responsiveness to the allocated transference role is "a compromise formation between his own tendencies (countertransference based) and his reflexive acceptance of the role the patient is forcing on him" (Sandler, 1976, p. 46).

Countertransference enactments in the field – A case illustration

I will in some detail describe a case of once weekly psychoanalytic therapy with an adult female patient. Six months into treatment a countertransference dream anticipated a series of countertransference enactments that would some five years later. This material will be used to try and understand the field dynamics at play in the therapeutic relationship and what purpose these serve at this point in the treatment.

Some useful follow-up references

Baranger, M. & Baranger, W. (1961-2/2009). The analytic situation as a dynamic field. *Int. J. Psychoanal*., **89:** 795-826.

Cassorla, R.M. (2005). From bastion to enactment: The 'non-dream' in the theatre of analysis. *Int. J. Psychoanal*., **86**: 699-719.

Ivey, G. (2008). Enactment Controversies: A critical review of current debates. *International Journal of Psychoanalysis*, 89, 19-38.

Ivey, G. (2011). Bion's therapeutic applications. *Psychoanalytic Psychotherapy*, **25**: 92-104.

Levine, H. & Friedman, R.J. (2000). Intersubjectivity and interaction in the analytic relationship: A mainstream view. *Psychoanal. Q.*,**69**: 63-92.

Marzi, A; Hautmann, G & Maestro, S. (2006). Critical reflections on intersubjectivity in psychoanalysis. *Int. J. Psychoanal*., **87**: 1297-1314.

Sandler, J. (1976). On role-responsiveness. *Int. Rev. Psychoanal*., **3**: 43-47.

Smith, H. (2000). Countertransference, conflictual listening, and the analytic object relationship. *J Am Psychoanal. Assoc.* **48**: 95-128.

Stern, D.B. (2013). Field theory in psychoanalysis, Part 2: Bionian field theory and contemporary interpersonal/relational psychoanalysis. *Psychoanalytic Dialogues*, 23: 630-645.