



## The Unconsciousness of Mental Life

Where do we locate the unconscious? Where and how do we find it in the session? How do we speak to it? What are the necessary conditions of the setting?

# Ideas prevented from becoming conscious: On Freud's unconscious and the theory of psychoanalytic technique

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### ABSTRACT

This contribution to honour the Journal's centenary elaborates the classical view that what is primarily at stake in a psychoanalysis are ideas patients and analysts have that are prevented from becoming conscious. It is argued, drawing on a "bare bones" or parsimonious model of psychoanalytic treatment, that the ideas concerned are mainly the worrying unconscious beliefs patients have about their experience with their analysts. These are ideas saturated with feeling and derived from the internal templates that patients use to respond to current experience, based on ways they have registered experience from the beginning of their lives. Because such ideas are *unconscious*, they cannot be taken as hypotheses until revised. Rather, they are assumed to be facts, knowledge of which, because they generate feelings like anxiety, guilt or shame, is to be avoided and hidden. After introducing the model and discussing two short vignettes from psychoanalytic treatment, the author elaborates the view that recognising which ideas are being prevented from becoming conscious in sessions is the kernel of psychoanalytic therapy.

We have learnt from psycho-analysis that the essence of the process of repression lies, not in putting an end to, in annihilating, *the idea which represents a drive*<sup>1</sup> but in preventing it from becoming conscious. When this happens we say of the idea that it is in a state of being unconscious and we can produce good evidence to show that even when it is unconscious it can produce effects, even including some which finally reach consciousness. (Freud 1915, 166; emphasis added)

In this contribution to honour the Journal's centenary, I will elaborate the classical view, drawing on Freud's words above, that what is primarily at stake in a psychoanalysis are the *ideas* patients and analysts have about each other that are *prevented from becoming conscious*. Drawing on earlier work setting out a "bare bones" or parsimonious model of psychoanalytic treatment (Tuckett 2017, 2019), I argue that the ideas concerned are

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<sup>1</sup>Freud's word was "*triebe*." In the Standard Edition it is translated as "instinct" but the modern preference is for "drive." In fact, the issue goes well beyond translation—including Freud's perspicacious anticipation of the evolution of our knowledge of brain and body functioning.

mainly but not always *the worrying unconscious beliefs our patients have about their experience with us*. They are ideas saturated with feeling which rest, so to speak, on how patients have come to construct or label their experience of events evolving from an internal template for perception and action developed from the beginning of their lives. The importance of the fact that such ideas are *unconscious* is that they cannot be taken as hypotheses until revised first through transformation into words and then thought and investigation. Rather, they are assumed to be facts<sup>2</sup> knowledge of which, because they generate feelings like anxiety, guilt or shame, is to be avoided and hidden.

After introducing the model, I will elaborate my view that recognising which *ideas* are being *prevented from becoming conscious* is the kernel of psychoanalytic therapy. To this effect, I will discuss some short vignettes drawn from two psychoanalytic treatments. They are from everyday sessions except insofar as, because I had to write this paper, to think about their content and to discuss them in presentations to try to communicate an experience which is beyond words, the sessions have inevitably been transformed and elaborated from the original experience.<sup>3</sup>

### A parsimonious model of psychoanalytic treatment

Freud did not invent the unconscious (Ellenberger 1970) but, as the passage he wrote that I set at the head of the paper makes clear, by linking it with the notion that it *contains ideas that are being prevented from becoming conscious*, he differentiated a psychoanalytic unconscious from other versions (e.g. as the area of the mind which is the repository of automatic skills or of processes inherently beyond consciousness). In doing so, he gave us the opportunity to think in a revolutionary way about our mental life and how to transform the problems from which patients suffer.

To my mind, treatment implications follow. First, the task is to identify the specific yet hidden (because unbearable) ideas that lie behind the problematics of patients' lived experience. Second is the challenge of how to bring them, although unwelcome and unwanted, sufficiently to attention to permit patients to be curious enough to reflect on and perhaps revise them. What I call the *parsimonious model* of transference interpretation combines the classical principles of free association, evenly suspended attention and interpretation of resistance and transference in a particular way to achieve those tasks.

Freud's discovery of transference in his attempted treatment of Dora opened up the need to question the causal dynamics that turn patients' experience of being with their analysts into the unpleasant experiences from which they repetitively suffer. My way of thinking about those dynamics is to suppose that current experience is constructed via an internal template a patient has gradually developed since the beginning of their registered experience. Through it they apprehend and respond to the situations in which they

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<sup>2</sup>See Britton (2015) for an incisive elaboration of this view. Of course, in most academic disciplines and also as a consequence of growing understanding of the neuroscience of perception, we learn early that any effort to separate beliefs and facts is contextual and so arbitrary. Nonetheless, we have the two words and their potential is to highlight two different vantage points. In this way, when I refer to ideas, as Freud himself did, I denote mental representations of an "object" of (drive) interest. To me, ideas or beliefs are always hypotheses, more or less well supported. Facts on the other hand refer to "a thing that is known or proved to be true" (Oxford English Dictionary). Recognising that ideas are beliefs is central to the health of each psychoanalysis and to that of the discipline as a whole.

<sup>3</sup>I would like to acknowledge very useful comments made about the clinical material when I presented earlier drafts of this paper to the Australian Psychoanalytic Society Annual Conference, the IJP Centenary Conference in New York and to a candidate clinical seminar group in London. I am especially grateful to Dana Birksted-Breen and Cathy Bronstein for their comments on the cases at different times.

find themselves, including the one with their psychoanalyst. So, when in the Dora case Freud discovered transference, he was taking the first steps towards focusing psychoanalytic therapy on that template. The task became to discover contemporary manifestations of these template models of constructing experience and in this way to allow patient and analyst together to experience and observe the influence of unconscious ideas on their daily lives.

