

Modes of Transformations

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One of the functions of symbol formation is to bring about a transformation of complex emotional experiences. In this paper I propose to discuss some difficult/problematic transformations that are played out in psychoanalysis.

I shall begin by referring to an analytical experience that I had reported in my paper “On Borderline Phenomena” (1998). My patient P responded to one of my interpretations (which I believed to be quite accurate) by moving his hand with a certain flourish and by a nod of his head. I had stated that it was difficult to describe exactly, in words, this “gesture”. I was quite certain, however, of the three messages that it conveyed to me. These I had felt were:

1. That he was encouraging me to do my good work by appreciating what I had said in an Epicurean way,
2. That whatever I had said, he had already thought about and
3. That actually I could interpret so well because he gave me such fine associations.

When I brought to his notice what he had done, P said that he knew exactly what I meant. He then proceeded to give an illustration of this very behaviour in a social situation. He was attending a scientific seminar in which a scientist had raised some impressive queries which revealed his dedication and sincerity to the subject to all. P looked around the auditorium and nodded to the questioner in such a way, that,

- (a) S got the message that P was supporting and encouraging him,
- (b) The audience got the message that actually, it was P’s question that S was asking and

(c) The seminar leader could believe that S and P were co-workers, and that a part of S's theory was really P's.

In that paper I had not considered the detailed implications of this "gesture". I had only described it as an instance of P's appropriative behaviour. As his analysis proceeded, I realised that I only knew what was communicated to me – his audience. I was not at all clear how it was communicated. I became aware that something extremely complex was taking place. It raised many questions in my mind regarding the meaning of "gestures" in general – their symbolic significance and their ability to bring about (or fail to do so), an emotional transformation.

We know that gestures are extensively used in various art forms - especially in Classical and Modern dance. A dancer communicates by using these gestures. There was no doubt that P's gesture had successfully communicated something to his audience – me in the consulting room, and the group in the seminar. Could we include this gesture in the same category as that of the dancer? Did P's gesture have a symbolic meaning?

I, therefore, began reconsidering what had taken place in a different light. He had originally come up with this "gesture" in response to my correct interpretation of a situation that had existed between us at a particular moment. This meant that I had properly received and contained what he had projected into me. Using my ability to "think about it", I was able to detoxicate the parts that were distressful to him. Ordinarily, this process would help a patient to take back his projections -the entire process thus bringing about a change in his state of mind.

P, however, had responded to the interpretation by making the "gesture". It had therefore bounced back into me with totally new elements, which constituted the three messages that I received. As a result, I was made to feel small and humiliated, as perhaps, accepting it would have made him feel.

When I had interpreted this gesture to my interpretations, he had responded by narrating an episode from his real life that supported what I had said. This was meant to give me an idea that he had completely understood what I was implying. It was meant to tell me that he believed that I was such a clever/brilliant analyst and, moreover that he was an equally clever/brilliant colleague of mine. It was as if he was saying to me,

“we know what ‘that fellow’ is up to”. He had thus sidled up to, and equated himself, with me and thereby appropriating parts of my personality. Effectively, he had created a screen of β elements as described by Dr. Bion, through which his projections could pass, but not interpretations. It was as if I was ordered to contain, but forbidden to interpret.

This response filled my mind with a queer, eerie uneasy feeling. I began to pay closer attention to those situations in his analysis where this gesture was repeated. I noticed that the movement of his hand bore a close resemblance to the gestures (Mudras) employed in Indian Classical Dance. His lips displayed a beatific smile, while the nod of his head was like the nod of a fascist/mafia leader who wishes to express his benevolent approval to his followers whom he considers idiots. These movements of his lips and head would be described as Bhavas (expressions) in the language of Indian Classical Dance. As a result of this combination of Mudras and Bhavas, I was left feeling that I was in the presence of a cruel, controlling, powerful fascist/mafia leader who looked at me condescendingly with a touch of cruelty, control and power.

We can see that there were two processes going on simultaneously. Both P and I seemed to be putting together a variety of elements – truths and lies – in order to communicate something. I was struggling to find an appropriate interpretation that could reach P. P on the other hand was engaged in building up a screen of β elements between us. This was done so rapidly and with such alacrity, dexterity and consummate ease that it looked totally effortless. I do not, however, feel that it was really quite so simple. His endeavour was a result of years of unconscious internal work that had now become a habit that made his behaviour look so natural, conducted with practiced poise.

Secondly, my intention was to describe a tyrannical structure. In P’s case the matter was more complex. Partly he was conveying to me what it felt like to face such an appropriative, controlling object and partly he was actually being such an object thereby acting out his extremely violent phantasies.

