
INTUITING THE TRUTH OF WHAT'S HAPPENING

On Bion's "Notes on memory and desire"

An individual's ideas are only as valuable as the use to which they are put by others. It has taken me thirty years of studying Bion's "Notes on memory and desire" (1967a) to be able to put into words something of what I have made with this paper. It is an impossibly difficult paper, and I have long ago accepted the fact that I will never understand it. It is only recently that I have recognized that my effort to understand the paper is misplaced. It is a paper that asks not to be understood. It asks of the reader something more difficult than understanding, and promises the reader something more valuable than understanding.

The paper, I now realize, is not about memory and desire; it is about intuitive thinking and the ways in which intuitive thinking works in the analytic situation; about the fact that we cannot be taught how to interpret what we sense concerning the patient's unconscious psychic truths. Nor can we be taught how to convey to the patient that we have intuited those truths, much less what it is that we have intuited; nor can we be taught whether it is wise to convey now, or perhaps tomorrow, something of what we sense about the patient's unconscious psychic reality, or whether it might be best never to convey what we sense concerning those truths that the patient holds most sacred.

So, when I ask myself what the chapter I am writing is about, I have to say that I am trying to write "Memory and desire" as my

own paper, not in the sense of passing off as mine what is Bion's, but in the sense of writing the chapter as a chapter that reflects the ways I have been changed by Bion's paper, as opposed to what I have learned from it.¹

"Notes on memory and desire" is an odd paper, only two and a half pages in length, initially published in 1967 in the first volume of a little-known journal, *The Psychoanalytic Forum*, which folded five years later. The paper entered the mainstream of psychoanalytic discourse only when it was reprinted fourteen years later in *Classics in psychoanalytic technique* (Langs, 1981), and twenty-one years later in *Melanie Klein today, Vol. 2: Mainly practice* (Spillius, 1988).

"Memory and desire" was one of Bion's late papers, written at a time when he had begun to suffer small strokes. After publishing this paper, Bion published only one major analytic work, *Attention and interpretation* (1970), and six very brief, relatively minor papers in the decade before his death in 1979.

I view "Memory and desire" as an unfinished paper, not because illness or death prevented Bion from completing it, but because it is a sketch, the beginnings of lines of thought of a sort that do not lend themselves to being completed, but that invite both elaboration and response.

This odd little paper is a landmark contribution. The significance of this paper lies not in its dictate to "cultivate a watchful avoidance of memory" (Bion, 1967a, p. 137) and to desist from "desires for results, 'cure,' or even understanding" (p. 137). To my mind, it proposes a revised analytic methodology. Bion supplants "awareness" from its central role in the analytic process and, in its place, instates the analyst's (largely unconscious) work of intuiting the psychic reality (the truth) of the session by becoming at one with it.

In the course of reading/rewriting "Memory and desire," I present a conception of temporality that I believe is more in keeping with Bion's revised methodology than the conception of the relationship that he offers in his paper. I offer two clinical examples that illustrate something of how I practice psychoanalysis, which is influenced by

¹ This is a personal chapter, not a review of what others have done with Bion's paper. I find even the most original and perceptive rewritings of this paper by others (see Grotstein, 2009; Meltzer, 1978; Symington and Symington, 1996) to be distractions from my efforts to say what it is that I make with Bion's paper (as opposed to what I make of it).

Bion's "Memory and desire," but is not the way Bion practiced psychoanalysis, as reflected in the clinical and supervisory work he published (for example, Bion, 1959, 1987).

Sense impressions and unconscious thinking

Bion begins the paper with a series of direct statements that point out the unreliability of memory and desire as mental functions suitable for the analyst's use in his critical thinking and scientific judgment:

Memory is always misleading as a record of fact since it is distorted by the influence of unconscious forces. (1967a, p. 136)

And the two sentences that follow:

Desires interfere, by absence of mind when observation is essential, with the operation of judgment. Desires distort judgment by selection and suppression of material to be judged. (p. 136)

In the space of three concise sentences, Bion dismisses two large categories of mental functioning as unreliable for use by the psychoanalyst. Desires do not simply "interfere" with observation, they involve "absence of mind," a shutdown of genuine thinking. This is not a paper in which Bion rounds the edges. He immediately throws down the gauntlet.

