Working with Bion (Updated slightly)
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Abstract of Working with Bion, a workshop by William J. Massicotte

I will present a list of clinically practical lessons extrapolated from Bion in an avowedly non-mystical manner. I will discuss elements that I personally use on an almost daily basis, many of which are infrequently discussed in the academic literature – but this is a practical workshop and makes no attempt to be academically adequate. Included in the topics to be discussed are: Dream inhibition, Frustration tolerance and the avoidance of Frustration, Growing new mental capacities where development has been inhibited, the importance of pain, noticing mis-understanding in ourselves and our patients, why a truthful attitude is more efficient in reducing symptoms, and how to better understand primitive mental states along with their effect on the analyst/therapist.

Learning Objectives

1) To extrapolate some useable and simpler elements from Bion and present them in an accessible form.

2) To illustrate technique implications of Bion’s understanding of primitive states; including how neurotic patients may manifest weaker versions if their mother suffered from a major psychological illness.

3) To increase the analysts’ and therapists’ self-understanding of their own reactions to difficult patients.
This is not an elementary exposition of Bion. Rather, it is an extrapolation of some elements that a contemporary working analyst can use for practical purposes. I strongly suspect that these elements are consistent with many individual approaches found even among those who would be dispositionally opposed to Bion and his kind. One potential reason to persist with Bion is to benefit from his ability to say things in a pithy, brief, suggestive way. In effect, he writes interpretations designed to stimulate analytic experiences.

So much of the Bion I have read has been forgotten or integrated into my daily practice. There are several things I use almost daily or at least weekly. While the era of following a single author (discipleship) is over within psychoanalysis, certain authors remain justifiably influential. Although I am not a dogmatic Bionian and use many other things as well, I thought it might be a useful exercise to very briefly express those elements I do use.

**Forgetting Bion:** Bion suggests that we forget his work and make no active attempt to remember what he causes us to think until a patient naturally stimulates us to recall something of use. Thus, my forgetting Bion is consistent with Bion. The idea is to remake Bion-type ideas as our own, as abiding personal possessions. Hence I will make this presentation personal. Memory is bound up with anxiety about being incompetent. The natural re-stimulation of tools anew is how to work naturally as a psychoanalyst. It should be a tool one can automatically reach for when needed or when in trouble. Much like an experienced mountain climber will automatically reach for a tool when falling.

**Selected fact:** I see this as a universal aspect of practicing analysis. Others may use a different term or another way of identifying the phenomena. A selected fact refers to that idea that forms in your mind as a result of listening to the patient. At a certain point it forms as an idea as to what the patient is speaking of today, and how to link it up with today’s associations in a way that might be of use to him. I find it usually takes about 20 minutes for such an idea to occur in my mind. (But it might occur in a few seconds.) When it does not occur, I take note of this fact.1 In Bion, it is the observation or discovery about the patient, (I might say now, noticing the element or pattern) which precedes the curative move made by the analyst.2

**Truth as food for the mind:** Bion holds that the mind needs a steady supply of truth in order to grow and remain healthy. Symptoms and perversions are falsity or lies. In a modification of the working alliance, the idea is to get the patient interested in truth for a change. And to come to need it for a while, in the service of growing a mind.3

**Temporarily addicted to truth:** Again, for a change interested in truth. As an active part of analysis.4

1 “The **selected fact** then is an essential element in the process of **discovery**. The interpretation—employing definitory hypotheses, such as breast, which have many resemblances to, and in some respects are identical with, the selected fact—is concerned not with discovery so much as with **repair**.” Bion, (1992) [emphasis added.] Cogitation, p. 252-3.

2 See Britton, R., Steiner, J. (1994). Interpretation: selected fact or overvalued idea?, *Int. J. Psychoanal.*, 75:1069-1078. They contrast a true ‘selected fact’ from ‘an overvalued idea’. They highlight that Bion compares the idea of selected fact to Poincaré’s ideas in his *Science and Method*. Bion was always seeking scientific types of method. It is also true of ‘memory’ suspension, which originates with Darwin.