Today, perhaps, particularly thanks to Heimann (1950) and Racker (1953), we know a bit more than Freud did about how we analysts also bring our own template models of responding and understanding to our tasks as analysts. In other words, we know that our experience, stimulated by what our patients make us think and feel, creates countertransference. In doing so, it creates potentially additional sources of information about the unconscious ideas present in the room.

The central point is that in daily practice transference and countertransference *must* either be modified by understanding or be repeated. The dynamics of the situation mean that because patients (and sometimes psychoanalysts) are permanently tending towards mutual enactment (Tuckett et al. 1997), they are always tending to become trapped or enslaved into repetition, by their constructed and habitual “ways of seeing” each other.

If psychoanalysis is to work, therefore, the unconscious template ideas dominating patients’ and analysts’ constructions of the situations they find themselves in *must* be recognised and somehow interrupted. That becomes possible because, after some degree of smaller or larger participation in mutual enactment, analysts have the potential to recognise the dynamics of what is happening to them and to modify their responses. By recognising their repetitions and transforming their experience, they change the position from which they interact in the session. From that stepping point they can then use interpretation to draw attention in an experience-near way to the patient’s experience of them and eventually to the unconscious ideas (the template) dominating that response. At those moments, as I see it, *ideas* about what is happening may for a moment be separated from the *facts* of what is happening, creating a small space in which a patient may find new ways of thinking about the situation with the analyst and what is bringing it about.

From this perspective, the ideas patients have that are *prevented from becoming conscious* are ideas about the transference. For psychoanalysis to work, it is these unconscious ideas, beliefs formed via unconscious internal templates tending to enactment and so inferred from the sessions we have with them, which need first to become manifest as constructions and then to be tolerated and reflected on prior to comment.

What I call a parsimonious model (Tuckett 2017) rests on these dynamic principles. Its purpose is to strip the analyst’s task to its essentials in order to see more clearly what is going on. Within the model, the aim of clinical psychoanalysis is to undertake the triple tasks of experiencing, identifying and communicating, in detail, the unconscious internal templates with which patients experience, think and act on their world insofar as it becomes manifest in sessions. The task is achieved by following four rules of thumb:

1. Create a rigorous “neutral” setting (Tuckett 2011) of free association and evenly suspended attention to allow the templates underlying a patient’s ideas about his or her experience to come to the fore, as far as possible undisturbed by the analyst.

2. Impose a self-denying ordinance on oneself to wait for the outward manifestation of resistance to free association. In principle this resistance may be felt more through the analyst's thoughts and feelings (analysts' recognitions of their own templates in operation) than directly expressed by the patient.<sup>4</sup> I take this attitude to be close to that advocated by Bion (1967) when he argues against preconceptions in his "Notes on Memory and Desire."<sup>5</sup>
3. Once resistance to free association, that is to say some sign of discomfort with their own thoughts, is identifiable and therefore has become an experience that is shared, use interpretation to make the moment of resistance manifest in the here and now—for instance, to the effect "it looks like you have got stuck there and something in your mind is in conflict."
4. At the same time, or as a next step, if the material suggests evidence that the resistance is caused by ideas about the analyst which are being prevented from becoming conscious in the patient's mind, then consider elaborating to make an interpretation that seeks to "designate" the transference. A *designating the transference interpretation*—for example, "I have the impression you think I have become competitive"—is one that aims to draw to patients' attention their unconscious models of their experience of their analysts in the session, conceived as potential evidence of the templates with which they operate in life. It is distinguished from a *constructing the transference interpretation* that aims to help a patient to be aware consciously *how and why* they represent or perhaps treat the analyst (and therefore other "objects" stimulating similar feelings) in the way they do.

## Two vignettes

The two vignettes that follow are everyday examples of psychoanalytic work, selected with little conscious intent. They may be hard to comprehend, particularly as the task of showing the analyst's mental processes when waiting for "ideas prevented from consciousness" to emerge is a strange thing to try to describe via conscious processes. It is at odds with the subtle and uncertain process I am trying to describe as clearly as possible (see also Bion 1967, 120 et seq; Widlocher 1994; Bion Talamo 1997).<sup>6</sup> And there are also inherent problems in the presentation and "discussion" of psychoanalytic clinical material (Tuckett 1993).

## Andrew

Andrew is an unusual and highly educated and intellectually sophisticated man who has found it hard to find a settled position in life, partly due to ambivalence towards the task and partly, I think, because of the struggles he has to manage his thoughts. He has fought to sustain a mutually committed relationship, to hold down a job appropriate to his

<sup>4</sup>See, for example, Sandler (1976).

<sup>5</sup>See Bion Talamo (1997) for an elaboration of the connections between Bion's admonition and Freud's view.

<sup>6</sup>This type of problem has always been present in Bion's work since *Second Thoughts* in which he states that "the matter treated by psychoanalysis is such that it does not allow the use of any form of communication that can provide for the needs of a problem in moments in which the problem itself is absent" (Bion Talamo 1981, 624; translated from the Italian).

abilities and to solve the problems of housing. For the three years I have known him, which were punctuated by a four-month break to take a job a long way away, he has been working at his relationship with his partner. The two of them were faced not only with the issues of relating to each other but also with a host of financial, housing, work, health and geographical issues.

The same practical difficulties challenged him in the psychoanalysis. But Andrew took to it seriously. He uses the sessions to free associate for long periods, often also reflecting intensively on his experience after sessions.