In the second paragraph of the paper, Bion shifts to dense, enigmatic language:

Memory and desire exercise and intensify those aspects of the mind that derive from sensuous experience. They thus promote capacity derived from sense impressions and designed to serve impressions of sense. They deal respectively with sense impressions of what is supposed to have happened and sense impressions of what has not yet happened. (p. 136)

Repeated readings of this paragraph fail to clarify meaning. I ask which "aspects of the mind" are "exercised and intensified" (such strange language) by memory and desire; what does it mean to "derive from sensuous experience" and "to serve impressions of sense"? I receive no reply to my questions from the text.

Finding that my usual methods of close reading are of no help here, I shift to a method of reading in which I allow unanswered questions to accrue until I begin to form impressions (as opposed to understandings)—impressions that suggest, but only suggest, meaning. It comes to mind as I grapple with these sentences that Bion is borrowing from Freud's (1911) "Formulations on the two principles of mental functioning" the term *sense impressions* (p. 220). "Two principles," which I consider to be the foundation of Freud's theory of thinking, is, I believe, the Freud paper to which Bion most often refers. This is not surprising, given that Bion's project, as I understand it, is the development of a psychoanalytic theory of thinking, which begins with "Experiences in groups" (Bion, 1947–1951) and runs through the entirety of the rest of his written and spoken work.

It would be a distraction to attempt to trace all the ways in which Bion adopts, rejects, and revises the ideas in Freud's paper, but there are two aspects of "Two principles" that I believe provide a necessary context for reading Bion's "Memory and desire." First, Freud views as "momentous" (1911, p. 219) the advance in early development when a new principle of mental functioning, the reality principle, begins to direct:

... the psychical apparatus . . . to form a conception of the real circumstances in the external world and to endeavour to make a real alteration in them. (p. 219)

The second aspect of Freud's paper that forms an essential background for "Memory and desire" is the idea that the mind, under the dominance of the reality principle, employs a new form of action, the mental action of "*thinking*, which was developed from the presentation of ideas" (p. 221).

Thus, Freud places reality at the center of his theory of thinking, as does Bion. To my mind, Freud's concepts of the pleasure principle and the reality principle are the precursors of, and are still alive in, Bion's conception of mental operations that undermine, and mental operations that promote, an individual's ability to achieve and maintain footing in reality (truth). (In the spirit of Bion's paper, I would rename the reality principle and the pleasure principle the truth-seeking principle and the truth-fearing principle, respectively.)

If we look again at the dense second paragraph of "Memory and desire," with Freud's "Two principles" in mind, possible meanings present themselves. Once again, the paragraph begins:

Memory and desire exercise and intensify those aspects of the mind that derive from sensuous experience. They thus promote capacity derived from sense impressions and designed to serve impressions of sense. (Bion, 1967a, p. 136)

I would paraphrase this in the following way: memory and desire "exercise and intensify" those mental operations that have their origins in the response of the organism to sensory stimuli. Memory and desire enhance the power of the sense organs, which are "designed to serve [conscious] impressions of sense" and the power of the pleasure (truth-fearing) principle. In so doing, memory and desire undermine genuine unconscious thinking (and thereby contribute to "absence of mind").

The paragraph ends with the conclusion that memory and desire:

deal respectively with sense impressions of what is supposed to have happened and sense impressions of what has not yet happened. (p. 136)

In other words, memory and desire are mental operations that "deal with" (are irrevocably tied to) sense impressions and the pleasure (truth-fearing) principle, which cause memory to fashion the past as we wish it had been, and lead desire to treat the future as if we were able to foresee it and control it. For these reasons, memory and desire are antithetical to the goals of the psychoanalytic enterprise.

In my rewriting of "Memory and desire," I would like to make explicit what I believe to be implicit in the paragraph under discussion: *genuine thinking, which is predominantly unconscious, seeks out the truth (reality).* This, I believe, is the core of Bion's theory of thinking. Moreover, sensory experience distracts from and undermines genuine thinking. Without the truth (O),² or at least openness to it, thinking is not only impossible; the very idea of thinking becomes meaningless, just as the readings of a compass are rendered meaningless in the absence of a North Pole.