Lastly, my struggle was to bring about a change in the tyrannical situation. This would require in me an understanding of tyranny - of its structure and its consequences. This seemed to be totally absent in P. Apparently, he was not even conscious of being a tyrant. Yet, I am not sure if we could really say that no understanding existed. True to

his borderline condition, he both knew and did not know simultaneously. During his long analysis I had seen that he took conscious delight in tormenting/manipulating his near and dear ones. In as much as he knew exactly what I meant by my interpretation he must have had some understanding of what was going on.

I have now separated three factors – intention, understanding and the method employed to distinguish the two processes. In theoretical terms one could say, that I, as an analyst, was operating from the depressive position, while P was embedded in the paranoid schizoid position as defined by Melanie Klein.

A proper symbol can be formed by putting together a variety of elements – truths and lies – and integrating them to produce a new idea or an object. P's gesture did not integrate anything. It prevented any transformation that could take place. It was a result of stringing together a series of lies that created an illusion of a symbol. A name could now be given to it. I call it, "A Conglomeration of Lies that Masquerades as a Symbol".

The process I have described can be quite problematic for an analyst. What the patient brings into the sessions is so seductive that one ends up colluding with him. It becomes all the more dangerous if the analyst is as narcissistic and disturbed as the patient. P's behaviour was so seductive that at times I felt that I was a clever/brilliant analyst as he was suggesting and that I was successfully treating his illness. Fortunately, I was forced to notice that nothing was changing significantly in his life. Sessions with him were becoming increasingly dead and meaningless. I had to reconsider what was going on. Had I not become aware of this I would have written a different kind of a paper indeed.

I shall now describe my experience with two other patients, both writers. First patient K is a 35 years old man who sought analysis for severe depression. Right from the first consulting session I could see that he had an extraordinary relationship with words. He was clearly a brilliant man. His knowledge of literature was quite stunning. He talked about his almost total inability to write anything after having published two books. He added that he could not write anymore though his mind was full of works that simply waited to be written.

He was quite familiar with the theory of psychoanalysis. He knew all that is known in intellectual circles about the concepts of transference, counter transference, defences, dream interpretation etc. He told me straight away that he had come for analysis in spite of his great scepticism about its theoretical premises. He had read a number of books questioning the validity of the process. He said rather mockingly, that I should be prepared for what, in my words, would be called, “a severe intellectual resistance”.

On the other hand, he added, in the same mocking tone, that he was really in a bad shape. He had come to me because his best friend had so clearly benefited from analysis. He himself had been under psychiatric treatment for two years taking heavy doses of antidepressants which, had, “precious little effect” on his depression. He further added that his scepticism towards analysis was thus tempered by these two factors.

His remarks on psychiatry too, were extremely scathing. Antidepressants were, “not quite dick-friendly”. As soon as he started taking them, he read up all about them. He also surfed the Internet to gather information on them. Thus, when his doctor and his pharmacologist made changes in the doses of the drugs, he knew, “exactly what their logic was”. He also knew all about the side effects of the drugs and added that he felt that, “these people” did not know much about how their medicines worked. This made him take the medicines, “with a pinch of salt”. He also familiarised himself with theories that heavily criticised psychiatric handling of depression.

The manner in which he said all this left me feeling rather trapped and useless. I felt that he was conducting a talk with me in which he spoke on behalf of everybody including myself. There was nothing I could say that he himself had not anticipated and said. This feeling increased in volume, and intensity heightened in successive sessions as his analysis progressed. Every time I gave an interpretation he would hear it out carefully and then quickly interpose, “that was like....” and quote something from Freud or Jung or even Mrs. Klein. This rendered what I said sound quite stupid. When I pointed this out to him, he laughed in a disconcerting manner, said he was sorry it was just that his associations ran in that direction. He stopped this behaviour for a while but

then he began to associate my interpretations, using quotes from literature and philosophy. What I said was “so much like what Dostoievsky in that book or Nietzsche said in the other”.

Gradually I found myself searching desperately for formulations that could not be connected with any great person. I could hardly pay attention to the transference – which was my real job – because I lived in a constant fear that I might say something that belonged to a master. I was simply not able to be myself. I even began to despair ever coming up with something not already said by Freud or Jones or Abraham or Klein. Admittedly, I did speak of projective identification, symbolism, anxieties and so on. There was nothing new in ordinary, day to day analysis. I reached a point when I wanted to scream out and say, “SO WHAT? Of course I have gained my analytical understanding from great people – analysts, writers, philosophers but damn it, I am myself”.