3 Harry G. Frankfurt, a Princeton philosopher, recent book entitled *On Bullshit* is consistent with Bion’s views. (Princeton University press, 2005, 80 pp.). His simple points are like those made by Edna O’Shaughnessy in “Can a Liar be Psychoanalysed?” *LPA*, Vol. 71, Pt. 2, 1990, pp. 187-195. where she speaks of patients who use lying as a primary mode of defense. I had one once, and he when he got caught lying (again) he would say, ‘Yah, I know, it’s terrible! That’s why I am going to therapy in order to work on it.’ He came to therapy in order to go on lying. A second point is similar to Bion saying that without respect for truth and fact basically, the working psychoanalyst is at an enormous disadvantage since patients use distortions of the truth in their defenses and symptoms. Here are Frankfurt’s two key points: 1) ‘It is impossible for someone to lie unless he thinks he knows the truth,’ Mr. Frankfurt writes. "A person who lies is thereby responding to the truth, and he is to that extent respectful of it.’ (c.f. O’Shaughnessy) 2) ‘The bull artist, on the other hand, cares nothing for truth or falsehood... He pays no attention to it at all.’ this makes him more harmful than any liar, because of rejecting ‘the possibility of knowing how things truly are.’(c.f. Bion)

4 “The person who has a concern for truth or for life is impelled to a positive, not merely passive, relationship to both. The concern for truth must be distinguished from a capacity for establishing contact with reality. A man may have little capacity for that through lack of intelligence, training or even physical endowment—he might be defective in one or more of his senses, to take an obvious example. Yet this same man can have an active yearning for, and respect for, truth. Conversely, a highly gifted and well-equipped person may have little concern for truth about realities with which his endowment permits an easy contact.” Bion, *Cogitations*, 1992, [In an undated section entitled “Metatheory”], p. 248.
**Lean from experience**: Bion’s observation is that most people do not learn from experience. They may have the same experience over and over but do not capitalize on the opportunity to learn. Hence, for example, some analysts do the same thing over and over but do not learn. The pre-existing anticipation takes precedence. This could be called a priori thinking or pre-judging. When the patient advances in analysis suddenly they began to actually make use of their experience.

**Thinking your own thoughts**: Bion reserves the right to think his own thoughts when faced with pressure to think the thoughts of someone else. This happens all the time, as when the person says ‘I don’t want you to think x of me.’ He gives the example of shocking a group or residents by telling them that he thought a female patient was a whore. They more or less said ‘you can’t think that’ and he more or less said ‘I can and I do.’ She had told him ‘I don’t want you to think that I am a whore.’

**Intelligence used in the service of illness**: Bion holds that some people may use their considerable gifts in the service of maintaining pathology. Further, others may have limited gifts but use them in the service of health and truth. For some he would say, ‘Have you ever come across people who you feel must be extremely intelligent in order to be so stupid?’

**Introduce the patient to themselves**: This is part of the task as Bion put it. Such an activity should be neither necessary nor difficult. In fact, it is the opposite: it is both necessary and difficult.

**Wake the patient up**: The purpose of psychoanalytic interpretation is to transform β-elements into α-elements. As Bion puts it if the α-function is disturbed then the patient cannot sleep. If they cannot ‘sleep’ they cannot be ‘awake.’ Each interpretation causes the patient to wake up a bit.

**Emotional Experience and attacks on the analyst’s mind**: ‘The patient has the capacity to exact an emotional relationship from the analyst, and to reject it. … Because it is essential for there to be an experience from which no benefit is to be obtained.’ Therefore, the patient has the capacity to cause the analyst to lose α-function.

**The grid**: Is largely irrelevant. I use almost none of it, except for thinking about A6, which is a hypothetical category concerning people who only take actions in a steadfast effort to avoid both emotion and thought. There is no such person but rather only a tendency towards it. Such patients may say, for example, ‘what is the point of all this talk. I want to do something. (E.g., touch you.)’ It would be better if each person developed their own grid alternative, which may be a flower garden, a book case, a receipt book, etc. Notice how you decide to attend to this element in what the patient says. (or which selected fact captures our attention.) I personally use a three-dimensional model of the material a patient presents during a session and experience it as an almost physical entity. Much like an architectural model of a house. But I cannot recommend this to anyone, rather only that they attend to their own mode of organizing material.

**Respect for pain**: I use this intuition often on a day-to-day basis. Psychoanalysts encounter this problem because their patients lack respect for their own pain and for the pain of others. For this reason they cannot suffer through it and develop. They also lack respect ‘for any procedure, such as psychoanalysis, which is concerned with the existence of pain.’ Or again, ‘One feels that they have only learnt that there is a theory that there is mental pain but they don’t believe it exists, or that psychoanalysis is a method of treating it. So when a patient gets ‘better’ they are surprised; they don’t believe it has anything to do with the work they are doing.’