It is important to note that Bion is unequivocal about the necessity to abstain from memory and desire. He intends to be shocking (in

2 "Since I don't know what that reality is [the truth of what is occurring in an analytic session], and since I want to talk about it, I have tried to deal with this position by simply giving it a symbol 'O' and just calling it 'O,' ultimate reality, the absolute truth" (Bion, 1967b, p. 136).

an effort, I believe, to shake up the solidly ensconced status quo of the then-current analytic methodologies). Nowhere else in his entire opus does Bion use language as strong as he does in "Memory and desire." Take, for instance, these dictates:

Obey the following rules:

- 1 Memory: Do not remember past meetings. . . .
- 2 Desires: Desires for results, "cures," or even understandings must not be allowed to proliferate. (p. 137)

And, later in the paper:

The psychoanalyst should aim at achieving a state of mind so that at every session he feels he has not seen the patient before. If he feels he has, he is treating the wrong patient. (p. 138)

The reader should be stunned by these words. If he isn't stunned, he is reading the wrong paper. "How is it possible not to remember, and not to strive to understand?" the reader should emphatically respond. "And even if eschewing memory and desire were possible, which is doubtful, doesn't that detract greatly from analytic work? Isn't the analyst's act of holding in mind and remembering what the patient has said, sometimes for long periods of time, an important way in which the analyst holds together all the parts of the patient in a way that the patient may never before have been held together and recognized?"

Bion does not answer these questions directly. But I think that (it is always "I think," never "I know"), in the third paragraph of the paper, he begins to address the question of how analytic thinking may operate in the absence of the analyst's memory and desire:

Psychoanalytic "observation" is concerned neither with what has happened nor with what is going to happen but with what is happening. (p. 136)

This is the first of what I believe to be the two most important statements that Bion makes in "Memory and desire." Analytic thinking is concerned only with the present, with "what is happening," not with what has happened, or what will happen, thereby freeing the analyst of his dependence on memory and desire. Psychoanalysis is conducted solely in the present.

Bion adds:

Furthermore, it [analytic "observation"] is not concerned with sense impressions or objects of sense. Any psychoanalyst knows depression, anxiety, fear and other aspects of psychic reality whether those aspects have been or can be successfully named or not. Of its reality he has no doubt. Yet anxiety, to take one example, has no shape, no smell, no taste. (p. 136)

This passage makes matters even more complex. Bion is now moving beyond the "rules" (p. 137) of eschewing memory and desire; he is saying that the analyst must refrain not only from memory and desire, but also from "sense impressions" and "objects of sense." He is separating emotions such as depression, anxiety, and fear from the sense impressions (the physical "accompaniments" [p. 136]) of emotions.

What seems crucial to me in this passage is the fact that Bion has returned to the question of reality. He says, "Any psychoanalyst knows depression, anxiety, fear and other aspects of psychic reality . . . These are the psychoanalyst's real world" (p. 136). Here Bion is making a plea for a distinctively psychoanalytic understanding of human experience in which there is a difference in the qualities of conscious and unconscious experience: "Any psychoanalyst knows . . . these are the psychoanalyst's real world."

The realm of the unconscious, Bion vehemently insists, is the realm of the psychoanalyst. No one knows the unconscious in the way that the psychoanalyst does, and he must protect it from being "confounded" (p. 137) with the conscious realm of experience. The unconscious is the realm of thinking and feeling that together form the psychic reality (psychoanalytic truth) of an individual at any given moment. The unconscious is not a realm of physical sensation. Physical sensation resides in the domain of conscious experience.

Intuiting psychic reality

All of what I have discussed so far sets the stage for the second of what I believe to be the two most crucial ideas that Bion presents in this landmark paper:

Awareness of the sensuous accompaniments of emotional experience are a hindrance to the psychoanalyst's intuition of the reality with which he must be at one. (p. 136)

The idea Bion is presenting here runs counter to the notion that the analyst, while maintaining evenly floating attention, attempts to enhance as much as possible his "awareness" of all that is happening in both sensory and nonsensory dimensions of the session. For example, it is widely accepted that the analyst is interested in the "sensuous accompaniments" of his visual awareness of such events as the patient's gait as she walks to the couch, and in his olfactory awareness of the scent of perfume or perspiration in the consulting room, in the auditory awareness of music or cacophony or drone of the patient's voice, and so on.

Why, the reader might ask, would the analyst want to resist experiencing the sensuous accompaniments of emotions, the physicality of life in the consulting room? And how can any form of awareness of what is happening in the analytic setting be a "hindrance" to, and not an enhancement of, the analyst's receptivity to the patient's conscious and unconscious communications? I believe that a response, if not an answer, to these questions can be found in the final clause of the paragraph, where Bion states that the sensuous accompaniments of emotional experience are a hindrance to "*the psychoanalyst's intuition of the reality with which he must be at one*" (Bion, 1967a, p. 136, emphasis added).