In the sessions I will describe, things are particularly unstable. He had been complaining about lack of commitment and caring from his partner, who had just learned of a health problem. He (and I) were completely unsure where we would all be in relation to each other in September.

On a Monday session one week before my break, he was late for his early morning session, frustrated by trains and complaining about being let down. He was concerned also that he could not find empathy towards his partner's health worries. (I found myself thinking that Mondays, especially, have been getting more like this and that his emotional knowledge of the importance to him of our relationship was bothering him.)

Eventually, he complained that he couldn't associate in his usual way. Throughout he seemed to me to be holding himself in but as close to expressing his depressed and angry temper against an unhelpful but bothersome me and the world as I have ever seen him.

Towards the end of the session he eventually began rigidly but politely complaining that he did not know what use this session was and what he would be taking from it. He fell silent.

I recall that the complaints felt precise in the sense that he was expressing a feeling then and there rather than making a general criticism of me or analysis. I did not take notes after the session except to jot down two points. First, I recorded that towards the end I had said, firmly but with some trepidation, that it seemed to me he was struggling with the idea that I was making him feel in an uncomfortable bad temper and that he was having difficulty complaining directly to me about it [1]. Second, to my surprise, I had later added that I thought he saw me as someone out to interrupt him [2]. I could recall that I linked this to his wider complaint that he feels prevented from finishing things and so can't meet his obligations—wondering if he feels he is promised things which then aren't delivered and that perhaps that had been his experience for a very long time.

I think I chose to note these events because I was struck (a) that making my remarks made me feel unexpectedly that I had put my head up to be shot at and (b) that he had listened apparently with interest, departing with something like a warm farewell.

The next day Andrew arrived and his talk made me feel he was being much more personally curious than usual.

[He talked about books on my shelves, wondered about one called *What Do Psychoanalysts Want* and asked why I had two duplicates of the same book, suggesting to him perhaps I went to bookshops or perhaps had relationships with the author, etc., etc.]

Andrew then mentioned that coming in he had noticed some items lying around in the corridor, stairs and outside my room. He's seen them before. They seem to him to be signs of co-ordination in the house, or perhaps signals or messages to others in it.

[Until now he had shown very little interest in who or what I am personally involved with or what he sees around or who I am with. Although he was aware that he finds frequent partings with his partner difficult, to that point he had said he didn't think he was bothered by feelings prompted by breaks in his analysis.]

Andrew then recounted a fantasy he said he was having.

What if, when I buzz him in to the house, he brought in other people with him. In fact, he is thinking, what if he were to come in with his partner? He would sit in my place and the partner would lie on the couch. "It feels flirtatious," he said. "But actually, my partner is not very flirtatious."

He then began to complain about and regret the lack of flirtatiousness. It led him to a conversation in which his partner was not happy with his attitude to gene editing and the diversion of resources to produce designer babies for the rich. In general, his dismissive attitude was causing offence.

He then changed tone and implied that actually yesterday when they had been together their conversation had been much better—after his session things were unexpectedly good.

Nonetheless, for much of the rest of the day he knew he was angry and slagging people off, on which he elaborated at length. Why doesn't he end his relationship? He is not enthusiastic about it and he can't feel empathy with his partner's worries and illness. He doesn't like himself being like that.

After a longish silence his tone changed. He imagined what might happen if they grow old together. He hasn't really bargained on that. This takes him to his parents and the problems they have because his mother is short-tempered and impatient due to an injury and at precisely the time his father needs someone patient to help him.

Eventually, Andrew began to worry about what it is going to be like to be single at 50, with no settled life. It leads him to express concern about the world and particularly the weather—imagining that in his lifetime summers could be 45 degrees centigrade in London, like in Saudi Arabia. Awful!

*(Around here I had a thought—accompanied by an "encouraging feeling"—that he was alluding to feeling trapped into feeling loss.)*

Eventually, he said that it's strange that today, unlike yesterday, seems different and he can free associate. Yesterday, he had thought he could not. But it was eventually a productive conversation.

"I don't think," he then said, "that it was because of what I said or thought. It was what you said."

After a brief silence and some fidgeting, he continued.

I think what was valuable was your idea that I don't finish things because I get angry because I expect someone else to do it for me.

[To me this was his way of expressing my idea that he often feels (i.e. thinks) I am interrupting him.]

Actually, that seems important—it's a crucial thing for me ...

Well, I think there was an "other thing" you said—I noted it down after and I was supposed to have read that note on the train this morning but left it behind.

He then began intensely yawning and stretching, falling briefly silent—apparently resistant to further association.

I recall a brief sense of anxiety, perhaps that some “progress” was going to be reversed. He remained uncomfortable and his hesitation continued.

I said I wondered (expressing it as a question), if he was now silent because *his thoughts* were making him uncomfortable. Was he was becoming angry and resentful towards me now because I leave him to get on with it? [3].

I now think what happened here had stumbled into being an enactment on my part. Although my intention was simply to bring a moment of resistance to his attention, I did not leave it at that and instead made a construction—explaining why I thought he was uncomfortable. It led to what I recall as a frustratingly progressive mismatch of suspicious noncommunication, yawning and fidgeting, but at the time I saw this as “resistance” to my interpretation. Although I made several attempts to “recover” the situation (in effect by repeating myself), I was now operating with what in retrospect I think was an overvalued idea (Bion 1967).

My discomfort and use of construction made me curious.