All this also reminded me of my own real reluctance to write analytical papers. How often I felt, probably like all of us, that there was no use of my writing a paper because so and so had already written so much about the subject I wanted to write about. What can I possibly say about Symbolism that was new? Hanna Segal has written all that can be written about it. Bion has written a whole book on Transformations. Thus my patient’s behaviour pushed me to face a real problem in myself. But then it also created a real rebellion in me. Every time I walk do I have to thank my father who held my hand when I learnt to stand up? Why did I feel that all my analytical and other forefathers were sitting on my head and telling me constantly, “Hey that is my formulation you are using”? It took me some time to reconsider my internal relationship with my teachers. I did finally realise that the situation was quite understandable. K had obviously forced me to face his own plight. He could not write a word because every word was already written by his forefathers. They tortured him constantly by claiming his every thought and intuition as theirs. Every observation he made also belonged to them. I realised that he could not write a word under these circumstances. His behaviour with me was a replica of his internal world.

After a few weeks of this I was able to think properly. I could say to myself that Mrs. Klein was not an ogre or a persecutor. She would be quite happy if I did my job well while using her ideas. So would be my parents. I was myself. This thinking helped me to be a little more relaxed about writing a paper. I may not write about anything new, but what I had to say was coming from my own understanding. It had its own flavour. I could therefore share my struggles with my colleagues without fearing devastating criticism. It also helped me to talk to K in a productive way.

If P's formulations were a conglomeration of lies, K's were a string of truths that made no sense at all. They rendered everything meaningless. Neither of us was allowed to integrate and assimilate anything that we learnt or knew or understood. Any real transformation was mercilessly blocked. I propose to call this phenomenon as "Working Under the Aegis of Many Forefathers". Interpretations given under such circumstances may sound correct at some level but they have a life sucking quality about them. Neither the patient nor the analyst is allowed to call his soul his own.

There was one more common element between this experience and the one I had with P. K's cleverly pointing out all the relevant references had the same attractive, seductive quality about it as had P's "gesture". I would often watch him with stunned admiration thinking how brilliant his mind was to know and understand so many great writers. There was a certain charm about the cutting use he made of words and mocked at everything, creating a false feeling of freedom in him that there was nothing new or individual about any idea in any man. It was difficult to notice the tyranny and envious attacks that his formulations contained.

Some of the arguments he brought in had a capacity to make me believe that it would be worthwhile to actually discuss them with him. For example, he would say, quoting Bion, that an analytical interpretation was just another way of saying what the patient had said. Or he would bring in Karl Popper's argument that the theories of psychoanalysis were not scientific because they could not be proved wrong. It was often difficult to resist arguing about these statements for he could make me believe that if I clarified my position on them it would really help him to relate to me in a better way. Needless to say that nothing came out of such discussions. The point I want to

emphasise here is that in this mode too there were seductive elements, which were deceptively inviting to join in a collusive system.

I observed a similar problem with a slightly different slant in another patient T, a forty years old man who wrote for academic journals. He too suffered from severe depression when he came for analysis. He could write his articles but as he said, “just about”. He could not send them for publication because he felt, “paralysed and dumb”. After a couple of years of analysis his depression lifted and he could write publishable articles. While this was relieving in one way it created another problem. His articles had over 72 references and acknowledgements. Editors would send them back saying it was impossible to print them because of the large number of footnotes. T did realise the problem but felt that removing them would be a sign of ingratitude for people from whom he derived his views.

In a way one could not disagree with him. In some advance academic writing it might be necessary to do what he was doing but when one writes regularly for a journal this was taking it too far. Once again he could not write. His attitude was markedly different from that of K above. T was really a sensitive man with real regards for his masters. He did not feel persecuted by them. One felt that he was closer to the depressive position than K. Yet, his formulations met with the same fate. His relationship with my interpretations was also quite different from that of K. He heard them politely and genuinely tried to understand them. If he gained an insight into his behaviour he would feel obliged to thankfully inform me the next day. Analysis did seem to work but I felt as silly and useless as I had felt with K. He too was “working under the aegis of many forefathers” and I had become one of them. I felt that both of us were being tyrannised by each other. His acknowledgement of my contribution made me feel uncomfortable because I could see that my interpretations turned him into a stupefied, dumb follower of a cunning Guru.

A similar process can be observed in some analysts. We can think of a really good analyst who can sensitively perceive and assess internal and external situations as they unfold in the consulting room. He can formulate a perfectly correct interpretation, which his patient might receive with a feeling of having understood something

important. Yet, the whole process could be dead. The analyst's interpretations become quotes. We all might have had a session like this once in a while. It is often observed in supervision of some really good students and colleagues. At such times the analyst becomes a bad, good analyst.