**Ignorance toleration**: We cannot know everything. Sometimes, patients would rather form a false theory rather than tolerate ignorance. Equally frequently, analysts will be mis-lead by thinking they understand what the patient means. For example, a patient uses the work ‘task.’ The word is pregnant with meaning. Of course I understand it, but to understand his usage may take years. Bion’s idea is that we should learn to tolerate ignorance. (Scott extended the notion to include learning to ‘woo ignorance’.) It is often irrelevant to notice what the patient understands. It is

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also not helpful to note what I understand. However, when I notice what I mis-understand or what the patient mis-
understands, this can lead to useful work.

**Mis-understanding:** I think of Bion holding that psychoanalysts are concerned with mis-understanding, not
understanding. I often spontaneously think of this while listening to a patient. C.f. ‘… what you know, you know—
we need not bother with that. We have to deal with all that we don’t know.’

**Group assumptions:** I rarely use Bion’s work on groups. This is the only part of Bion with which some are
familiar. The part I do use is when the patient is in a group and the group does not share his assumption. For
example, the patient goes to work and thinks the group wants to work. From his associations it becomes clear that
the group wants to breed. He is in conflict with the group and puzzled. The converse also obtains. From this, first an
observation and then an interpretation can be made. Also, the patient may form a theory that health/equilibrium can
be maintained without belonging to any groups. Bion held membership is several groups are non-option for health
(mental hygiene).

**Internalizing the containing function:** If we are calm in the face of pathology and acute anxiety then such
containment is noticed by the patient. One resistance which many patients face is that concerning internalization.
The containing function can be internalized, partly by identification. The containing function is frequently confused
with notions such as Winnicott’s holding environment. I think this is demonstrably a mis-understanding. Scott’s
phrase is useful here; the one where he says ‘the analyst should try to become ever more enthusiastically at ease in
the face of pathology.’ I often think of the containing function in this way.

**Respect for sophisticated people:** Many of us assume that we are well equipped to hear out very sophisticated
people. This assumption is often unwarranted and we would do well to re-examine it. A prospective patient may
decide in a single minute what they will tell us, and it might not be much.

Bion also held that it is important to represent psychoanalysis without saying anything offensively unsophisticated
about religion. We could draw an analogy to another of Bion’s views. He says that a working psychoanalyst
should have a minimal sense of science; for example, sufficient to talk to a mathematician without the
mathematician walking out of the room. Here too, it is important for clinical purposes, not to say anything
offensively unsophisticated about mathematics to the mathematician. Also scientists and engineers. And working
artists. It does not serve either of our objectives if they walk out of the office due to my making a remark that could
legitimately be judged to be idiotic. There is a weak analogy to religious people. I, like many, have had religious
people in analysis who remained puzzled as to why I neither tried to talk them into or out of beliefs, but only
examined them without collusion.

**Growing a mind:** Bion extended the use and understanding of projective identification. In practice, the conspicuous
use of projective identification with the analyst as the recipient is less common than some anticipate. However, more
importantly, the subtle extension of the concept enables us to see that if development with the mother has gone less
than optimally, the now adult patient may not be able to hold things in mind. Such thoughts and feelings may be
projected in 3 ways. First, into worries about the body, including hypochondria. Second, into distortions in the
perceptual sphere resulting in mis-appraising external sensations which are serving the role better served by internal
suffering and thinking. Third, by externalizing properly mental experience in actions.

**Super-superego:** He identified a type of moralism which may permeate the analysis but which is more related to
omnipotence and insight-avoidance than more common superego phenomena. Bion writes, ‘It is a super-ego that has
hardly any of the characteristics of the super-ego as understood in psycho-analysis: it is ‘super’ ego. It is an envious
assertion of moral superiority without any morals.

**Reversal of perspective:** It is occasionally very important to note where interpretations have no effect, that ‘the
interpretation may be accepted but the premises are rejected’ (1963, p. 54). Here, understanding is neutralized or

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10 Bion (1978) *Four Discussions with W.R. Bion*, p. 149
reversed or avoided by focusing on some irrelevant detail of what has been said by the analyst or by mis-
understanding experience in general.\(^\text{14}\)

A somewhat analogous example based on acting out and identification with the aggressor is when a female patient
who was exploited sexually began to sleep with men and then promptly dump them in an effort to reverse the
situation. More accurately, the analyst may experience Alfa elements expressed in well-formed interpretations
being turned into Beta elements, which preclude useful thought.

**Dream inhibition & fragmentation:** Dreams may be inhibited following, for example, trauma. They may also be
so fragmented that they become un-reportable, as when a dream is reported as, for example, ‘triangle’ or ‘something
new.’ In Bion’s view the patient may need to have a nightmare. Failing this, they may live the nightmare instead.
Interpretations concerning dream inhibition may lead to developments in the analysis.

