

## On holding and containing, being and dreaming

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*Winnicott's concept of holding and Bion's idea of the container–contained are for each of these analysts among his most important contributions to psychoanalytic thought. In this light, it is ironic that the two sets of ideas are so frequently misunderstood and confused with one another. In this paper, the author delineates what he believes to be the critical aspects of each of these concepts and illustrates the way in which he uses these ideas in his clinical work. Winnicott's holding is seen as an ontological concept that is primarily concerned with being and its relationship to time. Initially the mother safeguards the infant's continuity of being, in part by insulating him from the 'not-me' aspect of time. Maturation entails the infant's gradually internalizing the mother's holding of the continuity of his being over time and emotional flux. By contrast, Bion's container–contained is centrally concerned with the processing (dreaming) of thoughts derived from lived emotional experience. The idea of the container–contained addresses the dynamic interaction of predominantly unconscious thoughts (the contained) and the capacity for dreaming and thinking those thoughts (the container).*

**Keywords:** Winnicott, being, holding, Bion, container, contained, dreaming, time

Winnicott's concept of 'holding' and Bion's idea of the 'container–contained'—though often used interchangeably in the psychoanalytic literature—to my mind, each addresses quite different aspects of the same human experience and involves its own distinctive form of analytic thinking. To blur the distinction between the two concepts is to risk missing what is most original and most important to the psychoanalytic perspectives created by Winnicott and Bion.

I believe that the confusion regarding the concepts of holding and the container–contained derives, to a considerable degree, from Bion's penchant for using words in a way that invents them anew (Ogden, 2004a). In Bion's hands, the word 'container'—with its benign connotations of a stable, sturdy delineating function—becomes a word that denotes the full spectrum of ways of processing experience from the most destructive and deadening to the most creative and growth-promoting.

In this paper, I delineate what I see as the essential features of the concepts of holding and the container–contained and, by juxtaposing the two, illuminate some of the differences between these sets of ideas. Throughout the discussion, it must be borne in mind that the concepts of holding and the container–contained stand not in opposition to one another, but as two vantage points from which to view an emotional experience.

### Part I: Holding

As is the case for almost all of Winnicott's seminal contributions, the idea of holding is a deceptively simple one (Ogden, 2001). The word 'holding', as used by Winnicott,

is strongly evocative of images of a mother tenderly and firmly cradling her infant in her arms, and, when he is in distress, tightly holding him against her chest. Those psychological/physical states of mother and infant are in fact the essential experiential referents for Winnicott's metaphor/concept of holding.

The importance of the impact of maternal holding on the emotional growth of the infant would be disputed by very few psychoanalysts. However, the significance to psychoanalytic theory of Winnicott's concept of holding is far more subtle than this broad statement would suggest. Holding, for Winnicott, is an ontological concept that he uses to explore the specific qualities of the experience of being alive at different developmental stages as well as the changing intrapsychic–interpersonal means by which the sense of continuity of being is sustained over time.

### **Being in the infant's time**

The earliest quality of aliveness generated in the context of a holding experience is aptly termed by Winnicott 'going on being' (1956, p. 303), a phrase that is all verb, devoid of a subject. The phrase manages to convey the feeling of the movement of the experience of being alive at a time before the infant has become a subject. The mother's emotional state entailed in her act of holding the infant in his earliest state of going on being is termed by Winnicott 'primary maternal preoccupation'. As is true of the infant's state of going on being, primary maternal preoccupation is a subjectless state. It must be so because the felt presence of the mother-as-subject would tear the delicate fabric of the infant's going on being. In primary maternal preoccupation, there is no such thing as a mother. The mother 'feel[s] herself into the infant's place' (Winnicott, 1956, p. 304) and in so doing ablates herself not only as the infant experiences her, but also, to a large degree, as she experiences herself. Such a psychological state is 'almost an illness' (p. 302)—'a woman must be healthy in order both to develop this state and to recover from it as the infant releases her' (p. 302).

A principal function of the mother's early psychological and physical holding includes her insulating the infant in his state of going on being from the relentless, unalterable otherness of time. When I speak of the otherness of time, I am referring to the infant's experience of 'man-made time': the time of clocks and calendars, of the four-hour feeding schedule, of day and night, of the mother's and the father's work schedules, of weekends, of the timing of maturational landmarks spelled out in books on infant development, and so on. Time in all of these forms is a human invention (even the idea of day and night) that has nothing to do with the infant's experience; time is other to him at a stage when awareness of the 'not-me' is unbearable and disruptive to his continuity of being.

In her earliest holding of the infant, the mother, at great emotional and physical cost to herself, absorbs the impact of time (e.g. by foregoing the time she needs for sleep, the time she needs for the emotional replenishment that is found in being with someone other than her baby, and the time she needs for making something of her own that is separate from the infant). In effect, the mother's earliest holding involves her entering into the infant's sense of time, thereby transforming for the infant the impact of the otherness of time and creating in its place the illusion of a

world in which time is measured almost entirely in terms of the infant's physical and psychological rhythms. Those rhythms include the rhythms of his need for sleep and for wakefulness, of his need for engagement with others and his need for isolation, the rhythms of hunger and satiation, the rhythms of breathing and heartbeat.

The mother's early holding of the infant represents an abrogation of herself in her unconscious effort to get out of the infant's way. Her unobtrusive presence

provides a setting for the infant's constitution to begin to make itself evident, for the developmental tendencies to start to unfold, and for the infant to experience spontaneous movement and become the owner of the sensations that are appropriate to this early phase of life (Winnicott, 1956, p. 303).

