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ONTOLOGICAL PSYCHOANALYSIS IN CLINICAL PRACTICE

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The author describes and then clinically illustrates what he terms the ontological dimension of psychoanalysis (having to do with coming into being) and the epistemological dimension of psychoanalysis (having to do with coming to know and understand). Neither of these dimensions of psychoanalysis exists in pure form; they are inextricably intertwined. Epistemological psychoanalysis, for which Freud and Klein are the principal architects, involves the work of arriving at understandings of play, dreams, and associations; while ontological psychoanalysis, for which Winnicott and Bion are the principal architects, involves creating conditions in which the patient might become more fully alive and real to him- or herself. The author provides clinical illustrations of the ontological dimension of psychoanalysis in which the process of the patient's coming more fully into being is facilitated by the experiences in which the patient feels recognized for the individual he is and is becoming. This occurs in an analysis in which the analyst and patient invent a form of psychoanalysis that is uniquely their own.

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I conceive of psychoanalysis as a therapeutic process involving two interdependent dimensions: the ontological dimension, which has to do with being and becoming; and the *epistemological dimension*, which has to do with coming to know and understand (Ogden 2019, 2020). Just as the three dimensions of a material object are distinct and yet inseparable from one another, the epistemological and the ontological dimensions of psychoanalysis do not exist in pure form. These dimensions stand in dialectical tension with one another: each creating, preserving, and negating the other, just as the conscious and unconscious mind create, preserve, and negate one another. (The concept of the unconscious mind is meaningless in the absence of the concept of the conscious mind. So too, the concept of ontological psychoanalysis is meaningless in the absence of the concept of epistemological psychoanalysis.)

The ontological dimension of psychoanalysis (coming into being) serves as the matrix within which the epistemological (coming to understand) evolves. In other words, understanding is born of experiencing, but experiencing is not born of understanding. One may come into being in ways that do not involve self-understanding, for instance, in playing, dreaming, writing, and all other creative activities. Understanding oneself feels real only when borne of experiencing.

As will be seen as I clinically illustrate the ontological dimension of psychoanalysis, I make little mention of object relations theory, which addresses the unconscious relationships among different aspects of oneself, a theory that is integral to my conception of analytic theory and practice. Nor do I mention reverie, which is a state of waking dreaming through which I gain a sense of what is occurring unconsciously in the analytic relationship (Ogden 1994, 2004). These aspects of the way I think and work are not the focus of this paper, though they are always critically important to the way I think and practice psychoanalysis. Neither is my focus the dialectic of conscious and unconscious mind. Rather, my interest here is on qualities of aliveness and deadness, realness and unrealness, the core of the self, the soul, if you will, all of which involve a way of being in the analytic setting different from searching for understanding of unconscious meaning (Ogden 1995).

EPISTEMOLOGICAL AND ONTOLOGICAL DIMENSIONS OF PSYCHOANALYSIS

I view Freud and Klein as the principal architects of epistemological psychoanalysis and Winnicott and Bion as the principal architects of ontological psychoanalysis. Freud and Klein are predominantly interested in *the symbolic meaning* of dreams and children's play, while Winnicott and Bion are concerned primarily with *the experience* of playing and dreaming.

A methodology that characterizes epistemological psychoanalysis is the analyst's making verbal interpretations of the leading edge of anxiety in the transference; "Interpretation is at the heart of the Freudian doctrine and technique. Psychoanalysis itself might be defined in terms of it, as the bringing out of the latent meaning" (Laplanche & Pontalis 1973, p. 227).

The analytic process, for both Freud and Klein, centrally involves making the unconscious conscious: "*Wo Es war, soll Ich werden*"/"Where id [it] was, there ego [I] shall be [or shall be becoming]" (Freud 1933, p. 80[1]). Freud and Klein view the inner world as largely unconscious. Freud's (1900, 1933) interest is predominantly in the unconscious meaning of dreams, symptoms, associations, transference, and so on. Klein (1932, 1975) is predominantly interested in the meanings of unconscious phantasy as reflected, for instance, in children's play. But even here, the epistemological and ontological dimensions of psychoanalysis are inseparable. Freud's (1933) notion of the transformation of id into ego is at once a process of coming to understand the unconscious id (it) and a process of coming into being as ego (I).

