Soundless Screaming: Psychotic Anxiety and Analytic Containment

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Introduction

I think of the purpose of analysis as the work of containing that which has not yet been contained in the patient's psyche so that deintegration that was not possible in the past can proceed in the present. It seems to me to be inevitable that the analytic relationship engages infantile states of mind in analyst and patient, and that analytic work with these regressed states will frequently involve relating to areas of the mind that were damaged in their earliest stages of evolution by a failure in symbiotic relations. This paper presents the idea of "void" in the psyche in relation to the "force field" that surrounds it in the countertransference, the experience of which can be thought of as a "soundless scream". I propose that the analyst's maintenance of an analytic attitude in the midst of the force field can foster a shift from psychosis to symbiosis, with its potential for individuation.

The theoretical basis for my paper derives from the innovative and controversial work done by Michael Fordham, who extended Jung's theoretical work on the transference and countertransference by marrying Jungian and post-Kleinian thinking. I continue along that vertex by developing a theoretical field derived from psychoanalysis, that resonates with Jung's thinking about the nature of analysis, with specific reference to psychotic processes. I make particular reference to the concepts of the alchemical vessel, the analytic frame, and the analytic attitude as agents of healing, and offer examples from my clinical practice to illustrate my thinking.

The Analytic Frame in Psychosis

Michael Eigen's paper: "Toward Bion's Starting Point: Between Catastrophe and Faith" (1985) distils Wilfred Bion's thinking about the birth of psychic life, locating the core of the individuation process in its earliest phase in a rhythm of falling apart/coming together, an idea resonant with Fordham's concept of deintegration and reintegration. In the earliest phase of psychic life, this oscillation produces affective
thinking, beta elements that are linked by “a sense of catastrophe” and which emerge as “signs of catastrophe”. The infant’s scream is one such sign of catastrophe. Signs of catastrophe are presymbolic and require a containing object to mediate container-contained relations, as described by Bion, to evolve into symbolic communications. Esther Bick’s paper “The Experience of the Skin in Early Object Relations” (1968) presents the experience of the nipple in the mouth, together with the holding, speaking, familiar smelling mother, as the optimal containing object. She describes an “unintegrated” state of mind in which the experience of a containing object functions as a skin, holding not yet integrated parts of the personality together.

As Fordham shows throughout his work, discrepancies between the infant’s archetypal expectation of the containing object and the affordances of the actual symbiotic environment, are vital to the evolution of the sense of self through the processes of deintegration and reintegration. These discrepancies are “catastrophes”, and when the catastrophe is contained, individuation proceeds.

Psychosis emerges from the trauma of uncontained catastrophe. Bion’s concept of “nameless dread”, presented in his paper “A Theory of Thinking” (1967:9), offers a way of thinking about the evolution of psychosis. He writes: “Normal development follows if the relationship between infant and breast permits the infant to project a feeling, say, that it is dying into the mother and to reintroject it after its sojourn in the breast has made it tolerable to the infant psyche. If the projection is not accepted by the mother the infant feels that its feeling that it is dying is stripped of such meaning as it has. It therefore reintrojects, not a fear of dying made tolerable, but a nameless dread”. Fear of disintegrating is a normal infantile anxiety which seeks containment within the symbiotic environment. If this is uncontained, the anxiety, plus the experience of the absence of containment, is reintrojected. A “no-breast” is established in the inner world, a “wilfully misunderstanding object” that strips experience of whatever meaning it has. Bion writes “…instead of an understanding object the infant has a wilfully misunderstanding object – with which it is identified.”