It can be seen that in this mode a marked splitting of the ego takes place. One part of the ego has a clear perception of the actual reparative activity. This part actually goes through the depressive position. It revives and/or recreates what has been destroyed. This is evidenced by the fact that both K and T (and also the bad, good analyst) knew exactly what they wanted to, and could, produce. T was, in fact, able to produce some very good work, finally. There is another part of the ego that watches this creative effort with bitter envy and attacks it violently. In order to preserve the creative process this envious part is then projected into "the forefathers" who, as a result become the tyrants that keep claiming their rights. These become a severely persecutory superego. In order to carry out any creative work i.e. to bring about a transformation, these have to be pacified by a constant acknowledgement of debt.

As I have shown above this is not a satisfactory resolution of the problem. In ordinary circumstances we know that excessive envy can be overcome by transforming it into admiration. In the cases I have described this has already taken place. Both K and T already admired great writers and thinkers but that did not help them to proceed with their own reparative act. The problem here is rendered extremely difficult because the envious parts of the ego are hopelessly entangled with the Ego Ideals. It takes a long and patient analytical work before the ego can stand separate from its ideals. I believe that probably this is never achieved fully. One has to accept a compromise solution in which the homage paid to the forefathers is reduced to a reasonable level.

Modes of transformations that I have described so far clearly suggest that they were achieved by making a proper use of the mechanism of projective identification as defined by Melanie Klein. As a result, Dr. Bion's formulation of the container and the contained could be used fruitfully to understand them. This means that the above patients felt both, their internal and external spaces to be finite and well bounded. In these spaces objects were perceived to be firmly located so that projections of

unacceptable mental states could take place. Also, the objects used for the purpose could contain these projections with relative ease. As a result, a to and fro communication between the object and the self was possible.

I shall now present material that brings to fore problems that occur when the perception of both spaces is highly disturbed due to various reasons.

Dr. M, a psychotic patient aged 50 came for analysis for a very specific problem. He was conducting a research in advance mathematics. In the consulting session he told me that he had recently begun to have some strange experiences. When he thought of some mathematical formulations he was overcome by an uncontrollable fit of laughter. For years he had had no problems with these concepts. He explained to me one concept that bothered him the most. He said that the square root of -1 denoted by the symbol “ i ” was an imaginary quantity. It could be raised to the power of an integral of a function denoted by the symbol $\int f(x) dx$ within the limits of two finite numbers, say a and b . I can recount this here with some clarity because it kept coming up repeatedly in his analysis and also because of the evocative nature of the words used.

This formulation, he added, had many uses for its extensions lead to many advanced ideas. Now, suddenly, this entity would come up in his mind and he would burst out laughing. The whole idea appeared to him as a joke.

As his analysis progressed I learnt that he suffered from hallucinations. These he brought into the sessions. They would be presented to me either as associations or as dreams. Their appearance in the sessions had a frightening effect on me. For Dr. M they were mere descriptions without any affects. In a recent session he brought in a dream. It began with a visual that he had seen at the beginning of a TV serial called, “Third Rock from the Sun”. In this, colourful planets were shown dancing in the outer space in a sort of humorous, playful manner. Soon he said, “The scene lost its fun”. The planets were no longer playful and funny. They had become real. Instead of dancing they were moving away at a fantastic speed. There were millions of them, “stars and suns”. They kept spreading away. Dr. M found himself floating in the universal space with them when he saw me also in the same predicament. He tried to tell me something for which he had to shout for I was very far from him. I too was trying to convey something to him in the

same manner but he too could not hear me. The process went on and on till we lost each other completely. The dream ended when he woke up.

While listening to the dream I felt that Dr. M was hallucinating. The events in the dream were actually taking place for him in my room. The tone of his voice was entirely devoid of any emotions. On the other hand I felt that I was having a panic attack. It could be formulated that Dr. M was using the mechanism of projective identification with the help of which a state of panic was lodged into me. But strangely enough, I felt that the panic attack had sprung from my own psyche, that it had nothing to do with Dr. M's description. I was frightened for my own reasons. In fact, I was so terrified that I began to consider if I was capable of continuing with his analysis.

I think that this phenomenon needs some elaboration. As I understood it then, Dr. M had acted out his hallucination quite accurately. As I sat in silence, he did not press me for an interpretation. As far as he was concerned we were actually thrown asunder, so far apart that no matter how hard we shouted, we could not have heard each other in the session, too. It was clear that I also had the same experience. Initially, his panic attack was most definitely projected into me. Simultaneously, something inexplicable took place. For some reasons that we need to look into, "suddenly" the distance between us became so enormous that I could not possibly link this feeling of panic with his dream. The space between us turned into a vast universal space rendering the initial projective identification meaningless. As a result of this, my counter transference felt like my own problem. Since I was not able to interpret anything, no transformation could take place.