For both Freud and Klein, the medium in which psychic change occurs is the process of making the repressed unconscious available to preconscious and conscious secondary process thinking and verbal symbolization. A principal goal of epistemological psychoanalysis is that of helping the patient achieve greater understanding of herself, particularly the repressed unconscious, thereby allowing the individual to experience herself and the external object world more realistically and with a greater range and depth of emotion.

[1] Freud [1926] asked that *das Is* and *das Ech* be translated as "simple pronouns" ("*das Es* and *das Ich*," *the I and the it*) to describe our two agencies or provinces instead of giving them orotund Greek names" (p. 195).

Winnicott (1969a) comments on the limits of Freud's conception of psychoanalysis: "it is so difficult for us to believe that Freud has left us to carry on with the researches that his invention of psycho-analysis makes possible, and yet he cannot participate when we make a step forward" (p. 241).

Ontological psychoanalysis, as seen in the work of Winnicott and Bion, is principally concerned not with understanding the unconscious meanings of dreams and play but with playing and dreaming as growth-promoting living experiences that involve the entirety of the psyche-soma. Winnicott (1971a) concisely describes, in his own terms, the difference between the domains of what I call ontological and epistemological psychoanalysis:

> I suggest that in her writings Klein (1932), in so far as she was concerned with play, was concerned almost entirely with the use of play [as a form of symbolization of the child's inner world] ....This is not a criticism of Melanie Klein or of others who have described the use of the child's play in the psychoanalysis of children. It is simply a comment on the possibility that ... the psychoanalyst has been too busy using play content to look at the playing child, and to write about playing as a thing in itself. It is obvious that I am making a significant distinction between the meanings of the noun 'play' and the verbal noun 'playing'. [pp. 39-40]

Here, Winnicott is locating a fundamental difference between epistemological and ontological psychoanalysis. The former is directed at nouns (the symbolic *use of play*) while ontological psychoanalysis is concerned with verbs (the child's *playing*) in which the individual is experiencing the feeling of being alive and real, of coming to life, of becoming more oneself.

Ontological psychoanalysis places far less emphasis on the analyst's interpretations than does epistemological psychoanalysis. Winnicott (1969b) comments:

> It is only in recent years that I have become able to wait and wait for the natural evolution of the transference arising out of the patient's growing trust in the psychoanalytic technique and

setting, and to avoid breaking up this natural process by making interpretations. [p. 86]

He continues this line of thought:

> It appalls me to think how much deep change I have prevented or delayed ... by my personal need to interpret. If only we can wait, the patient arrives at understanding creatively and with immense joy, and I now enjoy this joy more than I used to enjoy the sense of having been clever. [p. 86]

The emphasis here is not on the content of what the patient learns from (his understandings of) the analyst's interpretations. Rather, Winnicott's focus is on the patient's processes of experiencing, the ways he "arrives at understanding creatively and with immense joy," and not on the understanding at which the patient arrives.

Winnicott (1969a) describes work with patients who are not able to be present in their early experience because it was unbearable: "We now find all these matters coming along for revival and correction in the transference relationship, matters which are not so much for interpretation as for experiencing" (p. 242). Winnicott (1971b) makes this claim more broadly in saying, "The person we are trying to help needs a new experience in a specialized setting" (p. 55). And in still other words, he says: "madness that has to be remembered can only be remembered by reliving it" (Winnicott 1965, p. 125).

A principal measure of psychic change in the ontological dimension of psychoanalysis lies in the degree to which the patient comes to experience his very being in a way that feels more fully alive and real, more fully himself. This may occur in the patient's experiencing qualities of being alive that range from the most primitive to the most mature. With regard to early trauma, Winnicott (1969a) is explicit about the limits of the role of understanding: "We now find all these matters coming along for revival and correction in the transference relationship, matters which are not so much for interpretation as for experiencing" (p. 242).