The next session was now the third and last of the week. Andrew began it by complaining about what would be the rest of his day, about being excited to meet someone he wasn't sure would be at the meeting to which he was going, about getting up early to make sure he made the session but then being unsure about train times, his dissatisfaction with his partner and then, at some length, the opening scene from a film in which he said “you can see” what happens comes from annoyance. In the film there is a psychopath who sees people preoccupied with their mobile phones on the tube, which causes him to shoot them.

Andrew went on to talk hesitantly about what he called the mobile phone mindlessness he observed on the train. People were texting each other. People on the tube spend their time looking at their phones as if they transfer their minds from where they are into their phones. An analogy between phones and mosquitos came to his mind. One mixes minds, the other the blood of people. Mosquitos transfer his blood into mine and, in some places, this is highly dangerous. Tics are transferred with crazy diseases.

Pausing, he says, “I am just very frustrated with this relationship.” (Consciously he means with his partner.) He went on to talk about a phone conference with a colleague in which he felt increasingly angry but wanted to end without showing it. His life is being thrown away by people not engaging, cuts, a spy, a poisoner ...

A poisoner is a great image he thinks for romantic relationships. Worrying the other person is poisoning the other person, he thinks, adding with pathos that perhaps it's not a suitable thought for all relationships but does apply to his.

Andrew had kept up talking freely in this way for fully 15 minutes. But he now began to run out of words and to get hesitant and ruminate. “It's not functional to be confrontational though,” he said, before being silent.

This material was also disturbing with an under-the-skin quality. I “felt” he might be starting to represent unconscious ideas about how disturbed he was by what was going on between us and he had stopped when made too anxious to elaborate.

This time I restricted myself to pointing that out. I said only that he now seemed to have become uncomfortable with his thoughts.

After a pause I added that perhaps it was making him feel sad and a bit lost [4].

He listened and there was more in the session and subsequently to suggest this was useful. As he left at the end, he looked back and said “thank you” in a direct and very genuine and appealing way that he had never shown before.

From the vantage point of when I took the notes, I think Andrew was beginning to represent unconscious ideas about what was at stake between us—sessions filled him with primitive, hard to tolerate, confused feelings and thoughts, as did his relationships.

## **Monica**

Monica is a gifted and intelligent young woman who is both isolated from and very involved with her mother. Her childhood was in some ways privileged but marked by severe difficulties between her parents and her father’s absences, moods and temper. She was also not protected from severe mental and physical disturbance in the wider family which, as it soon emerged in the analysis, included some limited sexual abuse from an older disturbed relative long before puberty. She is and was an avid reader and keen musician. When she arrived, she seemed determined to have analysis and although only able to afford one session per week for the first few months indicated that thereafter a combination of work and family assistance would make a full analysis possible. I agreed to start once a week and review in six months. Full psychoanalysis five times a week began eight months later, apparently supported by her family and a new job.

Although enthusiasm remained unbounded, Monica soon found herself inhibited and frightened in sessions. Things would happen. Unexpectedly she found herself in impossible “situations”—employers and others let her down, things happened with a partner, landlords and friends, there were accidents which could not have been caused by her, strange physical symptoms flared up causing brief hospitalisation, things happened to her family—the latter undermining her finances and threatening her plans to train as an analyst as well as to pay for analysis. We reduced the sessions, agreed credit and halved the fee.

A crisis became apparent in the first session after a break, by now 14 months after we had first started. Previously she had treated breaks with enthusiasm, but in this session she reported the sudden and unexpected arrival of incompatible commitments or wishes to commit. On a trip home she had realised how much better things were because of her analysis and was sad about the break from it—in particular, she had been able to go to sleep for the first time in a room with significant and terrifying associations. However, it soon emerged she had simultaneously acted out multiple incompatible instant resolutions of her career, housing and analysis decisions. Eventually, it became painfully apparent that for a while at least she must concentrate her resources on a plan to upgrade her employment prospects and to do so both abandon an unrealistic housing investment “opportunity” and stop the analysis. More broadly, she could face a little bit how for years her plausibly enthusiastic and optimistic, but entirely unrealistic way of approaching her economic, psychological and social situation was deeply manic.

This session took place three months after the break which precipitated realisation, shortly before the date we had agreed to stop.

In the session Monica began with a dream—she was in her home town and then, somehow, she’s in a bisexual situation in a bed. (No more details.) The scene shifted to

several people playing cards at a table. (No more details.) Then she felt utterly claustrophobic and stuck in a sort of stickiness so that she couldn't move. She struggled to stand up but she was in a very small space. She was then reading books and looking at bookshelves.

She was silent, giving no further details.

(When I heard the dream, I found myself with an image of the card players in Cezanne's paintings. I realised later there are in fact several versions with two or three male players, but at the time I think I "saw" three or four. As well as with bodily sexual undertones, the stuckness/stickiness evoked another image for me which was a frightening [but ultimately trivial] experience I once had for a few hours when my balance system was so disturbed that if I moved a fraction I felt horribly sick.)

Eventually, Monica said the dream was very real and hard to come out from. She fell silent again.

*(I "notice" the walls of my room covered in books and recall that Monica comforted herself during a lonely childhood with a lot of reading in multiple languages. I then realise that it seems I am having associations but she is not. I sit back.)*

Under pressure of the silence, Monica eventually offers, in a forced way, some rather obsessional details to which I did not resonate.

She fell silent again and we sit in silence for a while.

*(Eventually the situation as stuck and sticky becomes my preoccupation.)*

I comment that she now seems stuck inside with thoughts—unable to elaborate them, as she was stuck in her dream [1].

Pausing, I add that I sensed when she was telling me her dream she had seemed stuck too and unable to make any lively connections to other meanings, events, memories or wishes, such as with whom she might want to have sex and how she might want to do it [2].

