
INTRODUCTION

Notes on being and becoming

The question “What do you want to be when you grow up?” lies at the heart of what I shall be discussing in this book. This question masquerades as an inquiry concerning occupational goals, but in fact it is a question concerning the most fundamental aspects of one’s states of being and becoming: “Who (what kind of person) do you want to be now, at this moment, and what kind of person do you aspire to become?”

“Growing up” requires force of will in concert with unconscious psychic work that can be achieved only with the help of parents who facilitate psychic development. The need to grow up constitutes an intense, unrelenting force within us that leads us to hurt ourselves against the walls of internal and external constraints in our effort to achieve increasing depth and breadth of who we are and who we might become. Those internal constraints, the limits of our present personality, against which we do battle, are many and various. It is difficult to let go of our belief in our parents’ powers to magically protect us and in our own magical power to achieve idealized versions of ourselves. It is disturbing to recognize that, despite ourselves, we tenaciously hold to what we feel to be destructive aspects of ourselves, of our internal and external parents, and of our social system and culture. Growing up, becoming more fully ourselves, requires that we not simply loosen our hold on identifications with both healthy and pathological aspects of our parents, we must “kill something vital in them—not all in one blow and not in all respects, but contributing to their dying” (Loewald, 1979, p. 395).

As we throw ourselves against these external and internal constraints, we find ourselves experiencing not only feelings of fear and insecurity, but also feelings of exhilaration as we revise (at times, overthrow) the mores, values, fears, and ambitions of our parents as well as the ways they had of expressing themselves. We experience feelings of joy and a sense of satisfaction and triumph in shedding the role and identity of a child and claiming our place as an adult member of the present generation, a generation with its own views and understandings of what is of value, its own art forms never before conceivable (for example, in music, dance, literature, science), its conception of fairness, equality, democracy, and every other system of morality, and even the qualities of emotion that can be experienced.

All of this, this full range of feeling and thought—the anguish and self-doubt as well as the joy and sense of triumph—is integral to, and inextricable from, what is entailed in the violence of growing up.

In considering the question, “Who do you want to be when you grow up?” the word *want* is limited by the circumstances into which one is born, which are at once inevitable and a matter of chance. For example, it is in a sense inevitable that we, as the products of the interplay of the genetics of our parents, are members of the family into which we are born and are influenced by the cultural roots and practices of that family; and at the same time, from another perspective, it is utterly a matter of chance that we are the children of the parents we were dealt (parents who more or less fortuitously met and created a human embryo). The sense of inevitability, when we become able to consider the circumstances of our lives, also applies to the economic and social situation into which we are born. From this perspective, chance, in all of its forms, plays a powerful role in determining the limits of the sort of person whom we might be able to imagine, much less be able to “want” (aspire) to become. Some children and adults are able to transcend, to a very large degree, the limits of their parents’ personalities and the social, cultural, economic, and political circumstances into which they are born. This is not to say that they shed their identity and adopt a new one, for to do so is equivalent to becoming someone else, to obliterating one’s existence. Rather, what I have in mind is that while we are never free of the reality of external circumstances, neither are we entirely slaves of circumstance.

A patient with whom I have worked in analysis comes to mind in connection with the complexity of the question, “What [who] do you want to be when you grow up?” He was an only child born into a family in which his parents were emotionally absent, consumed by the battle they were waging against one another. The patient told me in the first session, “I raised myself.” From very early on in the analysis, Mr. M accused me unrelentingly of not being of any value to him: he was “getting nothing out of the analysis.” He had a habit of continuing his rants as he left the office, taking his time as he departed, often extending his session by a minute or two or three. This went on for more than a year.

I regularly imagined telling this patient that he was free to find an analyst who could help him. But over time I came to like and respect Mr. M, and began to view his insistence that he was making no progress in the analysis as a wish that the analysis would never end (because it never began, in his fantasy). He was refusing (in his words) “to be cheated out of a real analysis.” I took his feeling of being cheated by me to be an unconscious expression of his insistence that he not be, once again, robbed of his childhood. Some years into the analysis when his disparagement of me and the analysis had become stale, even to him, I said, “I think that your refusal to leave here before you’ve received what is rightfully yours—a real analysis, a full session—is the healthiest part of you.” Mr. M asked if I was making fun of him. I said, “I’ve never been more serious.” As we talked about his rage at me, including his admission that he sometimes enjoyed being rageful, he stopped extending our sessions in the way that he had (a fact neither of us mentioned).