Critical to Winnicott's (1967) practice is his belief that experiences of being recognized by the analyst are pivotal to the analytic process:

> This glimpse of the baby's and the child's seeing the self in the mother's face, and afterwards in a mirror, gives a way of looking

at analysis and at the psychotherapeutic task. Psychotherapy is not making clever and apt interpretations; by and large it is a long-term giving the patient back what the patient brings. It is a complex derivative of the face that reflects what is there to be seen. I like to think of my work this way, and to think that if I do this well enough the patient will find his or her own self, and will be able to exist and to feel real. [p. 117]

Bion's (1967a) contribution to the development of ontological psychoanalysis is reflected in his emphasis on the patient and analyst living together the unknown of the present moment of the analysis. The work of the analyst lies in his ...

> ... intuition of the reality [of what is occurring in the session] with which he must be at one ... .What is "known" about the patient is of no further consequence: it is either false or irrelevant. If it is "known" by patient and analyst, it is obsolete ... .The only point of importance in any session is the unknown. Nothing must be allowed to distract from intuiting that. [p. 136]

Bion, here, shifts the emphasis in psychoanalysis from the understanding of symbolic meaning to *intuiting* the reality "with which he must be at one." Being at one with reality, for both patient and analyst, is to experience the unfolding present moment of the analysis. In the work of intuiting, the analyst must resist the temptation to make use of memory and desire. Memory deals with what "is supposed to have happened" (Bion 1967a, p. 136) and desire is concerned with "what has not yet happened" (p. 136). Memory and desire are distractions from the experience of being alive in the present moment of the session.

Bion's (1967b) view of interpretation is quite different from that of Freud and Klein:

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

In other words, by the time the analyst offers an interpretation of what is occurring in the session, the emotional (experiential) work

associated with that understanding (which facilitates psychic change) has already occurred. Bion is also commenting here on how little he values what "the patient understands." In an analytic session, "understandings must not be allowed to proliferate" (Bion 1967a, p. 137) for they subvert the patient's and the analyst's work of attending to the unknown. During his analysis with Bion, James Grotstein, in response to a comment made by Bion, said: "I understand." Bion impatiently replied, "If you must, circumstand, parastand, or metastand, but *please* try not to understand" (Grotstein personal communication, 1983).

The principal project that runs through the entirety of Bion's opus involves a shift from the study of thoughts to the study of thinking. Bion's (1967a, 1967b, 1970) ideas on thinking ultimately took on a quintessentially ontological form in the concept of *O* (Civitarese 2020), a notation that refers to the origin of everything: being, thinking, dreaming, intuiting, and so on. My understanding of O and K is that a reliance on K (the experience of coming to know) is of value only when it derives from O (the experience of the core of our being). We are fully alive when our knowing is derived from O. Being alive to oneself (O) cannot be derived from knowing (K); but coming to better know and understand (K) may arise from the experience of being alive and real to oneself (O). "The psycho-analytic vertex is O. With this the analyst cannot be identified: he must *be* it" (Bion 1970, p. 27, italics in original). These conceptions of O and K underlie the idea that understanding is borne of experiencing, while experiencing that feels real is not borne of understanding.

Ferenczi's early contributions to the development of the ontological dimension of psychoanalysis, which began in 1925, is better appreciated when viewed from the perspective of the more fully elaborated understandings of Winnicott and Bion that I have discussed. Ferenczi (Ferenczi 1932, 1949; Ferenczi & Rank 1925) held that while Freud insufficiently appreciated the role of experience and overvalued understanding in the analytic process:

> The note of conviction is missing about knowledge acquired in any other way [other than by means of experiencing], no matter how compelling it may be in point of logic. [Ferenczi & Rank 1925, p. 27]

> The technique of interpretation is but one of the means of help in understanding the unconscious mental condition of the patient, and not the aim, or certainly not the chief aim, of the analysis. [Ferenczi & Rank 1925, p. 29]

> *Thus we* [Ferenczi and Rank] *finally come to the point of attributing the chief role in analytic technique to repetition* [experiencing in the analytic relationship] *instead of to remembering* [a cognitive, not an emotional phenomenon]. [1925, p. 4, italics in original]

In these passages, Ferenczi and Rank hold, as do Winnicott and Bion, that understanding (interpretation) in psychoanalysis may follow from experience, but experience does not follow from understanding.