After a short while, Monica said yes, she is shocked by her passivity—somehow having ideas applies to others but not her.

But her voice had in fact changed.

She was now more contemplative and somehow more mature and less hidden in naiveté. She recognises this stuckness happens to her thoughts ... it's not only here ... She provides examples but then again falls silent.

I say, "It seems like your dream and thoughts now really *must* belong to someone else. Is it not safe here with me for them to be yours to think with?" [3].

Monica responded brightly. She does keep her thoughts very controlled and she elaborated that she sees "clearly what you show me. How my mind operates. How I keep things apart." Etc.

(At this moment I think no inter-penetration then, which makes me recall the uncertainty she seems to have about her sexual preference and her past tendency either to be captured by passivity or to become manic—leading to situations where she doesn't think and fits in at risk of exploitation.)

Monica seems to have relaxed now.

She goes on to say, at some length, that she has got to another chapter in her book about therapy stories that she has been reading and telling me about. This chapter is about sex. It's about a man who went for help because he could not get an erection. He had no dreams and no thoughts in his sessions. The therapist reported how he felt

very controlled and restricted being with this patient. Also, how he was very frustrated by his patient—how his thinking was very frustrated.

Actually, Monica says in a livelier way, she remembers that on the way here this morning she was thinking about this story. She wonders if I have the same experience as the therapist with her. She knows she has lots of thoughts or dreams but that when she talks or thinks it's always very literal and distant and she's frustrated that she cannot change it. She feels not connected.

She falls silent.

I say, "It looks like you haven't been able to commit now to the thought that you are wondering if you might be making me frustrated—but the consequences of that way of thinking about me might have something to do with the intense anxiety you feel about knowing such thoughts" [4].

Monica went on to loosen up considerably and to tell me that in the past week she has found she has been both more curious and somehow more excited about sex, detailing fantasies involving men and women. She also mentioned that she had lost a lot of weight and was eating more straightforwardly for the last few months. It led on to associations about sexual fantasies and incidents (she had forgotten) of memory blackouts when she had ended up in dangerous situations. The session made some sense of Monica's tendency to get unknowingly, via a kind of manic gambling, into impossible situations and opened a line of understanding which was to help her terminate her analysis in a productive way.

## Proposal

So, how do I propose that "ideas prevented from being conscious" appear in the sessions? A starting point is that both patients arrived at their sessions and began to associate.

## Monica

Monica's session begins with thoughts about a dream with several elements. I get the impression (as she recounts her dream) that I am being given a series of rather minimally described and ambiguous scenes. I note to myself that the account conveys a powerful sense that the stuck and sticky experience with which the account ended seemed present now. Her later associations, as I heard them, seemed to enact being stuck. I sensed a progressive manifestation of inhibition and resistance to free association—both in the punctuated silences and in the restricted nature of what she says.

In contrast, ideas were appearing in *my* mind.

Although I might have tried to prompt her more or use the several strands of meaning that floated through my mind to stimulate her—such as by offering what I call "translations" of meaning (what you have been saying, i.e. *x*, means *y*)—I chose to desist and to allow matters to continue, experiencing images and feelings in my mind.

Eventually the fact that she was stuck, it seemed to me, became quite obvious to us both. Its branching meanings suggested a candidate *selected fact*. However, in contrast to the intervention I described with Andrew, here I started with the phenomenon I think we shared and left its understanding open.

Understood theoretically within the parsimonious model, images stimulated by unconscious “ideas” are coming into the session via Monica’s experience of lying on the couch and also through my own associations (ideas, dreams and narrative images) stimulated in the presence of an analyst trying to adopt neutral curiosity and evenly suspended attention.

Associations stutter and break down so the analyst makes an interpretation, picking out that she feels “stuck” *inside with thoughts*, just as she represented in her dream, and, implicitly, shows via her inhibited talk [1]. (Although her dream images implied potentially very lively connections, they seem to be being prevented.) The interpretation is designed to make conscious between us that it is her thoughts that are being hidden—resisted due to the feelings they are stirring up. In the language of the parsimonious model, the comment is made “inside the window,” in the sense that the analyst treats the dream thoughts and subsequent experience as actually happening and being represented now. The cause of the experience is two people being together now. The next interpretation, after a pause, aims to designate the [transference-based] resistance by pointing out that she is having trouble with letting the thoughts emerge between us, offering the idea that anxiety about how she conducts herself may be at issue.

The interpretation re-established association a little but still in a rather stuck way.

The next interpretation [3] directly addresses Monica’s apparent need to distance herself from thoughts that might emerge. After it she relaxes somewhat, is able to acknowledge her active passivity and associates more freely and with detail, including a story. But then, again, she hesitates. Bearing in mind that this story is what has emerged after difficulty and now the difficulty has come back, I explicitly designate the transference resistance linking her hesitation to her intense anxiety now and suggest it is caused by an unconscious image of the analyst behind her—someone frustrated by her and so frightening. This interpretation produces a very different associational sequence, the recovery of memories and information about a central clinical fact in this analysis—memory blackouts around sexuality. Discretion prevents me offering further detail.

For Monica’s analysis, now over, the session described and later working through and reflection was significant. It brought out the intensity of her difficulty allowing thoughts and wishes towards others as well as their thoughts and wishes about her to become conscious. The difficulty seemed to lie behind her manic acting out, memory gaps, “blackouts” and, I think, repetitive enactments of impossibilities in her situation that she could not work through.

### **Andrew**

Andrew’s session also begins with a series of associations. But in contrast to Monica, his ideas come without much inhibition and are seemingly full of potential, albeit implicit, unconscious meaning—specifically, different ideas about the unconscious meaning to him of being with me and my being with him.