Later in our work together, Mr. M not infrequently talked about the early years of the analysis. At one point he said, he had been “childish.” I replied, “I see it differently. I’d say you were being a child when that was who you needed to be.”

Mr. M, I believe, discerned that he could not genuinely grow up without experiencing a form of childhood in the relationship with me (though he would not have formulated the situation in these terms). It has been my experience in working with patients that it is impossible to “skip” (do without) a phase of development; no living creature—plant or animal—can do so. Mr. M could “raise himself” in appearance only. I believe that the impossibility of “skipping” a phase of development (in Mr. M’s case, doing without a childhood lived with emotionally sensitive and responsive parents) applies to

every phase of psychic development; not having lived a given phase of development radically distorts or renders impossible subsequent experiences of growing up.

To my mind, symptom formation is a means by which patients put on hold the problem of growing up, of coming more fully into being. Individuals for whom symptoms serve this function—which includes all of us to different degrees—are at a loss regarding what it means to take the next steps in growing up, for they have had insufficient experience with a caretaking person engaged with them in ways of being that are more evolved than their own. From this perspective, patients hold firmly to their symptoms, their closed loops of thinking and behaving, because they do not know what else to do.

It seems to me misleading to view a patient's tenacious hold on his symptoms as deriving primarily from the narcissistic gratification involved in drawing attention to himself or herself (demeaningly referred to as "secondary gain"); nor is he or she "resisting" the analyst's efforts to conduct the analysis; nor trying "to kill the analysis and the analyst"; nor entering into "psychic retreats" to insulate himself or herself from what is happening in the transference. Rather, I view patients' symptoms as critically important markers of "where the bodies are buried," that is, where in the psyche and soma certain aspects of the patient's sense of who she is and who she might become have been exiled and perhaps have died (see Ogden and Gabbard, 2010 and Chapter 6 for further discussion of symptom formation).

In dealing with the aspects of self that have been buried alive, it is of the utmost importance for the analyst to respect the patient's defenses. To directly or indirectly undermine defenses—including those involved in the patient's symptomatology—is to obscure or demean, or send further into exile, the markers, the "places" in the personality where a battle to come into being is silently being waged. The voices of the "bodies that have been buried alive and remain alive" are not only violently angry and frightened, they are also plaintive. When all goes well enough in an analysis, the patient, late in the analysis, may be able to feel profound sadness in response to realizing that, even with the analyst's help, not all of the buried bodies, who had once held the potential to become alive and real aspects of the patient's personality, can be reclaimed, reincorporated (or incorporated for the first time) into the patient's sense of who she is and who she is becoming.

The "experience of being buried alive" that I am referring to here is not to be equated with repression or dissociation, both of which are based on conceptions of psychic disturbance that have to do with stripping thoughts and feelings of the quality of conscious awareness and the quality of psychic integration, respectively. By contrast, the experience I am referring to involves loss of the sense of aliveness and "the feeling of real" (Winnicott, 1963, p. 184) as a human process continually in the making, as opposed to a conception of mental illness as a division of the mind "horizontally" in the case of repression, and "vertically" in the case of dissociation.

In the extreme, a patient may not even have "dead bodies" to unearth and bring to life again because they were never born alive in the first place, they were stillborn. This outcome is usually the result of severe abuse and neglect in infancy and childhood. A patient, Ms. J, cried as she told me in our initial meeting, "I've tried therapy and analysis a number of times, and each time either the therapist or I finally gave up because nothing was happening." After she told me about her parents' unrelenting, insanely vicious attacks on her throughout her life, beginning in her infancy, I said, "You couldn't tell your previous therapists, and they couldn't see, or if they did, they couldn't tell you, that you died in childhood." Sobbing, she said, "That's right, but it's hopeless, isn't it? What can I do if I'm already dead?" I said, "You put your question in the form, 'What can I do?' There hasn't been a 'we' in any sentence you've uttered today. I don't think you really know what the word means."

Ms. J said, "I don't know what anything or anyone means. I'm completely lost all the time. Even when I'm by myself looking for my car in a parking lot or on the street, I can't find it. I have no sense of direction. I have no memory with which to orient myself." This was the beginning of a long analysis in which the patient was able very gradually to become someone whom she recognized and experienced as herself. This occurred first in relation to me. "Becoming," for Ms. J, included the extremely painful recognition that she had died, or perhaps more accurately, she had never lived as a child, and the life of that child could not be reclaimed. But that did not mean that she could not create new life in the course of our work together, a life in which she slowly, incrementally became able to experience with people other than me.