In other words, if the psychoanalyst is to be genuinely analytic in the way he observes, he must be able to abjure conscious, sensory-based modes of perceiving, which draw the analyst's mind to conscious experience and to modes of thinking (for example, memory and desire) that are fearful/evasive of the perception of the unconscious psychic reality (the truth) of what is occurring in the session. Instead, the analyst must rely on a wholly different form of perceiving and thinking. That form of thinking, which Bion calls *intuition*, has its roots in the unconscious mind. Receptivity to sense impressions, "awareness," and "understanding" are the domain of conscious thought processes. For Bion (1962a), unconscious thinking is far richer than conscious (predominantly secondary process) thinking, which is required to conduct the business of waking life. The unconscious is free to view experience simultaneously from multiple vertices,³ which

³ For Bion (1962a), unconscious thinking involves the viewing of experience from multiple perspectives simultaneously, thus generating a rich internal dialogue not possible in waking, conscious thinking. Modes of thinking that coexist in dialectical tension with one another include primary process and secondary process

would create havoc if one were to use such thinking while trying to carry out the tasks and conduct the interpersonal relationships of waking life.

This passage is something of an announcement that the task of the analyst is not that of understanding or figuring out the nature of the psychic reality of the moment in the analytic session; rather, the analyst's work is to intuit that unconscious psychic reality by becoming at one with it. Bion does not define the concept of intuition, nor does he offer a clinical illustration of it, but the term itself strongly suggests the predominance of unconscious mental processes in analytic thinking.

While the idea of intuiting the psychic reality of an experience by being at one with it may sound a bit mystical, I believe that we are all engaged in this sort of experience many times, each day, in our dream life. When we dream—both when we are asleep and when we are awake (Bion, 1962a)—we have the experience of sensing (intuiting) the reality of an aspect of our unconscious life and are at one with it. *Dreaming*, in the way I am using the term, is a transitive verb. In dreaming, we are not dreaming about something, we are dreaming something, "dreaming up" an aspect of ourselves. In dreaming, we are at one with the reality of the dream; we are the dream. While dreaming, we are intuiting (dreaming up) an element of our unconscious emotional lives, and we are at one with it in a way that differs from any other experience. In dreaming, we are most real to ourselves; we are most ourselves.

For me, reverie (Bion, 1962a, 1962b; Ogden, 1997), waking dreaming, is paradigmatic of the clinical experience of intuiting the psychic reality of a moment of an analysis. In order to enter a state of reverie, which in the analytic setting is always in part an intersubjective phenomenon (Ogden, 1994a), the analyst must engage in an act of self-renunciation. By self-renunciation, I mean the act of allowing oneself to become less definitively oneself in order to create a psychological space in which analyst and patient may enter into a shared state of intuiting and being-at-one-with a disturbing psychic reality that the patient, on his own, is unable to bear. The

thinking; the *container* and the *contained* (Bion 1962a); synchronic and diachronic senses of time; linear cause-and-effect thinking and pattern-based (field theory) thinking; paranoid-schizoid and depressive modes of generating experience; presymbolic and verbally symbolic forms of representing experience; and so on.

analyst does not seek reverie, any more than he seeks intuition. Reverie and intuition come, if they come at all, without effort, "unbidden" (Bion, 1967b, p. 147).

It is important to keep in mind that Bion is focusing in "Memory and desire" on one aspect of analytic methodology: the analyst's work of becoming intuitively at one with the patient's psychic reality. I would add—and I believe that Bion would agree (for instance, as reflected in the title of his book *Learning from experience* [1962a])—that psychoanalytic methodology is simultaneously involved in intuiting disturbing, unconscious psychic reality and in addressing the patient's fears of the truths of external reality. Among the frightening (and potentially enlivening) truths of external reality are the separateness of the lives of patient and analyst, and the absolute alterity of the world that lies beyond one's control.

Intuition, the known, and the unknown

Bion, in "Memory and desire," turns next to the relationship between intuition and the unknown:

What is "known" about the patient is of no further consequence: it is either false or irrelevant. If it is "known" by patient and analyst, it is obsolete. . . . The only point of importance in any session is the unknown. Nothing must be allowed to distract from intuiting that. (1967a, p. 136)

To paraphrase, what is known has nothing further to offer and requires no further psychological work. It has yielded what it has to yield, and if patient or analyst continues to dwell on it, it fills psychological space in a "clogging" (p. 137), deadening way. What is known is "either false or irrelevant." It is irrelevant in that it no longer applies to what is happening now, even though it may have been relevant to what happened in yesterday's session or earlier in today's session. Analysis is concerned only with the present. It is false in that we use what we believe we "know" to create the illusion that the unknown is already known, thereby eliminating the need to deal with as-yet-unknown (troubling) psychic truths.