In session 2, for example, he recounts a fantasy he was just having about sitting in my seat and then switches to a complaint about someone not being very flirtatious. Complaining led him to a conversation where someone doesn’t like his dismissive attitudes. His tone shifts and his thoughts move to his frustration with his partner, before saying that their relationship was somehow much better notwithstanding his underlying anger and

complaining. He then begins to worry about his lack of empathy and becomes silent before wondering how his relationship will last over time. This takes him to worries about people growing old and being dependent on each other and to an aspect of his own predicament which is central to his being in analysis but which he rarely mentions—his future if he continues to stay trapped.

At this point his associations become less fluent as he seemed to acknowledge an interest in how his dissatisfaction with the session of yesterday turned into something productive. He wasn't sure if he knows why, but senses it had to do with something I had said in the session. Trying to think it through led to fidgeting, yawning and stretching himself out on the couch before falling silent.

As his hesitation continued, I somehow became anxious without really recognising or reflecting on it. I then became preoccupied with an overvalued idea.

Prior to my intervention, I think Andrew's associations in this session, stimulated by his experience of the day before, had ranged over a wide area of deep and difficult, if undeveloped, thoughts about his experience with me that evoked too much anxiety to emerge to be tested. He eventually became too anxious to continue.

As analyst, I had very roughly sensed such development. But then, made more anxious about the contact than I appreciated, I "jumped the gun" with construction. Rather than restricting myself parsimoniously to notice the clear and sharable fact that he had begun to suffer conflicting thoughts about his experience, I distanced myself to offer "understanding." In other words, rather than draw attention to his struggle with his thoughts, with ideas prevented from becoming conscious, I translated the content of what I thought his unconscious conflicts were into an idea of my own.

My purpose in presenting the session is to illustrate how the relevant ideas in a session can be prevented from becoming conscious not just by the patient. What I have described is a mutual enactment (Tuckett et al. 1997). In retrospect, I think that the interpretation I noted down from the session before the one I have presented, which he brought back the next day, actually had more meaning and created more disturbance in the transference-countertransference than I realised—not necessarily because of its content but because of our troubled experience of my making it. When I made my initial note about session 1, I sensed something important had happened and was curious. But I had not transformed my sense of anxiety at "putting my head up" to talk about interruption into a full enough recognition of the violence potentially unleashed at doing so. That interpretation, which felt like it was exposing me to danger, had been made firmly and from a rather minimal construction based on much experience. In the next session I backed off, unconsciously.

Andrew's case is ongoing but since that time I have learned that he lives with unconscious ideas about the outcomes of his hidden but violent reactions to perceived breaks in his sense of being loved or cared for in all his relationships.

## Discussion and conclusion

I began with the proposal that what is unconscious in a psychoanalytic session (as indeed in any meeting between persons) are the ideas participants have about each other and particularly what they are doing or want to do with each other, which they prevent themselves from knowing. Unconscious ideas are there all the time, hidden but highly influential.

The essential point, on which in my view, only a psychoanalytic setting of the kind I have described can shed light, is, following Britton (2015), that the unconscious ideas patients possess exert power over their owners because they are taken not as ideas or propositions but as facts. What is felt to be their absolute and unquestionable status can mean that they are experienced as supremely and terrifyingly exciting or anxiety producing.

My view is that I think unconscious ideas emerge and create repetitive experience due to an internally constructed and very likely brain-based system of templates for experiencing and managing the world built up in infancy and constantly adapted. Rapid response to facts, whether on the basis of more automatic or more reflective templates, of course, is an evolutionary adaptation and biologically essential (Solms 2018).

Insofar as patients like Andrew or Monica have unconscious ideas, such that they are obstructed by or frighten or frustrate their analyst, then these ideas are treated not as beliefs but as facts, probably repetitively reinforced facts. Understanding that they are unconscious constructions of belief that can reliably be tested so perhaps they are not facts can be liberating. But for this to happen, the unconscious beliefs in play need to be identified and the consequences (for instance, fear or regret) tolerated, which can be hard. The recognition that such beliefs are constructions rather than facts has to be supported and “worked through” not just via cognitive understandings but by repeated and regular experience of their emerging and then being tolerated in sessions.

My point is that to help patients to become aware of the ideas dominating their lives which they prevent becoming conscious is not a matter of translating conscious into unconscious ideas “out there,” beyond the window (Tuckett 2011). The challenge both parties face in a psychoanalysis is in every session inside the room: how to manage to become curious when knowledge of the ideas being prevented from emergence is precisely what both fear. In the parsimonious model of clinical psychoanalysis that I propose, neither psychoanalyst nor patient can go looking for these ideas consciously, except at the level of agreeing to the purpose of meeting. But if the setting *in the analyst’s mind* is created through evenly suspended attention to associations “inside the window,” then in time, patients will eventually run into ideas they sense to be dangerous. They will then experience and exhibit resistance—not resistance to the analyst or treatment or to the analyst’s ideas or politics or status, as the term has sometimes been used (see Schafer 1973; Tuckett 2003), but resistance to continuing freely to develop ideas present in the session. It is because unconscious ideas must edge towards consciousness in free association that resistance remains for me the primary driver and object of psychoanalytic enquiry, as it was for Freud when he adopted the psychoanalytic method. Resistance, when it emerges, reveals a clinical fact: the existence of transference-based discomfort.