On the other hand, it could not be denied that actual visual representations or symbols were brought in, in verbal form. The word "dream" was used though it was for a hallucination. Describing a similar event in his book, "Attention and Interpretation" (pp. 12-13) Dr. Bion says that in such situations, "Mental space is so vast compared with any realisation of three-dimensional space that the patient's capacity for emotion itself is felt to be lost because emotion itself is felt to drain away and be lost in the immensity. What may then appear to the observer as thoughts, visual images, and verbalisations, must be regarded by him as debris, remnants or scraps of imitated speech, and

histrionic, synthetic emotion, floating in a space so vast that its confines, temporal as well as spatial, are without definition”.

The question here then is: What makes a well bounded space peopled with real objects become so vast? In order to answer this let us take a look at the so called “dream” again as I did after the session was over. It occurred to me then, that to begin with, a pleasant, playful and jovial experience had existed. It was about, “Stars and Suns”. This could be interpreted as an experience between “a star -like mother” and her “son”. Earliest inexplicable, mind boggling phantasies called “imaginary quantities” like the present square root of -1 , might have terrified the patient as an infant. These he had projected into his maternal object. She had contained them very well. The TV box was like his mother’s chest (a box) – a neatly bounded space that had transformed the frightening phenomenon of the “universe of phantasies”. It (the chest) had introduced elements like humour, colour and playfulness into the “imaginary quantities”. This is why, I think, his attention was drawn so often to the ‘i’ used to denote an imaginary number in the formula (which really meant the first person singular as in ‘myself’) raised to the power of an integral (which really meant integration) of a function $f(x) dx$ between the limits of two finite numbers a and b . In other words “I” i.e. his dispersing self had been kept well within finite boundaries by his mother’s chest, or more accurately, her breasts.

There is no doubt in my mind that this was an extremely good experience. In his lucid moments Dr. M had often talked about his passionate love for mathematics. It clearly suggested that he had thoroughly enjoyed his relationship with his mother. He always talked about her with a great deal of tenderness.

He had expected this wonderful experience to go on for ever. In actual fact the mother moved away after every feed emphasising what Dr. Bion describes as “The restrictive character of reality and the dependence of projective identification on recognition of objects...” (p.12) I suggest that this had the following effects on Dr. M:

1. The moving away of the mother after a good feed was experienced as her disappearing into a void leaving him with a feeling of being suspended in a free space – unable to find any finite boundaries for both his body and mind.

2. He was forced to recognise his utter and total dependence on his mother's presence. The idea that in reality she was not a permanent presence had produced a state of panic in him.

3. It had also filled up his mind with a complex set of emotions – frustration, anger, hatred and envy.

This last set of emotions, especially hatred and envy had made him attack her breasts. This attack had come up in the form of the compulsive laughter at the mathematical formula for which he had sought my help. It was a huge mocking attack that meant to destroy his mother's considerable capacity to contain, in a highly sophisticated manner, an extremely complex mental state of her son. In accordance with the strength of his envy it had been an explosive attack. Dr. Bion describing a similar situation (p. 12) says, "Paradoxically this explosion is so violent and is accompanied by such immense fear – hereafter referred to as psychotic panic – that the patient may express it by sudden and complete silence (as if to go to an extreme as far from a devastating explosion as possible)".

In fact during the next four weeks Dr. M remained totally silent in all his sessions. Even though I was seriously engaged during this period in my efforts to understand what was going on I was not able to formulate any interpretation. Consequently, I too had remained silent. I was, however, plagued with the idea that I was not competent to deal with the problem and that perhaps I should recommend him to see a psychiatrist.

In the fifth week Dr. M pointed at one corner of the ceiling of my room and said in a good humoured tone, "I can see myself there and you are in that other corner behind my head". Here I remarked that for some reason we were not so far apart now and that we were located within the space of my room.

In the next session he reported another dream. In this dream he saw two huge eggs leaning on each other at their tips. Each egg was as large as Brahma. (Brahma + und meaning egg of Brahma, the Creator which means the entire universe). He was sitting on the top of one of these, feeling like a speck of dust. He added that it was a

nightmare. He shuddered at the memory of the dream. He was completely panic stricken and woke up in a sweat.

This was a totally new experience for both of us. I felt that now his hallucination had been turned into a proper dream. The feeling of panic was located in its right place viz. the patient's own mind. In due course it was possible for us to discuss how the dream described graphically his experience while feeding at his mother's breast. The two breasts looked like containing the whole world. They were large and magnificent. As compared to them he felt like a tiny speck of dust – a nothing.