Jaime Lutenberg’s paper “Mental void and the borderline patient” (2007) extends Bion’s thinking about nameless dread by contributing the idea of the “structural mental void”. The structural void is crucially different from the “feeling of a void”. The capacity to feel a void belongs to states of mind in which the sense of a self that can feel is established, and the “feeling of a void” is normally experienced at every developmental stage that involves separation from objects with whom or with which the individual is in symbiosis. The structural void is affectively denoted by nameless dread, that strips meaning from the emotional experiences that accompany steps along the path of individuation, and maintains mindlessness. Images of a vortex, a
whirlwind, a black hole, often present this phenomenon as the capacity to symbolise develops in analysis. Any experience that mediates the experience of separateness resonates with the trauma of the failure of containment, and is eliminated as quickly as possible by this powerful defensive organisation. Bick (1968) describes this organisation as a “second skin”, that holds the unintegrated self together in the absence of the skin-container. She writes: “Only an analysis which perseveres to thorough working-through of the primal dependence on the maternal object can strengthen this underlying fragility.” She goes on “It must be stressed that the containing aspect of the analytic situation resides especially in the setting and is therefore an area where firmness of technique is crucial.” In my view, this is facilitated by attention to the analytic frame.

The Analytic Frame and the Delusional Frame

I think of the analytic frame as the “vas bene clausum”, the well sealed vessel of Jung’s (1967) alchemical model, which has to have various affordances, including that of being sealed, in order that archetypal energies can be held within it and powerful transformative work proceed. The analytic frame consists of invariant elements of the setting. These form a strategy for developing symbiosis which can form a viable alternative to the defensive organisation, and thus enable the patient to make the shift from psychotic undifferentiatedness to the symbiotic relations needed for ego, and accordingly the sense of self, to develop.

A paper by Jose Bleger (1967) called “Psycho-Analysis of the Psycho-Analytic Frame” illuminates the meaning and relevance of the analytic frame in mediating containment. Bleger shows how the frame engages psychotic processes in the transference/countertransference field. The frame established and maintained for the psychotic purpose of maintaining “non ego” is crucially different from the analytic frame established and maintained by the analyst. The psychotic areas in the patient attempt to maintain a delusional frame in order to maintain an experience of undifferentiatedness. This eliminates those experiences of discrepancy, between archetypal expectation and the affordances of the environment, that necessitate ego development. Accordingly there are two frames at work in the analysis. Bleger writes “The frame can only be analysed within the frame ... the patient’s most primitive dependence and psychological organisation can only be analysed within the analyst’s frame, which should be neither ambiguous, not changeable, nor altered.” The fusion created by psychotic defences maintains deadness, numbness and barrenness, boredom, emptiness, systematically eliminating signs of life with the kind of rigour practised by totalitarian regimes in the maintenance of their system, and
employing convincing and persuasive propaganda to promote the maintenance of the state of mind achieved. This state is often referred to as "safety" or "comfort".

Elements of the analytic frame, such as the ends of sessions, the analyst's interpretations, bills, present the threat of the void because they are events that mediate the experience of separateness. Experiences of the discrepancy between the two frames introduces what Bleger describes as "crevices" in which the possibility of analysis of the psychotic part of the patient's personality emerges. I quote "... a patient's frame is his most primitive fusion with the mother's body and ... the psycho-analyst's frame must help to re-establish the original symbiosis in order to change it." Establishing relations to the psychoanalyst's frame involves what Bick refers to as "transitory states of unintegration" which afford the potential for working through and integration. This inevitably engages psychotic anxiety because the "crevices" threaten the void. When the patient experiences the analytic frame as separate, it is as if something vital has broken in the relationship, and it is as if maintaining the frame is attacking the patient. Any fusion is preferable to an experience of separateness.

The work of establishing and maintaining the analytic frame in the psychological atmosphere created by psychotic anxieties and defences tends to be characterised by a sense of impossibility. This is because it is as if there is no containing object. Fordham's paper "Defences of the Self" (1985) presents the experience of engaging with this impossibility in analysis, and conveys the pain experienced by the analyst holding the frame. "Second skin" defences are enacted in a variety of ways and the analyst is under extreme internal and external pressure to participate in the enactments. The promise of the delusional propaganda is that life for both analyst and patient would be more comfortable if the analyst would only comply with the requirements of the delusional frame.