In sum, when I use the term *the ontological dimension of psychoanalysis*, I am referring to a facet of the analytic process having to do with being and becoming more oneself. This evolution of self occurs in the medium of experiences in the analytic setting in which the patient is recognized by the analyst in a way that feels real to the patient. The use of a *technique* (a way of practicing psychoanalysis developed by a branch of one's analytic ancestry) is antithetical to ontological psychoanalysis in that an agreed upon methodology limits spontaneity, which is critical to work in the ontological dimension of the analytic process. I prefer to use the term *style* to refer to the way the analyst has developed his or her own way of being an analyst (Ogden 2007).

CLINICAL ILLUSTRATIONS

I will now offer clinical illustrations of the ontological dimension of psychoanalysis in clinical practice. Each situation I shall describe is specific to a moment in analysis created by a particular analyst and a particular patient and would not occur in an analysis conducted by any other analytic pair. Each analyst with each patient must together *reinvent psychoanalysis* (Ogden 2018, p. 57).

Do I have to draw you a picture?

When I met her in the waiting room for our first meeting, Ms. L appeared to be in her mid- to late-twenties. She was sitting in a chair

reading a magazine, which she continued listlessly to read before looking up at me. As I stood there, I felt as if our roles had been reversed: I was waiting to see her. She lifted her head and looked wearily in my direction as if I were a hotel valet delivering a written message.

Once we were seated in my consulting room, I looked at Ms. L in a way that invited her to begin. She looked expectantly at me.

I said after a bit of silence, "Where should we begin?" She looked at me and said, "I guess I'm supposed to tell you why I've come to see you, what my parents are like, what happened in my childhood. That's the way things work, don't they?"

"I don't know how things work."

"Don't play games with me."

"I don't play games."

"I've been in therapy before. I know you have a way of doing things, so why don't you just tell me what it is."

"I just talk with the person I'm with and see what happens."

"You ask questions, I give answers. Right?"

"I've never thought of it that way."

Scoffing, she turned her head to survey my consulting room. "This is a pretty small place in the basement of a house. Your house?"

"It's where I work."

Ms. L said, "You probably think you're very smart and know how to establish your authority. Is that what you're doing?"

"I get the feeling that you wouldn't mind what I'm up to so long as you understand what it is."

"Yes, that's what I just told you. Do I have to draw you a picture?"

"Would you?"

"Would I what?"

"Draw me a picture."

"Are you serious?"

"I am."

"You have crayons and a coloring book?" she said, seeming curious about this development.

"No, just a pad of paper and a pen or pencil." I rummaged through the contents of the basket next to my chair looking for a pencil or pen and the spiral notebook I keep there. I leaned forward in my chair offering her the notebook and pencil.

She asked, "What are you doing?" as she took the pad and pencil from me.

"I'm inviting you to draw me a picture."

"I have nothing to draw."

"Well, that may be your first drawing. A blank page."

"No, I don't want to draw anything," she said, holding the pad and pencil tightly to her chest, as if I might try to take them away from her.

"That's all right. I like the first drawing."

"What are you talking about?"

"The blank page is like the title page of a book. I'd be intrigued by a book with a blank title page."

"You're talking rubbish."

"I mean what I'm saying."

"This is a waste of time … I did well in school, had friends. In junior high, I couldn't concentrate or stay still in class, they put me in a class for dumb kids where I was bored out of my mind. I felt like I was in a cell without windows or doors."

"Time was endless and the place inescapable."

"That's right." After a very brief pause, she said, "Aren't you going to say something more?"

"I'm thinking."

"What are you thinking?"

"Can't I have any privacy?"

"What are you up to?"

Ms. L placed the notebook on the upper knee of her crossed legs and began to draw. Something in what she drew seemed to catch her interest, which led her to draw a little bit more before tearing the page out of the notebook, crumpling it, and throwing it to the floor next to her.

I said, "Drawing's a very difficult thing to do."