He said that it reminded him of Arjuna's experience described so vividly in the eleventh chapter of Bhagvad Geeta when the latter had requested Lord Krishna to show him His universal form. Lord Krishna had given Arjuna a special vision so that he could see Him in the form of the entire Brahmand. Dr. M added that his own feelings were like those of Arjuna at the end of the chapter, when Arjuna finally requested the Lord to come back to His human form, for the vision had terrified him. It had produced such complex feelings like awe, terror, wonder, curiosity, humiliation and so on and so forth ad infinitum which no words could describe. Arjuna could no longer bear it. He also mentioned that Dr. Oppenheimer, one of the scientist involved in the making of the Atom Bomb, had titled his book which he had written after the bomb was dropped on Hiroshima as "Brighter than a Thousand Suns", a phrase taken from this very chapter of Geeta.

This last association confirms Dr. Bion's formulation of how a normally bounded space is turned into an infinite space due to an explosive projection. Transformations in such situations are, at most times, impossible. The clinical material I have presented is likely to give a wrong impression that the process of change was smooth and logical. I could claim here that it took place because of my ability to sit with my panic for those four weeks and thereby contain some of his experience. This may be true but I feel that the matter was not quite so simple. However it was not quite the whole truth. I must emphasise that the pressure on me to act out was quite immense. The state of panic brought in by Dr. M was so intense and real that I was constantly considering psychiatric intervention. On top of this, his withdrawal into a catatonic state at home

began to scare his wife. She phoned me during this time to ask if she should admit him into a hospital.

The fact that I did not act out was, at least partly, due to the help I received from Dr. M himself. At no point during this difficult time did he insist or even suggest that he found analysis inadequate. In retrospect I realise that my feeling of terror was accompanied by a strange, incongruous sense of curiosity and wonder. In spite of my fears I wanted to see how long the deadly, locked-up situation would endure. This curiosity I feel was, like the panic, projected by Dr. M. As he said in his last association, like Arjuna's, his feeling of terror was accompanied by a sense of wonder and curiosity. It was a part of his earliest experience that we were dealing with. This kind of help may not be available in other such cases.

I propose to call this mode of transformation as, "Transformation (or the lack of it) in an Infinite Space".

Here I would like to add that something quite similar can, and does, take place in some neurotic patients too. After all it is a proven fact that we do exist in a huge ever expanding universe. It could hardly be called abnormal if we felt depressed because we are a mere speck of dust. The difference here is that in the case of a psychotic like Dr. M, the vastness of the space is brought about by an explosive, violent attack on the link between the self and the object due to envy and destructiveness.

Before I move on to the next mode I want to emphasise that for any transformation to take place conditions must exist that allow for proper projective identification to take place. It is also necessary that a to and fro transaction takes place between the self and the object. In the cases like that of Dr. M this does not occur because the space between the two is rendered infinite. I shall now describe a kind of situation in which this process is prevented for a different set of reasons.

The following clinical material is from the analysis of a patient B, a 54 years old businessman who has been with me for the last six years. Initial reasons for his seeking analysis were as follows:

1. premature ejaculation,

2. total inability to pay attention to anything at all and
3. constant preoccupation with sexual phantasies especially about women's breasts.

During this period premature ejaculation has stopped. It has been replaced by lengthy sexual intercourses with his wife, which leaves her completely exhausted. These intercourses are quite clearly massive evacuations of his violent feelings into her. He uses terms like. "nailing her" or "grabbing her tonight and go on fucking forever".

His sessions with me have a deadly monotonous quality. He literally "brings himself to analysis", he would often say, "like a postman brings the post". He talks continuously but his associations often remain incomplete because in the middle of a sentence he gets new associations. For example, in a recent Monday session he started by saying, "after all, the trip to Jaipur was ..." He paused, here for a while and then began again saying, "Jaipur is called a pink city". Again, after a pause "talking about pink, do you know that Socialists are called pink...hm...hm...hm". This "hm...hm...hm..." was a mild, sheepish laughter quite clearly indicating underlying contempt. Then again he added, "Socialists have been practically..." and then, "this 'practically' reminds me of your practice.... I thought you have a great time.... You can go to sleep while I talk.... Who is going to know... hm...hm...hm...? Money just pours in for you..." He then added further, "but I know that you are an honest man.... Talking about honesty...the purchase officer of one company has asked me for a bribe.... The percentage is..." He finally petered off by saying, "I don't know what I am saying... something about going to sleep.... What was it that I said about money?"

Here I pointed out to him that he had begun by wanting to talk about his weekend trip to Jaipur but what he had meant to convey was waylaid as he moved from word to word.