Analytic Attitude

It is impossible to "do the right thing" but it is possible to maintain an analytic attitude to whatever is done or not done. The situation is one of profound hopelessness and helplessness, and it is the task of the analyst to experience this on behalf of the patient until the patient can bear the pain involved. Any communication conveying hope or an attempt to help or to find meaning signals to the patient that the analyst is unable to bear the predicament of the void and accordingly the core experience of the plight of the patient's soul. In "The Psychology of the Transference" (CW16 para 399) Jung writes "It is like passing through the valley of the shadow ... sometimes the patient has to cling to the doctor as the last remaining shred of reality
... often the doctor is in much the same position as the alchemist who no longer knew whether he was melting the mysterious amalgam in the crucible or whether he was the salamander glowing in the fire...."

However destructive the enactments may be to the person of the patient and to the fabric of the analysis, it is important to hold in mind that they protect the sense of self. The sense of self is threatened by disintegration when separateness is experienced by the ego that has not gone through sufficient deintegrative and reintegrative experiences to have emerged from symbiosis — and disintegration of the sense of self is a fate worse than death.

In my experience the internal work involved in maintaining an analytic attitude forms the central task when psychotic anxiety, and psychotic defences, are engaged. It seems to me that nothing but acceptance of the total impossibility of the situation established by the void constitutes analytic containment. This protects the analysis from unconscious narcissism in the analyst which can drive the analyst to "help" or "heal" the patient through "doing" something. Both Bion and Jung were exceptionally gifted in their capacity to maintain an analytic attitude to the pressure exerted by psychotic defences, to tolerate mindlessness in their patients, and to desist from succumbing to or exerting coercion to avoid the predicament. The analytic attitude is described by Bion (1970) as "faith in the unknown, unknowable, formless infinite" and this resonates with the attitude, expressed throughout Jung's work, that healing takes place through the grace of the energy of the Self: "Deo concedente".

The experience of being with a person in a state of mind which has psychotic anxiety at its core registers viscerally, which is understandable when we realise that a catastrophic threat to the sense of self is being experienced. Sooner or later, if the analyst maintains the analytic frame, the "crevices" between the two frames enable uncontained infantile material linked to the impossibility of the patient's predicament to erupt into the setting. The core experience usually feels like a primitive piercing shriek, with the penetrating quality of fingernails being dragged down a blackboard. This is the first scream of the infant that has been immobilised by psychotic defences. Countertransference experiences of shock, failure, and guilt are common, and are easily bypassed by succumbing to the pressure to stop the screaming by participating in an enactment rather than listen to it.

A patient arrived 5 minutes before the end of his session. He reported that he had set out to come to the session on time and had forgotten where he was going as he approached my road. He had gone somewhere else and then remembered where he had been going in time to get to the session before it ended. By the time he had explained this to me his time was up. He was devastated when I ended the session on time, and I experienced searing feelings of
guilt. Maintaining the frame by ending the session on time enabled his experiences of the impossibility of his predicament to emerge into the analysis. Had I given him extra time I would have bypassed the catastrophe and robbed the analysis of the opportunity to contain it. Another patient with Type I diabetes announced in her session that her blood sugar levels were dangerously low. She requested that I take her to my kitchen and give her sugar to ward off the threat of a hypoglycaemic attack. I told her that this would not be possible, and offered to call an ambulance. After launching a torrent of scornful reproaches and threats at me she left the session on time. She returned the following day and reported that she had remembered, as she left the room, that she had a supply of dextrose in the glove compartment of her car. Had I succumbed to the impulse to “help” her I would have enacted a repetition of the failure of containment of the impossibility of her predicament. Furthermore I would have registered a vote of no confidence in her capacity to develop those ego functions needed to traverse the gap. She had discovered that she could find the necessary resources to traverse the threatened catastrophe.