She said quietly, "I don't have anything to draw." She picked up the pad from her knee and again held it tightly to her chest, with her arms crossed over the pad, each hand reaching for the opposite shoulder.

I said, "You began to draw something, but you stopped. I imagine that you feel like that a lot."

"All the time," Ms. L responded.

"Even though it's a terrible feeling, it is real."

"What good does that do me?"

"It's a beginning, even though it doesn't feel that way."

She began to cry. "You're really getting me upset now. I don't need congratulations on having nothing to draw."

"You tried to draw when you felt you had nothing to draw."

"I don't see what good came of it."

"Perhaps you were telling me something about why you've come to see me."

Ms. L was quiet for a while before saying, "Maybe."

In this exchange, Ms. L experienced with me her inarticulate wish to create something that reflected who she was and what she wanted from the work with me, as well as the collapse of that process in its early stages. She was incapable of describing these feeling states in words, so the communication had to be achieved in the form of a series of experiences with me.

I was surprised by much of what I was spontaneously saying and doing with Ms. L, while at the same time feeling that I was creating a form of psychoanalysis for her that seemed new, yet familiar, to me. For much of the session I felt as if I were being carried by the force of an emotional process in which Ms. L and I were creating something together for which neither of us had words. We were making what Seamus Heaney (1980) calls a "raid [on] the inarticulate" (p. 47)—inarticulate meaning coming into being in experience before becoming meaning of a sort that can be known and spoken and understood.

The ontological aspect of psychoanalysis, the aspect having to do with coming into being, was primary in the portion of the session I have described. Ms. L was initially not able to speak to herself, much less to me, about how difficult it was for her to experience herself as real and alive, a person capable of coming to life in a creative way that felt like her own. The communication concerning these matters occurred in the experiences that unfolded in the session. They were experiences in which Ms. L was not able to reduce me to preconceived patterns, experiences in which Ms. L felt unable to draw (to create herself, to come into her own), but nonetheless tried to do so. Toward the end of the exchange, I offered Ms. L a tentative understanding of what had occurred between us. These experiences served as the groundwork upon which self-understanding took root, a partial understanding of why she

came to see me: "Perhaps you were telling me something about why you've come to see me." To which, the patient responded, "Maybe." The entirety of the experience that preceded was necessary for the understanding to feel real to the patient and to me.

You don't know the half of it

Ms. N, a woman in her late fifties, came to her first meeting skeptical of me and of analysis. She said she did not like seeing a psychiatrist because she was not stupid, she knew that psychiatrists are trained to prescribe medications and not for talking with patients. She said: "I've been told that you write but that does not interest me because I know that psychiatrists write just to see themselves in print, an exercise in vanity. I have to be honest with you, I know that the fees therapists are charging are outrageous, and psychiatrists charge more than anyone else." As the session went on, she added: "If I'm going to be completely honest with you, I find your cold windowless waiting room to be an insult to patients. I could see before even meeting you that you don't give much thought to that sort of thing." It was hard for me to take these criticisms seriously. Her tone of voice, the rhythm of her speech, and the expression on her face, led me to feel that the patient was not taking what she said seriously either.

I replied to her criticisms, "You don't know the half of it."

"Go on. You're not serious … are you?"

"Entirely serious."

"Go on … "

Until that point in the session, Ms. N had not quite been looking me in the eye; her gaze went through me as if looking at someone behind me. At this point in the session, her eyes met mine and a slight smile that felt genuine flickered across her face.

In this exchange, I did not respond to the patient either with silence or a question or a bit of understanding concerning feelings that may arise in an initial analytic consultation such as: "Meeting with me must feel like a dangerous thing to do." Instead, my comment, "You don't know the half of it" was a response to a hint of playfulness and humor that I heard in Ms. L's voice and facial expressions which I took as an invitation to play with the caricature she was drawing of me. Her meeting my eyes with hers and her fleeting smile in response to my saying, "You

don't know the half of it," felt alive to me and a good footing with which to begin an analysis.

The humor in my comment was a form of playing. Only later, as I thought about it, did I recognize that I had been commenting on the situation that exists at the outset of every analysis. The patient does not know the half of what is happening, nor do I concerning why the patient has come for analysis, what it will feel like to engage in the analysis, who will the patient and I become as the analysis proceeds, and innumerable other questions.