I would expand Bion's thinking about intuition in "Memory and desire" to include the idea that the work of intuition is manifested not simply in a deepened sense of the psychic reality of a given moment of an analysis but also, perhaps more important, is manifested

in the ways patient and analyst have been changed by the experience of jointly becoming at one with the formerly unknown (and deeply troubling) psychic reality. I take something Bion (1967c) said in his Los Angeles seminars—which he conducted either shortly before or directly after he wrote "Memory and desire"—as a reflection of a similar idea. In the first of those seminars, he said:

I think that what the patient is saying and what the interpretation is (which you give), is in a sense relatively unimportant. Because by the time you are able to give a patient an interpretation which the patient understands, all the work has been done. (1967c, p. 11)

I understand Bion to be saying that by that time the analyst is ready to make an interpretation, all the work has been done, in the sense that *the analyst and the patient have already been changed by the experience of jointly intuiting the unsettling psychic reality with which they have been at one.* The experience of coming to terms with, being at one with, a formerly unthinkable psychic reality changes both patient and analyst. The interpretation is superfluous. What is of importance when the analyst is ready to make an interpretation is the unknown, which is alive even as the analyst is making the interpretation of what is already known. That unknown "will not be interpreted probably for a long time . . . possibly even years" (p. 11).

The present moment of the past

Before presenting a clinical illustration of some of the concepts and phenomena I have been discussing, I will return, for a moment, to the starting point of my paper: the analyst's use of the mental operations of memory and desire.

I believe that Bion in "Memory and desire" makes too sharp a distinction between past and present, between remembering and living, when he makes categorical injunctions against remembering. It seems to me that Bion's conception of memory misconstrues the relationship of past and present, and the relationship between memory and current lived experience.

T. S. Eliot (1919) enriches our conception of the relationship of past to present when he writes that *the past is always part of the present, a "present" that he calls "the present moment of the past"* (p. 11). The present moment of the past, for a writer, is a present-

time experience that contains the entire history of literature—a history “not of what is dead, but of what is already living” (p. 11). Similarly, in the analytic situation, the present in which patient and analyst live is a present that does not stand in contradistinction to a past that no longer exists; rather, the entirety of the past is alive in the present moment of the analytic experience. From this perspective, the analyst sacrifices nothing in eschewing memory. “The past is never dead. It’s not even past” (Faulkner, 1950, act 1, scene 3).

Clinical illustration: A place for the baby

What I will offer here is a clinical example in which the patient and I were presented with an emotional problem that asked a good deal of us if we were to genuinely face and respond to what was happening at that moment in the analysis.

I had been working with Ms. C for several years in a five-sessions-per-week analysis when I began to feel, on meeting her in the waiting room, that she was in the wrong place, and that I should tell her politely that the person she came to see was located in another building on the same block as mine. This feeling was particularly puzzling because I was fond of Ms. C and almost always looked forward to seeing her for her sessions. When the patient lay down on the couch that same day, I had the impulse to say, “I love you.”

After Ms. C told me a dream in which she had lost something but didn’t know what she had lost, I said, “Is loving me such a terrible thing that you have to leave it somewhere else when you come to see me?” I had not planned to say this to the patient, but it felt true as I said it.

Without pause, Ms. C responded, “You’ve never told me that you love me before.”

I said, “Would my love be in the wrong place if I were to love you?”

The patient said, “Yes, I think it would, but I would feel empty if I were to give it back.”

I replied, again without pause, “As you were speaking, I couldn’t tell whether you meant that you’d feel empty if you simply returned my love as something unwanted, something you had no use for, or whether you meant that feeling love for me would make you feel empty.”

“I mean both. You shouldn’t love me. I’m a patient. And I also feel that I love you, but I feel that it’s being directed at no one, because

you’re here in form only, not as a real man I could go out with and possibly marry. That’s not just a feeling, it’s a fact that can’t be undone.”

I said, “When you tell me about ‘facts that can’t be undone,’ I feel as if you’re killing something or someone. You kill the person you love by saying I don’t exist, and by saying I’m no one, so it’s a waste of life to give me the love that you feel.” I paused, and then said, “I think that in one way you’d like to hear me say, ‘You and your love are in the right place. This is exactly the place for them.’ But in another way, it would be terribly frightening if I were to say that.”