Interpretation

Fordham’s work introduced the discipline of transference and countertransference analysis, and the technique of transference interpretation in the analytic setting, to Jungian analytic work with psychotic states of mind. These innovations, derived in particular from the work of post-Kleinian psychoanalysts, equip the analyst to respond to the patient at different levels of ego capacity. The collection of Bion’s papers published in “Second Thoughts” (1967) presents many examples of interpretive work that is possible when the analyst is able to employ countertransference, and analytic intuition, effectively with patients in psychotic states. At those moments when the experience of being in the “crevices” is tolerable, it is possible to offer the patient interpretations, and I think that it is containing to do so.

One patient used to bring plastic bags to each session containing many objects, writings, books, letters, and photographs. These were thrust at me, thrown across the room, and often hastily removed before their emotional significance could register. The speed and force of physical action eliminated the possibility of thinking. She found being seated opposite me impossible because I was in her line of vision. And moving to the couch, where she felt cut off from me, was a step out of her analysis. The room was impossible. Eventually she told me that she could not use the couch because she had to sit opposite me, stun me by battering me with words, and then “watch” me so that she could “stick her head into me like a bowl of cream”. I interpreted that any step into dependence terrifies her because it is as if dependence
is total abandonment. She said that I was putting her in a pram at the
bottom of the garden because I cannot bear to hear her screams. I
interpreted that her internal mother is unable to listen to and think
about what the baby is screaming and puts the baby out of her mind
to rid herself of the pain both of the screaming and of her own
helplessness. She told me she is “a fly on fly paper”…if she stays stuck
to me she will die, if she separates she will die. Holding the frame over
time enabled the material presented in the initial signs of catastrophe
to evolve into symbolic communication of her predicament.
Another patient used the toilet after every session and this
routinely added at least five minutes to her time in my premises.
My irritation emerged in supervision and I recognised that I had
succumbed to unconscious pressure not to think about this as an
enactment. Accordingly I had colluded with a defence against noticing
the extent to which she had been flushing her infantile experience out
of the sessions. I was able to interpret to the patient that her mind
is under internal pressure to be a toilet that flushes away whatever
thoughts and feelings begin to develop in her, because they are a threat
to the mindless comfort in which she exists. Later in that session that
she reported feeling relieved because her mind had been restored to
her by my interpretation. This enabled me to offer her a modification
to the frame of her analysis that I had been considering for some time,
and when she accepted this her compulsive use of the toilet lessened.
It is crucial to differentiate signs, emerging from states in which
ego is not yet established, from symbolic communications. Signs
of catastrophe take many different forms and may masquerade as
symbols. If the analyst responds to these as if they were symbolic com-
munications he or she will repeat an ongoing failure of containment for
the patient by failing to hear the soundless scream that they convey. A
patient complied with everything required by the frame, coming and
leaving on time, paying on time, attending all sessions, and filling them
with lively, apparently self-reflective talk, reporting dreams, and so on.
I felt unaccountably “bored to death” by her. Eventually I noticed that
she spoke whenever I moved, as if my movement was an injunction to
speak. I found this so oppressive that I had to analyse it, and realised
that I was under pressure to participate in a way of being with her that
disavowed the presence, both of her infantile experience and of the
way that it was being silenced. My countertransference experience
of being bored to death was an identification with a baby that was
being systematically disintegrated by her defensive organisation. Had
I succumbed to the pressure to participate in a pseudo-analytic
exploration of apparently symbolic material, analysis would merely
have repeated a catastrophic failure of containment.
Conclusion

To sum up, I think that maintenance of the analytic frame is central to analytic work with psychotic anxieties. A crucial element of the frame is the analytic attitude, which is maintained by rigorous internal work on the part of the analyst. Maintaining an analytic attitude over time enables uncontained infantile experience to emerge into the analytic relationship, frequently via the countertransference, and to become available to container-contained relations. These require the analyst to metabolise projected material, and can include the use of transference interpretation, when sufficient ego is engaged. When the patient becomes conscious of the fact that a part of his or her own mind is fundamentally opposed to his or her individuation, a therapeutic alliance between the egos of analyst and patient becomes a possibility. My experience has been, that when analytic containment has been persistent enough to constitute a presence for the patient, a leap of faith into relatedness becomes possible.

Bibliography

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