The moment in the analysis I have described is ontological in nature in that it is all about who the patient was and was becoming; and it was mediated not by understandings but by lived experience in which the patient saw herself reflected in me, recognized by me.

There you are

I met Alex when he was admitted to a long-term analytically oriented inpatient ward for adolescents where I was a staff psychiatrist. Alex was nineteen years old, short and thin, his face expressionless. He had had a psychotic breakdown with auditory hallucinations and paranoia. He spoke in words impossible to understand. He had, from the time he was four or five, had great difficulty with social relationships, even with his parents. He mostly kept to himself in his room. On being admitted to the ward, he hid under the covers of his bed.

I will focus on a particular moment in our work together. Alex and I met five times a week, at first for short periods of time. In the initial months, the sessions were mostly silent, his eyes fixed on the floor. Occasionally, I told Alex what I felt like as I sat with him. As he began to talk, he spoke in a soft, high-pitched voice that seemed other-worldly; what he said seemed to be moving in the direction of a declarative statement or question but trailed off into incoherence. As the months went by, he spoke in sentences that were comprehensible but almost completely devoid of feeling, which gave his speech a bland, monotonous quality.

About eight months into our work, Alex told me in his usual bland way that his father had come to visit the previous day, "God he's ugly."

I replied, "Did you get the name of the guy who just said that?" Alex, surprised by my question, uncharacteristically raised his gaze from the

floor to look at me. This moment in our work remains with me decades later because it marked a step in his beginning to open himself to me. The ontological dimension of this moment involved my recognizing Alex as he was beginning to dare to come into his own as a person with thoughts and feelings. In saying, "Did you get the name of the guy who just said that?" I was in effect saying to him, "There you are" in a way that reflected the fleeting quality of his coming into his own with me.

Bag lunches

Mr. W was a man in his late fifties when he came to see Dr. M, an analytic colleague of mine. He told Dr. M that he had in the past consulted two analysts but had found it difficult to tolerate the "power differential" between him and the analyst and had walked out of his first session on the couch. Mr. W told Dr. M he had been married for thirty years and had two grown children. Mr. W seemed fragile, so Dr. M did not press him to say more about anything he said.

At the end of their first meeting, Dr. M said, "Let's not do analysis. Why don't we just have lunch together; we'll bring bag lunches."

They each brought a bag lunch and talked about anything Mr. W wanted to talk about. He loved art and would tell Dr. M about art exhibits at the local museums and at museums around the country and around the world. He said he and his wife were at their best together at art galleries and museums. She admired his knowledge and taste in art. Dr. M understood what he said about art to be Mr. W's way of speaking about his inner world and the relationships with people who were important to him, but the analyst did not make comments connecting the two realms.

They met once a week for many years. When the weather was good, they sat on a bench in the park. When it rained or was too cold, they sat in the two armchairs in the analyst's consulting room. It was not until they had met for some years that Mr. W began to talk with Dr. M about his current life and his life as a child. He said he was prone to outbursts of anger that frightened his wife and his children, and frightened him as well. It took considerably longer for him to tell the analyst about his older brother's bullying him and his feeling that he was a weakling and not sufficiently masculine which continued to this day. Dr. M let the patient take the lead at every turn in their work together. The patient cried as he spoke about his having hit his older son when he was very

young and his wish that he could undo it. He was then able to talk with his son about his regret that he had behaved in that way.

To my mind, it was the fact that Dr. M invented a form of psychoanalysis that Mr. W was able to use that was most important and most generative for this patient. Understandings followed but could not have occurred in the absence of the experience.

Creating analysis for, and with, Mr. W represented the ontological dimension of psychoanalysis in which the analyst recognized who the patient was and adjusted to him in a way that fostered the patient's coming into being. Understandings concerning the patient's feeling weak and insufficiently masculine came later but were inextricably intertwined with the experience of being recognized and accepted by the analyst.