I have set out and tried to illustrate with two vignettes how I think such unconscious content emerged in two patients’ sessions via a process of free association, evenly suspended attention and recognition and interpretation of resistance to free association and its transference meaning. In one example (Monica), it became apparent through associations and the way connections and elaborations to the experience of being with the analyst, conceived in a particular way by Monica with particular attitudes and responses, were being prevented from being known. In the other example (Andrew), this was also the case. But more crucially, in that instance the resistance for a while was

visible in the analyst—causing the transference to be enacted for a while rather than noticed and eventually interpreted.

For psychoanalysts, as I have tried to illustrate, the model proposed means that the heart of technique is twofold. First, to create a neutral setting to experience the process of struggling to become aware of what is prevented from being known, in both parties. Second, insofar as they can form ideas about what is being prevented, gradually to make observations to try to transform unconsciously constructed experience into thought experience. A metaphor for this way of working is throwing stones into a small pond and watching the ripples. If attention and interpretation follow the heuristics of the parsimonious model, then the analyst will seek to take to hand and to propel just one small stone at a time into the water and try to trace out its effects. When there is a large perturbation, he can suppose, as in Andrew's second session, that he has picked up and thrown in much too much. To convey relevant knowledge about what is available to be known to a patient who, until then, *not only does not*, but in a sense *must not* know it, requires the accumulation of shared evidence from an undirected setting of free association and evenly suspended attention, or as I understand it, "working through."

To summarise, my sort of psychoanalysis seeks to identify emerging unconscious thoughts of the kind Freud formulated in the quotation at the head of this paper. In every session patient and analyst stimulate unconscious experiences in each other, some of which become represented as unconscious ideas. When psychoanalysis occurs, these unconscious ideas, underlying the manifest discourse and *by definition* tending to oppose detection, are recognised by the resistances they cause or sometimes via recognition of mutual enactment.

I used Bion's (1962) notion of the "selected fact" together with his idea of the "over-valued idea" to describe my struggles to enquire into my two patients' unconscious ideas (see Britton and Steiner 1994). Bion's thinking draws on an understanding of Freud's four core concepts ("*unconscious*," *free association*, *resistance* and *transference*) much as I have used them. They help me to note and to try to transform through interpretation the unconscious ideas in everyday sessions. Understood and used specifically in the way I have suggested, Freud and Bion's concepts should prove fundamental to the challenge of how, in the coming 100 years, psychoanalysts retain a specific and meaningful definition of the unconscious in their psychoanalytic practice. By discovering and helping patients to transform the ideas they have that exert great influence but which they also prevent from becoming conscious, the templates or transferences that maintain their tendency to repeat can be identified. Although patients may be helped by a variety of psychotherapeutic methods, my view is that the unconscious ideas that comprise their template for experiencing the world cannot emerge to be faced and modified without using the quintessential Freudian parameters I have set out.

### Translations of summary

Pour commémorer le centenaire de la Revue, l'auteur développe la position classique selon laquelle dans une psychanalyse sont principalement en jeu ces idées des patients et des analystes, qui sont empêchées de devenir conscientes. L'auteur, développant et s'appuyant sur un modèle dit «

dépouillé» ou parcimonieux du traitement psychanalytique, soutient que ces idées sont principalement les pensées inconscientes et inquiétantes des patients au sujet de leur expérience avec leurs analystes. Ces idées sont imprégnées de sentiments et proviennent de modèles internes que les patients utilisent pour réagir aux expériences vécues, en fonction de la manière dont ils les ont enregistrées depuis le tout début de leur vie. Parce que ces idées sont inconscientes, elles ne peuvent être postulées comme hypothèses avant d'être révisées. Elles sont plutôt prises comme une réalité dont la connaissance, parce qu'elle engendrerait sentiments d'anxiété, de culpabilité ou de honte, doit être évitée et dissimulée. Après avoir présenté ce modèle dit « dépouillé », ainsi que deux courtes vignettes cliniques, l'auteur présente la vue que l'axe même de la thérapie psychanalytique consiste dans l'identification des idées qui sont empêchées de devenir conscientes.

Dieser Beitrag anlässlich des 100. Jahrestages des *International Journal of Psychoanalysis* geht näher auf die traditionelle Meinung ein, dass es in einer Psychoanalyse in erster Linie um die Ideen der Patienten und Analytiker geht, die nicht bewusst werden dürfen. Es wird auf der Grundlage eines „auf das Wesentliche reduzierten“ bzw. am Sparsamkeitsprinzip orientierten Modells der psychoanalytischen Behandlung argumentiert, dass es sich bei diesen Ideen hauptsächlich um die beunruhigenden unbewussten Überzeugungen handelt, die Patienten von ihrem Erleben mit ihren Analytikern haben. Hierbei handelt es sich um gefühlsgeladene Ideen, die von den inneren Mustern herrühren, die Patienten anwenden, um auf ihr aktuelles Erleben zu reagieren, und zwar auf der Grundlage der Art und Weise, wie sie ihr Erleben ab dem Beginn ihres Lebens registriert haben. Da solche Ideen unbewusst sind, können sie nicht als Hypothesen verstanden werden, bevor sie nicht überdacht wurden. Stattdessen werden sie für Fakten gehalten – und das Wissen um diese Fakten ist zu meiden oder zu verbergen, da sie Gefühle wie Angst, Schuld oder Scham hervorrufen. Nach der Vorstellung des Modells und der Diskussion zweier kurzer Vignetten aus der psychoanalytischen Praxis führt der Autor die Sichtweise weiter aus, dass ein Erkennen, welche vom Bewusstwerden in Sitzungen gehindert werden, das Wesen der psychoanalytischen Therapie ausmacht.