B said that he did not remember at all that he had said anything about Jaipur. In fact his assistant who had accompanied him there had been very frustrated with him. As they were going to their client's office the assistant had asked him for instructions. He could not pay any attention to him, so could not respond. The assistant kept

remonstrating, “You are not paying any attention”. Then after a pause he asked me, “What did you say just now? I only remember the word ‘Jaipur’”.

In my counter transference I felt totally frustrated, just like his assistant. I could have formulated an interpretation based on this. But I also had to take seriously the fact that B could not hear anything that I said. From my long experience with him I know that he would pick up a word from my sentences and carry on in the same manner. This process had already begun. He had picked “Jaipur”. I realised that there was no possibility of a to and fro exchange between us.

It is necessary to note here that my capacity to interpret had not been destroyed. In fact, there was enough “content” in his word associations for me to give quite a few interpretations. I was not paralysed as with Dr. M. There was no explosive projection here. Nor could I say that B was erecting screen of β elements like my first patient P did, for to do that, P had to first hear my interpretation. Here I was dealing with something quite different.

After a prolonged silence, I said that he was stuck with his thoughts now. B confirmed my belief by saying that he could not hear a word I spoke. It would much better if I remained silent, he added with a slight touch of irritation in his voice. He then began to speak once again in broken sentences, the gist of which was as follows:

He thought of X, his first therapist who had a separate room for patients who felt sleepy in a session. After another prolonged silence, he said that he was thinking of South Indian food (which, incidentally, he likes very much and brings up often in the sessions). “He could smell it in my room now. On his way back to the office he could stop at a South Indian joint. His driver would wonder what his boss was up to. Why did he come to Warden Road (i.e. to my office) every day and then eat in a restaurant on his way back. But he really needed to eat those Vadas and Dosas and that whole Thali (which I thought would make an enormous meal) that they serve there. It was all so inexpensive, too! The problem was the driver. How was he to be handled?”

Finally, after another prolonged silence he added in the same broken manner that he remembered the prostitute he had had sex with, while he was in Kenya. She was so

young! Her breasts were small and luscious. He had been able to put one whole breast in his mouth and that too for just 10 US dollars!

During the time he spoke I was once again sharply aware that there was so much for me to interpret in the material he gave me but I also knew that any interpretation would meet with the same fate.

I could reformulate this situation by saying that B was compelled to pour out any and all thoughts that came to his mind. The way he left his sentences unfinished and hooked on to any word, his or mine, had only one purpose viz. to keep evacuating the entire content of his mind into me. It was quite similar to the way he had intercourse with his wife. He could go on and on for ever. B often used an expression, “everything oozes out of mind and I can’t stop it”

There are two very clear assumptions here. One, that his mind was incapable of containing anything at all and two, that there was no limit to my mental space. One could then say that the space inside the object is believed to be infinite. However, I feel that it would be incorrect to say so. For this I have two reasons.

In the session I have presented one can see that he has to reckon with the driver. Clearly, that is a reference to me in the transference. I am bound to wonder what he was doing, coming every day to Warden Road and then leaving feeling hungry. It implies that I was bound to ask why he poured so much into me, emptied himself out and then needed to stuff himself with the cheap South Indian food which was equated to his prostitute mother’s small, but luscious breasts. If he could hear me say that, then I was straight away protesting. I did not then have an infinite space in my mind.

The second reason is indicated by his referring to his first therapist who provided a separate room for patients who felt sleepy. To me this means that for B there exists an idealised mother who lets him enter her and is willing to allow him to lie there for ever.

Bearing these two associations in mind I am inclined to call this mode of operating, “Transformation (or the lack of it) in an idealised space”.

I also feel that this mode is linked with excessive greed. As he mentioned in the session B conducted his business by giving bribes. In spite of his inability to pay

attention he is an extremely wealthy man. His mocking reference to my making easy money from a patient like him confirms that idea.

Distinguishing greed from envy and jealousy Hanna Segal has suggested that in a greedy patient, unlike in an envious one, the damage done to the object is purely incidental. B, till recently, was not at all aware of the pain he caused to his wife. At the moment he is becoming vaguely aware that I might be fed up with him and might terminate his analysis. Like the greedy patient I described in my paper “On Desperate Greed – The Plight of an Object” (1991) he believes that any protest from me is an indication of my meanness. Once again this is referred to in the session I have presented when he said rather rudely that he wished that I would keep quiet. The smallest interpretation of mine is a sign of my stinginess due to which I do not allow him to use my space.