Ms. C said, “I had a very disturbing dream last night in which I was holding my baby boy and saying, ‘I love you,’ but then I asked myself, ‘Is that really true?’ I felt that the truth was: no, I don’t love him, and because of that he is going to die.”

I said, “It’s a savage thing that you do to yourself when you say to yourself and to me that you’ve killed your own child, and so your love for me can’t be real. You’re saying that a woman who killed her own baby is incapable of love, so the only thing to do with that love is to get rid of it, send it down the block to an imaginary person.”

Ms. C said, “You’re talking to me today in a way that makes me feel that I’m not an imaginary person, I’m a real person with . . .”

After a short while, I completed the sentence that I thought the patient had begun but could not complete: “. . . a real person with real love for another real person.” I felt that Ms. C and I were engaged in a very intimate experience, the nature of which I could not name, but I felt deeply moved by it.

I am reluctant to dissect this moment in the analysis for fear of killing it with theory, but nonetheless I will try. The music of this session, as I listen to it now, is that of a love song intertwined with an elegy.

I sensed, when I met Ms. C in the waiting room, that she wanted to tell me that she genuinely loved her child who, in reality, had died *in utero* a year earlier, and that I, *as her child*, wanted to say the same (“I love you”) to her. But I was not able to live with the anxiety stirred by this kind of thinking and feeling, so in my reverie experience, I sent those feelings down the block to an imaginary person. In retrospect, I think that I was frightened both by the intensity of the analytic love relationship in which Ms. C and I were engaged and by the intensity of the pain she would feel by my speaking to her *as her dead baby*.

The patient was married but had no living children. She had had a miscarriage (four and a half months into the pregnancy) and began analysis in the midst of a severe depression. She had ceased trying to have a baby after the miscarriage. Ms. C was convinced that her body was telling her that she was unfit to be a mother. She had no children, *and* she had one child who died when he was four and a half months old.

I felt deeply saddened by the patient's feelings of profound loss and guilt. When I spoke to Ms. C in the spontaneous way I have described, I was speaking of my love for her *as her dead baby*, without consciously thinking, "I'm speaking for the dead baby, *and* for the dead baby in the patient *and* for the dead baby in me." I simply spoke as myself, who at that moment was all three of the people I just mentioned. In doing so, I was at one with the psychic reality of the dead baby, which helped the patient to be at one with the reality of *her* dead baby, who was inseparable from me and from her deadened self.

The analytic experience that I have just described occurred, I believe, in the absence of memory. The reader will quite reasonably say, "Both you and Ms. C were remembering the patient's response to an actual miscarriage. You mentioned that fact only after you presented the clinical material, but I think that that fact belonged at the beginning of your presentation so that, as a reader, I could have had available to me the real historical context of the session as you presented your experience with this patient."

But I would say in response, "Neither the patient nor I was engaged in 'remembering the past,' but the past, the death of the baby, was nonetheless very much alive in the present moment of the analysis. You, the reader, may have felt confused about what was real and what was imaginary when I was telling you what happened in the session, but that confusion conveyed more of the truth of that moment of the analysis than would have been conveyed if I had provided the 'historical context' for what was happening. I think that if I had provided the 'real' historical context, I would have stripped the life from what was occurring in that moment of the analysis. Now that I think of it, I did give you a sense of the 'historical context' in the name I gave the clinical illustration: 'A place for the baby.' Perhaps, in giving that name to the clinical illustration, I was telling you, but not telling you, part of the emotional background of what was to follow, just as Ms. C and I both knew and did not know that what was happening between us was a way of feeling and talking about her experience of the death of her baby."

The analytic experience with Ms. C that I have described was built upon multiple coexisting, discordant realities, all of which were true: the baby was dead, *and* the baby was alive; the patient loved me, *and* the patient loved me as her baby; the patient loved her baby, *and* she felt incapable of loving him and unworthy of his love. The truth of each component of this emotional situation was real only when in dialectical tension with its counterpart. If I were to have sided with one component or the other (for instance, by saying, "You really did love your baby in the dream and the real baby who died"), I believe the patient would have felt that I was afraid to know who she really was at that moment: a mother who loved her baby, and a mother who was unable to love her baby.