Questo contributo, scritto per celebrare il centenario dell'*International Journal*, discute l'assunto classico per cui al centro di una psicoanalisi sono prima di ogni altra cosa le idee dei pazienti e degli analisti a cui non è dato di raggiungere la soglia della coscienza. Utilizzando qui un modello "ridotto all'osso" o quanto meno parsimonioso del trattamento analitico, L'Autore sostiene che le idee in questione sono soprattutto le inquietanti credenze inconsce che i pazienti hanno circa la loro esperienza con i rispettivi analisti. Si tratta di idee cariche di vissuti emotivi e derivate dai modelli interni che i pazienti utilizzano per rispondere alla loro esperienza attuale basandosi sui diversi modi in cui, fin dalla nascita, essi hanno registrato le loro esperienze. Poiché tali idee sono inconsce, non possono essere trattate come ipotesi finché non vengono rivedute: esse sono invece considerate come fatti la cui conoscenza, nella misura in cui produce sentimenti di ansia, colpa o vergogna, va evitata e nascosta. Dopo avere introdotto il suo modello e discusso due brevi vignette cliniche di trattamenti psicoanalitici, l'Autore procede a spiegare perché, a suo parere, riconoscere quali sono le idee a cui in seduta non viene permesso di diventare consapevoli costituisce il fulcro della terapia psicoanalitica.

En este artículo se elabora la visión clásica de que lo primordial en un psicoanálisis son aquellas ideas que tienen pacientes y analistas que están impedidas de volverse conscientes. A partir de un modelo básico o parsimonioso del tratamiento psicoanalítico, se argumenta que las ideas en cuestión son sobre todo creencias inconscientes preocupantes que tienen los pacientes acerca de su experiencia con el analista. Estas ideas están colmadas de sentimientos y se derivan de patrones internos que usan los pacientes para responder a su experiencia actual, basados en las formas en que han registrado la experiencia desde el comienzo de sus vidas. Estas ideas, al ser inconscientes, no pueden ser tomadas como hipótesis hasta su revisión. Más bien se asume que son realidades, cuyo conocimiento debe ser impedido u ocultado, debido a que generan sentimientos como la angustia, la culpa o la vergüenza. Después de presentar el modelo y analizar dos breves viñetas de un tratamiento psicoanalítico, el autor elabora su visión de que el meollo de la terapia psicoanalítica es el reconocimiento de qué ideas están siendo impedidas de volverse conscientes en la sesión.

## References

- Bion, Wilfrid. R. 1962. *Learning From Experience*. London: Tavistock.
- Bion, Wilfrid. R. 1967. *Second Thoughts*. London: Heinemann.
- Bion Talamo, P. 1981. "PS<->D." *Rivista Psicoanal* 27 (3-4): 622–625.
- Bion Talamo, P. B. 1997. "Bion: A Freudian Innovator." *British of Journal Psychotherapy* 14 (1): 47–59.
- Britton, Ronald. 2015. *Between Mind and Brain: Models of the Mind and Models in the Mind*. London: Karnac.
- Britton, Ronald, and John Steiner. 1994. "Interpretation: Selected Fact or Overvalued Idea?" *The International Journal of Psycho-Analysis* 75: 1069–1078.
- Ellenberger, Henri. 1970. *The Discovery of the Unconscious. The History and Evolution of Dynamic Psychiatry*. New York: Basic Books, Inc.
- Freud, Sigmund. 1915. The Unconscious. The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIV (1914-1916).
- Heimann, Paula. 1950. "On Counter-Transference." *The International Journal of Psycho-Analysis* 31: 81–84.
- Racker, Heinrich. 1953. "A Contribution to the Problem of Counter-Transference<sup>1</sup>." *The International Journal of Psycho-Analysis* 34: 313–324.
- Sandler, J. 1976. "Countertransference and Role-Responsiveness." *International Review of Psycho-Analysis* 3: 43–47.
- Schafer, Roy. 1973. "The Idea of Resistance." *The International Journal of Psycho-Analysis* 54: 259–285.
- Solms, Mark. 2018. "The Neurobiological Underpinnings of Psychoanalytic Theory and Therapy." *Frontiers in Neurobiology*. (In press).
- Tuckett, David. 1993. "Some Thoughts on the Presentation and Discussion of the Clinical Material of Psychoanalysis." *The International Journal of Psycho-Analysis* 74: 1175–1189.
- Tuckett, David, et al. 1997. "Mutual Enactment in the Psychoanalytic Situation. The Perverse Transference and Other Matters." In *Essays in Honor of R. Horacio Etchegoyen*, edited by J. Ahumada, 203–216. New York and London: Jason Aronson.
- Tuckett, David. 2003. Resistance: How do We Think of it in the Twenty-First Century? Panel Presentation at the American Psychoanalytic Association Meeting January 24th 2003. Part Published in Samberg, E. (2004). Resistance: How Do We Think Of It In The Twenty-First Century?. *J. Amer. Psychoanal. Assn.* 52(1): 243–253.
- Tuckett, David. 2011. "Inside and Outside the Window: Some Fundamental Elements in the Theory of Psychoanalytic Technique." *The International Journal of Psycho-Analysis* 92: 1367–1390.
- Tuckett, David. 2017. "Transference and Transference Interpretation Revisited." Pre-published paper for the EPF Congress, The Hague, 2017.
- Tuckett, David. 2019. "Transference and Transference Interpretation Revisited: Why A Parsimonious Model May be Useful." *The International Journal of Psycho-Analysis* 100(5): 852–876.
- Widlocher, Daniel. 1994. "A Case is not a Fact." *The International Journal of Psycho-Analysis* 75: 1233–1244.

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