I was, and continue to be, greatly admiring of the analysis Dr. M created with this patient. I think of it often. It is an analysis I could not have created myself. I wish I could but must accept the fact that no two analysts create analyses with their patients in the same way.

A call in the evening

Mr. V said he came for analysis "to learn more about myself," a vague statement that seemed to me to reflect a feeling that he was either holding secrets or not sufficiently a person to have problems with which to wrestle. It took some months of analysis before he dropped hints regarding the fact that he had been sleeping in the same bed with his ten-year-old daughter for more than a year while his wife slept alone in their bedroom. He paid lip service to being aware that there were problems in this arrangement for both his daughter and his wife. He treated me as if I were his friend, not his analyst, thus attempting to obscure role difference (and symbolic generational difference) between the two of us. I directed him to stop sleeping with his daughter. He subsequently told me he had done so, but I did not trust that he had.

I received a phone call from Mr. V late one evening. "We've got a problem. I'm in a police station. I've been arrested for drunk driving."

I replied without planning, "We don't have a problem, you have a problem."

He was speechless, and then sardonically replied, "Thanks for all your help, Doctor."

In saying what I did to Mr. V, I was spontaneously creating with him an experience that might have an impact far greater than making an interpretive comment such as "You don't like it when you find there are laws you haven't written." In the brief interchange with Mr. V, I was confronting him with the reality of the role difference and generational difference between him and me, and between him and his daughter, as well as the fact that he does not write the laws he is subject to.

The structure of the family in which Mr. V grew up was one in which generational difference was blurred. He told me he was instructed to look after his alcoholic mother while his father disowned any responsibility for the family. The patient, as a child, had been conscripted into a form of pseudo-adulthood he could not manage. It seemed to me that Mr. V had unconsciously gone into analysis with me in hopes of dealing with the ways in which his confusion regarding generational difference and the law of the father, as Lacan calls it, were reflected in his creating an incestuous relationship with his daughter, which seemed to excite him as much as it repelled him.

The intervention I made during the phone call reflected the ontological dimension of the analysis as it was unfolding at that moment. I was telling him that I was not at one with him in the problem he had created for himself by breaking the law. I was drawing a line, marking the difference between the two of us regarding his lack of adherence to laws prohibiting incestuous relationships with children and generational difference between the two of us. Understandings were of no value to this man at the moment I am describing. Communication had to occur in the medium of the experiences we created with one another.

Rats in a metal cage

Mr. T, a man in his thirties, came to his Monday session in the fourth year of analysis looking blanched. His voice trembled as he told me that there were rats in his house. He already had a man from a pest control company set traps and plug holes at points where the man believed the rats had found entry into the house. Despite the traps and other measures, Mr. T could hear the rats scurrying in the ceiling and walls of his bedroom. He spoke in a highly pressured way as he attempted to tell me the whole story at once. He said, "I'm frightened that the rats will get

into my bed while I'm sleeping and bite me. It's like the rats in the metal facemask in *1984*."

I said to him, "You're not frightened, you're terrified."

When I said this to Mr. T, he calmed and was quiet for a bit. My comment could be labelled empathic or understanding, but I did not experience it that way. It reflected my recognition of who the patient was at that moment. My recognizing him conveyed the fact that I knew him at a depth; consequently, he was not alone.

I am mentioning this moment in the analysis because it so centrally involves recognizing who the patient was at a critical moment in the analysis. Being frightened is a state in which something is felt to be dangerous and threatening; being terrified is a state of being stricken, paralyzed, as helpless as an infant, facing imminent rape of the core of the self. My statement was ontological in the sense that his feeling recognized was what was of most value to him; it rendered him less alone.

CONCLUDING COMMENT

In the clinical illustrations I have presented, the process of the patient's (and the analyst's) coming more fully into being occurred in the medium of experiences in which the patient felt recognized at a depth by the analyst for the individual he or she was and was becoming. This type of experience took place in the context of analyses in which patient and analyst were creating together an analysis only the two of them could have created. The analyst was not practicing a technique, he was being himself as an analyst, making use of a style he had developed, and was being spontaneous in his work. All of this taken together constitutes the ontological dimension of psychoanalysis.

DISCLAIMER

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