**Frustration tolerance / Frustration avoidance:** Among the most important, since encountering frustration is
inevitable; and the reaction it produces is telling. If frustration cannot be tolerated then it may be avoided. Methods
of avoidance include acting out and the development of symptoms. Interpretations can be made concerning how
much anger small inevitable frustrations cause, and if there is an alternative, e.g., disappointment.

**Time passing as frustration:** If frustration cannot be tolerated then the passing of time may be ignored. ‘If the
personality cannot tolerate frustration, he prevents the development of any apparatus which measures it.’\(^\text{15}\)
Accomplishment and satisfaction are relative to time. Examples are the fantasy that a woman can have a baby at 80.
Or again, a man can get his M.D. or Ph.D. at 70, while believing it will be the same as getting it at 25. If the analyst
is irritated because the patient does not appreciate the passing of time, then there is something wrong with the
analyst’s understanding. [Granted, the unconscious does not appreciate time, then time passing may only be
appreciated during analysis and in no other situation.]

Ogden writes, ‘in the psychotic field, time is obliterated and endings are arbitrary and unexpected—and
consequently may incite actual murder.’\(^\text{16}\) In my experience, most people deny time, and have a mental picture of
their age that is far less than their chronological age, even when they ‘know perfectly well how old they are.’
Occasionally it can be helpful to ask ‘how old do you feel you are at the moment?’

**Memory and Desire:** Memory means that ‘the object is past, internal and possessed.’\(^\text{17}\) Desire in this context
means the converse, i.e., ‘the object is future, external and coveted.’ I most often think of Darwin when it comes to
memory, since Bion derived this view from Darwin’s autobiography. In the appendix, Darwin’s wife made a similar
comment about her husband’s way of working. In effect, memory is useful before observation and invaluable after
observation, but in the moment, it interferes with observation.

I have, and think we all should have, memories and desires outside of the session. Including the desire to cure the
patient. After a selected fact has emerged within a session, I am less inhibited about accessing memories about the
patient.

**Understanding Psychosis:** Bion is famous for attempting to treat psychosis. The relevance for those of us who do
not treat psychotics is that his observations are invaluable when the patient has a parent who is psychotic,
schizophrenic, or manic-depressive. Children usually deny the reality of the parent’s illness even after clear
evidence.

**The Invariant Features Under the Heading ‘Psychoanalysis’:** Bion was always concerned to isolate the essence
of psychoanalysis. The terms ‘invariant feature’ and ‘essence’ are interchangeable. Thus, we are at liberty to correct
Bion, and to continue his project of identifying these key features, which hold across various version of
psychoanalysis.

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\(^{15}\) Bion (1967) Second Thoughts, commentary, William Heinemann: Medical Books, p. 136


\(^{17}\) Bion (1992) *Cogitations*, p. 294.
**Linking:** Like Bion, I think links maybe attacked or broken. They may also be re-made. When a link is re-made with events in the past in such a way that it clearly bears on current emotional experience, many changes may obtain. In this, we see his obvious linage with Freud. I at times have extended this notion to suggest we could think of what we do as psycho-linkage rather than psycho-analysis.

**The Useless Search for Facts & Explanations:** One pitfall in dealing with relatively ill patients is that they sometimes chase after facts in a way that is of no benefit. They seek an explanation but such explanations simply do not help them. It is a temptation to offer answers, and this cannot always be avoided with every one of them in every session. Superficially, it might seem to contradict ‘having respect for the facts’ but I find it consistent.

**Contact Barrier:** It is helpful to note when there is an absence of a contact barrier when dealing with patients who have a defect in their development. One such patient said to me, while on the couch, “You only have to breath on me and I bleed.” It is crucial when dealing with low-functioning patients to respect their inability to defend from psychological experiences reaching so deep as to hurt them, both in the external world and in analysis.

**Sensations:** Talk of sensations maybe an indication that a properly mental experience of emotional reality has not yet emerged. This applies to, for example, somatizers.

**Hyperbole:** is resorted to when people feel they are not understood or cannot be understood by you. As in, someone might say, when tired, ‘I am so fucking tired that my very soul is extinguished and I may die before the day is out.’ Hyperbole is also helpful in conceptualizing when and why expectives are used by a patient.

**What I have left out:** There are many many things. For example, ‘O’, digestion and the digestive model of emotional processing, common sense, –K, waiting for an intuition to bubble up in the mind during a session, etc.