I feel honored when a patient who has died psychically (and often has a life-threatening physical illness such as lupus, a lymphoma,

or a seizure disorder) entrusts me with his or her internal dead or stillborn bodies, whose deaths need to be respectfully witnessed (Poland, 2000) and mourned before new growth can occur in a place tended by the two of us.

And the quiet word *when*, in the question, "What (who) do you want to be *when* you grow up?" plays an important role in the process of growing up, or refusing to settle for growing up *in form only*, or feeling frightened of growing up, or feeling unable to grow up.

We all live in that sliver of time between *then*, referring to the past, and *then*, referring to the future, and we must sense the moment *when* the time is right for us to grow up in particular ways. I use the word "sense," as opposed to "determine" or "decide," because a maturational advance is an experience that feels as if it has a mind and a will of its own. That "mind and will" is usually on key, but it is fallible, and when it falters, the help of other people is critical, for it takes at least two people to think beyond a certain point (Bion, 1962; Ogden, 2010). Thinking, for all of us, takes place within the limits of our personality, and on our own, we cannot think in a way that transcends those limits.

"Growing up" is hard-won at every stage of life, but in adulthood, advances in becoming more fully oneself become less easily measured than in earlier periods of life. In infancy, childhood, and adolescence, "progress" may be to some degree gauged by such landmarks as learning to walk and talk, adjusting to nursery school and kindergarten, graduating from high school and college or some other schooling, and so on. As an adult, achieving greater maturity—being and becoming more the person one is and might become—is primarily an internal matter. One is increasingly on one's own in sensing change, for instance, in becoming able to be more fully present in one's thoughts, emotions, and bodily sensations; to be a more loving, more compassionate, more generous parent or grandparent, or more deeply, personally engaged in one's marriage or one's work; to be actively in the process of developing one's unique creative potentials and discovering forms in which to give them shape; or to be more fully engaged in putting into practice a more humane system of values and ethical standards; and so on. Promotions, awards, and publications are notoriously unreliable measures of growing up, but the sense of emptiness and meaninglessness that often accompanies such events may be helpful in laying bare the ways in which one

is finding it difficult to become the person one once had thought one might become.

A patient comes to mind in this regard. By the time he was in his mid-50s, Mr. K had been awarded the highest honors in his field. He began analysis because of a feeling of depression he had lived with for as long as he could remember. He was a very "good patient," thoughtful and self-reflective, punctual, and replete with perceptive comments on occurrences in his own life and events in the larger world. Nonetheless, the analysis felt emotionally flat to me.

Mr. K called halfway through one of his early morning sessions to tell me that he had overslept and would not be coming to his session. The following day he began by apologizing for not "having the common courtesy to show up" for his session—a bit excessive in his repentance, I thought. I quite spontaneously said, "I thought it was a good session yesterday. I read the newspaper. Of course, with you in mind."

The patient laughed deeply, a belly laugh in which I joined him. We both were enjoying the multiple levels of meaning that were alive in the interaction. Mr. K and I took pleasure in my irreverent response that mirrored his disguised defiance as well as my indicating that the session took place regardless of where the patient happened to be when it occurred. Mr. K was beginning to come into his own, to feel free to experience and express in his own way a wider range of feeling states, and to laugh at himself when I spoke to him with a note of irony. As is always the case, it was necessary for me to be free to be myself as an analyst if the patient was to be free to become more fully himself. It is here that prescribed analytic technique often interferes with creating a generative analytic process.

From the perspective I am developing in this book, psychopathology in general might be viewed as the inability to grow, to come more fully into being in a way that feels real. The experience of not growing, not changing, not becoming, is a state of being in which one is unable to dream, to engage in unconscious psychological work, and consequently unable to dream oneself up, to "dream oneself into existence" (Ogden, 2004, p. 858). To put this in still other words, a significant measure of the severity of psychic illness is the degree to which becoming (growing up) has ceased.

The experience of "being" and "becoming," in health, is a fundamental quality of being alive from the very beginning to the very

end of life. Winnicott wrote in his personal diary (not read by anyone until after his death), "Oh God! May I be alive when I die" (Winnicott, 2016, p. 298). Here Winnicott was expressing his wish to become more fully himself in his experience of dying.

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