Before ending this clinical discussion, I will comment briefly on the intertwined music of the elegy and the love song that, to my ear, runs through this segment of the analysis. The elegiac aspect involves primitive, undifferentiated forms of relatedness between the patient and me, between the patient and her dead baby, and between the baby and me. Ms. C and I were experiencing a wide range of deeply felt emotions concerning the dead baby, the origins of which were unclear: were they my feelings, or were they the patient's feelings, or were they those of a third subject that was an unconscious creation of the two of us (which I have elsewhere called the analytic third [Ogden, 1994b])? Probably all three, in ever-shifting proportions.

At the same time, and in dialectical tension with the elegy, the music of the love song involves more mature forms of relatedness in which Ms. C's and my own sense of alterity to one another is integral to the intense feelings of intimacy, mutual understanding, and even a sense of danger in what was happening in "the analytic love relationship." I use the term *analytic love relationship* not to suggest that the love is less real than in other love relationships, but to specify that this form of love relationship is conceived, and develops within, the very real constraints of the doctor-patient relationship (the analytic frame).

Evolution and interpretation

Following his comments on intuitive thinking and being at one with the psychic reality of the present moment, Bion, in "Memory and desire," introduces the concept of *evolution*, the meanings of which remain obscure in the paper, I think intentionally so:

In any session, evolution takes place. Out of the darkness and formlessness something evolves. This evolution can bear a superficial resemblance to memory, but once it has been experienced it can never be confounded with memory. It shares with dreams the quality of being wholly present or unaccountably and suddenly absent. This evolution is what the psychoanalyst must be ready to interpret. (1967a, pp. 136–137)

Bion seems to be using the term *evolves* to refer to what is happening in the analytic experience: the emotional experience that is occurring. The term *evolution* here is more verb than noun. It is a state of continuous change, and that process of change is the subject of psychoanalysis.

As I mentioned earlier, the analytic inquiry in “Memory and desire” is focused exclusively on the present moment of the past. Bion’s methodology transforms the most fundamental clinical question from “What does that mean?” to “What’s happening now?” The question “What does that mean?” lies at the core of Freud’s (1900) work with dreams and Klein’s (1975) search for symbolic meaning in children’s play. Winnicott (1971), who shifted the focus of child and adult analysis from the symbolic content of play to the capacity for playing, is, I believe, as important a contributor as Bion to the alteration of the fundamental clinical question to “What’s happening now?”

The passage introducing the concept of evolution, quoted above, brings to mind an experience I have had innumerable times while being told a dream by a patient. As the analyst is telling me the dream, I usually have no trouble imagining the scene or scenes being described. But I find that as soon as the patient has finished telling me the dream (and sometimes even while the patient is telling me a dream), I have no recollection at all of what the patient has told me. This experience underscores the fact that dreams that patients tell us are not memories; they are experiences evolving in the present moment of the analysis and have many of the qualities of dreaming, including that oft-experienced surprise and disappointment of finding that the dream, which a moment ago was so present and alive, is “unaccountably and suddenly absent” (Bion, 1967a, p. 137). No amount of conscious concentration will bring it back. Often, I find that later in the session, the patient’s dream will come to me “unbidden.”

For me, one of the most important words in this paragraph on evolution is the final word of the closing sentence: *interpret*.

“This evolution is what the psychoanalyst must be ready to interpret” (p. 137). Bion suggests that he is using the term *interpret* to refer to the analyst’s talking to the patient about the psychic reality that is occurring (now) in the present moment of the analysis. He gives no clue as to what that might sound like. I can only say what the term *interpret* means to me. But instead of trying to define, or even describe its meaning, I will let the following clinical account speak for itself before I try to attach words to it.

Clinical illustration: An invitation to stay

When I opened the door to the waiting room, it seemed more starkly furnished than I’d remembered. There were four magazines, all of them many months out of date, lying on the table that had sat there for more than twenty years.

Ms. J didn’t make eye contact with me as she rose from her chair, as if lifting a tremendous weight. She slowly led the way into my consulting room.

After lying down on the couch, she said in a flat voice, “I got up and made sandwiches for the kids. I put the milk and cereal on the breakfast table and somehow got them to school. I can do that.”

I felt that Ms. J was very close to losing her mind as well as her ability to function, which frightened me. But I was frightened more for Ms. J’s children than I was for her. I pictured them staring at her at the breakfast table, pretending not to notice the lifeless expression on her face.

I said, “As you talk, I’m reminded of the instructions they give on airplanes to put on your own oxygen mask before helping your child to put theirs on.”