This greed is stimulated by first evacuating everything into the object. His recurring association to a postman highlights this fact. As he often said, “a post man has never to bother about the content of the letters that he delivers. They may contain good or bad news, news of birth and death, of money owed and money lent. He just drops them at your doors and goes away. In his lifetime he may deliver thousands of letters without having to feel anything at all”. The contents of B’s mind were thus my business. This is why perhaps they were so clear to me. I could easily interpret them but, like a postman he would have gone away by then.

Having done so, he is left feeling empty. This emptiness has to be filled by stuffing himself with an actual, material breast without any emotional attachment. One does not have to love a prostitute. In the session the craving for South Indian food came up when he had emptied himself out completely into me. Since this is hardly satisfying, the patient has to go on repeating himself ad infinitum. This is a real danger in his analysis.

Both his previous therapists had been forced to act out. The first one had done so by actually providing a separate room in which he could sleep for ever. This must have signified to B a concrete maternal object of his phantasy. The second therapist had been forced to make sarcastic comments like, “it would take a hundred years to change you”.

I, with all my theoretical understanding, feel that I am not making any headway with him. I have often thought of the utter futility of carrying on with his treatment because he simply cannot hear me.

So far I have described four types of transformations (or lack of them):

1. Transformation that is a conglomeration of lies that masquerades as symbols
2. Transformation (or lack of it) that takes place under the aegis of forefathers
3. Transformation (or the lack of it) in infinite space.
4. Transformation (or the lack of it) in an idealized space.

Now I shall describe transformation that is arrived at by properly going through the depressive position. This example is not from my analytical practice. I have gathered it from years of long talks with a highly regarded Indian Contemporary artist.

To begin with, this Artist experiences himself to be full of perverse, violent phantasies. It must be understood that he does not experience them as perverse or cruel, consciously. For him they are part of his mental makeup. They are so powerful that he is driven to act them out in the real world. He is a homosexual. In these phantasies he enters his maternal object with a view to possess her and become one with her. In identification with her he then desires his father's penis. He runs around town trying to find a man who would give him this penis. The process is not quite so simple even if he picks up a man to sleep with. After having sex with that man he is left with an acute sense of persecution. This I think is because the guilt felt for having appropriated the mother by projective identification and for having deprived her of the father's penis by taking it in him is devastating. He then has dreams, which are actually nightmares, in which he is attacked by superego figures that beat him up with hunters. He calls them, "hunterwallas".

In order to avoid this sense of guilt and persecution he becomes manic and defiant. His fright does not allow him to think or reflect on his mental state. He starts acting out more by picking up different men every evening. This goes on for days during which his despair grows which he has to deny with more manic behaviour. During this time he becomes arrogant and narcissistic believing himself to be a great painter. He

also believes that for this, the whole world admires and loves him. He paints furiously at such times. At first, the painting seems great to him but after a while he feels dissatisfied with it. He has to wipe it out and begin afresh.

The fact is that all this does not work. At heart the depressive despair continues to gnaw at his soul. After a considerable time he feels frustrated and disgusted at his acting out because nothing gets concretely achieved. Finally, he has to stop this manic behaviour and stand in front of the canvas. Into this canvas, with tools of his trade like brushes, colours and canvas itself, he begins to project all his impulses. In order to just describe what he has been going through he has to devise real technical procedure. This forces him to think and reflect. It also helps him to contain a large amount of his destructive impulses.

Once the manic denial and acting out stop, his loving impulses emerge. Simultaneously, his loving internal objects help him out. This does not mean that he stops being a homosexual and starts painting heterosexual relationships. He is now able to come out with what he calls “a painterly solution” to describe what he has been going through. What he has been going through may be perverse and manic but its production on the canvas becomes the symbolic representation of his psychic life.

So far he was going to create figures that he was going to paint. He told me that there are figures inside him that wait to emerge almost pleading to him to let them come out. He in his arrogance was going to produce them himself. It is only when he stops painting that he really begins to paint, he added. This means that he has now spared his real internal objects, allowing them their independent existence. This makes it possible for him to find a substitute and a symbol. The act of painting then becomes an act of reparation. This, in a nutshell, is the basis of great art

Bearing all this in mind I have found it useful to pay attention to (among other things) the concept of space a patient has. This helps us to define a patient's ongoing object relationships with a greater clarity thereby preventing harmful acting out.

Conclusion

In this paper I have discussed five modes of transformations that I have found difficult. I have tried to explain why. In the first two modes I have talked about patients in whom the concept of space in which the self and the object are placed was well defined. Also, a clear distinction was drawn between internal and external spaces. In the next two examples I have discussed patients in whom such a concept was either lost or was highly distorted.

In the last mode I have described the kind of transformation that takes place when an artist goes through a depressive position. This can be called a depressive transformation where both internal and external objects work with the self to form a proper symbol.

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