Ms. J said, “I was looking at a photo that I have framed on my dresser. It’s a photo of Jane when she was about six, holding Lisa, who was only a few months old. The expression on Jane’s face is the thing that grabs my attention every time I look at it. She has a pleading look in her eyes that says, ‘I don’t want to drop her. Please take her from me. I’m too young to be holding a baby.’ When I look at that picture, it makes me want to cry. I saw, when I looked at it this morning, that Jane wasn’t looking at me or pleading with me, she was looking somewhere else.”

I said, “That’s the weight you have to carry that’s too heavy for you, and would be too heavy for anyone—the weight of the secret that you’re not there in the photograph, you’re not there in the

waiting room when I meet you, you're not here when you're lying on the couch, you're not anywhere."

Ms. J said, "I went to the Diebenkorn exhibit at the Museum of Modern Art. I went to kill time."

I said, "You didn't have to go to the exhibit to kill time. I think that you're already dead, so you don't have time to kill; that's the thing dead people don't have time. When you're in the waiting room, I don't think you're waiting to begin the session—you know nothing is going to happen, so there's nothing to wait for."

Ms. J said, "I stopped wearing a watch months ago, maybe a year. I didn't decide not to wear one, I just found that I didn't have one on, and I haven't put one on since then. I have one on my dresser, and I could put it on in the morning, but I don't, and I've never missed it." As Ms. J was telling me this, it seemed to me that she was mildly interested in what she was saying, which was a rare thing.

"Is it time for me to go?" she asked, her voice now flat again.

Without knowing what I was going to say, I said, "No, it's time for you to stay." Ms. J smiled, faintly.

On hearing what I had just said to Ms. J, it felt true, not simply in a concrete sense—it was not yet the time designated for the end of the session—it was true in an emotional sense. I felt I was inviting her—not just anybody, but her in particular—to stay and spend time with me, "living time," as opposed to clock time, or photograph time, or obligatory time, or dead time, or killing time. I genuinely wanted to spend time with her. I liked her, even enjoyed her, and was inviting her to stay.

For me, the "invitation" was the most important "interpretation" that I made in that session. What I said to Ms. J was my way of conveying my sense of the psychic reality that was most alive at that moment. The "invitation" I gave her to spend "living time" with me was not a request to have her do something with me in the future; it was my way of saying to Ms. J that we were already, in that moment, spending living time with one another. Her smile was not her acceptance of my invitation so much as it was her acknowledgment that something was already happening in which she was present.

I believe that there are important similarities between what I have just said about what occurred in the session with Ms. J and what Bion is referring to when he says, "This evolution is what the psychoanalyst must be ready to interpret." But the word *interpret*, for me, holds the connotation of the analyst telling the patient what he understands to

be the unconscious meaning of what the patient is saying or doing. I would prefer a different term—a term that does not carry that connotation—to describe what I was doing when I spontaneously said, "No, it's time for you to stay." A "term" that would feel more apt, although wordy, would be: talking with the patient, directly or indirectly, about what is most real and most alive at an unconscious level at that moment. Most often, this type of "talking with a patient" does not sound like a psychoanalyst making "an interpretation." To me, it sounds and feels like two people talking to one another, two people conversing. I take it as high praise when a patient says to me, "You never make interpretations, you just talk to me."

The purpose of talking with patients is multifold, but for me, it always includes the effort to help the patient become more fully alive to his or her experience in the present moment. As Bion puts it toward the end of "Memory and desire":

"Progress" will be measured by the increased number and variety of moods, ideas and attitudes seen in any given session. (1967a, p. 137)

The analytic conversation that evolves with each patient is unique to that patient, and could not occur between any other two people in the world. These are some of the qualities of my way of talking with patients (what Bion calls *interpreting*). The way I talk with patients is not the way any other analyst talks with patients; if it were, the patient would be talking with the wrong analyst.

Concluding comments

Bion's "Notes on memory and desire" (1967a) is an impossible paper that I have struggled with for decades. Despite its title, it is not, most importantly, a paper about memory and desire. The significance of this paper lies in the way it supplants awareness from its central role in the analytic process, and in its place, instates the analyst's (largely unconscious) work of intuiting the (unconscious) psychic reality of the present moment by becoming at one with it.

The clinical examples from my own work illustrate something of my own manner of being at one with the psychic reality (the truth) of a given moment of a session, and my ways of talking with the patient about that reality.