The mother's risking psychosis in providing selfless 'live, human holding' (Winnicott, 1955, p. 147) allows the infant to take his own risk in beginning to come together as a self. That earliest moment of coming together 'is a raw moment; the new individual feels infinitely exposed' (p. 148).

#### *Clinical illustration*

In the following clinical account, the form of holding just described plays a central role.

Ms R startled when I met her in the waiting room for our first session. She said hello without making eye contact, and, in a stiff awkward way, walked from the waiting room into my consulting room. She lay down on the couch without our ever having discussed her using the couch. Ms R turned her head toward the wall (away from me and the little bit of light coming through the closed window blinds). The patient blurted out in clumps of words the fact that she had begun to have panic attacks for which she could find no cause. She told me that she was not able to work or to be a mother to her two adolescent children. Almost in passing, she told me that her mother had died six months earlier—'She was old and sick and it was for the best'.

When I made a comment or asked a question in the early stages of this analysis, the patient startled in the same way she had in the waiting room when we first met. I did not comment on this behaviour and learned quickly to say almost nothing during the sessions. Even the sound of my moving in my chair was experienced by the patient almost as if I had slapped her. It was necessary for me to remain as still and quiet as possible if Ms R was to be able to tolerate being with me. The patient, sensing my stillness (except for the sound and movement of my breathing), relaxed noticeably in the course of the first several sessions and ceased speaking altogether during our meetings for weeks afterwards. I did not experience the need to remain as quiet as I could as the outcome of the patient's tyrannical rule; rather, being with her reminded me of sitting in my younger son's bedroom when he was 3 years old as he fitfully lay in bed trying to fall asleep after having been awoken by a nightmare.

Quite the opposite of feeling put upon by Ms R (or by my son), I felt that my presence was like a soothing balm on a burn. While with the patient during a prolonged period of silence, I recalled that when my son began to be able to relax into sleep his rhythm of breathing and my own became one. In my half-sleeping

state during one of the nights I sat with him, I dreamt dreams in which my wife and children had disappeared. The dreams felt so real that it took me a bit of time on waking to recognize them as dreams.

In retrospect, I believe that during those nights with my son I was unconsciously becoming at one with him, physically and psychologically, breathing his rhythm of breathing, dreaming his fears. The hours spent by his bed remain with me as disturbing, tender experiences. In the session with Ms R, as I recalled that period of sitting with my younger son, a line from a poem by Seamus Heaney came to mind: 'Never closer the whole rest of our lives' (1984, p. 285). I felt that the patient needed of me what my very young son had needed. I was willing to be used in that way by Ms R when she was able to take the risk of drawing on me at such a depth.

In the reverie that included the thoughts about my son and the line from the Heaney poem, I was preconsciously talking to myself about the experience of selfless holding that Ms R needed. It was as much a physical experience (for me and, I believe, for her) as it was a psychological one.

### **The gathering of bits**

As the infant grows, the function of holding changes from that of safeguarding the fabric of the infant's going on being to the holding/sustaining over time of the infant's more object-related ways of being alive. One of these later forms of holding involves the provision of a 'place' (a psychological state) in which the infant (or patient) may gather himself together. Winnicott speaks of:

the very common experience of the patient who proceeds to give every detail of the weekend and feels contented at the end if everything has been said, though the analyst feels that no analytic work has been done. Sometimes we must interpret this as the patient's need to be known in all his bits and pieces by one person, the analyst. To be known means to feel integrated at least in the person of the analyst. This is the ordinary stuff of infant life, and an infant who has had no one person to gather his bits together starts with a handicap in his own self-integrating task, and perhaps he cannot succeed, or at any rate cannot maintain integration with confidence (1945, p. 150).

Here, the earlier, physical/emotional type of holding has given way to metaphorical holding, the provision of a psychological space that depends upon the analyst's being able to tolerate the feeling 'that no analytic work has been done'. Winnicott demonstrates in the way he uses language what he has in mind. In saying, 'Sometimes we must interpret this as the patient's need to be known in all his bits and pieces by one person, the analyst', Winnicott is using the word 'interpret' to mean *not to give verbal interpretations to the patient*, and instead, simply, uninterruptedly to be that human place in which the patient is becoming whole.

This type of holding is most importantly an unobtrusive state of 'coming together in one place' that has both a psychological and a physical dimension. There is a quiet quality of self and of otherness in this state of being in one place that is not a part of the infant's earlier experience of 'going on being' (while held by the mother in her state of primary maternal preoccupation).

### **Internalization of the holding environment**

The experience of transitional phenomena (Winnicott, 1951) as well as the capacity to be alone (1958) might be thought of as facets of the process of the internalization of the maternal function of holding an emotional situation in time. In transitional phenomena, the situation that is being held involves the creation of ‘*illusory experience*’ (1951, p. 231) in which there is a suspension of the question ‘*Did you conceive of this or was it presented to you from without? The important point is that no decision on this point is expected. The question is not to be formulated*’ (pp. 239–40).

Winnicott views this third area of experiencing—the area between fantasy and reality—not simply as the root of symbolism, but as ‘the root of symbolism in time’ (p. 234). Time is coming to bear the mark of the external world that lies outside of the child’s control, while at the same time being an extension of the child’s own bodily and psychological rhythms. When the child’s psychological state (whether as a consequence of constitutional make-up and/or trauma) is such that he cannot tolerate the fear evoked by the absence of his mother, the delicate balance of the sense of simultaneously creating and discovering his objects collapses and is replaced by omnipotent fantasy. The latter not only impedes the development of symbolization and the capacity to recognize and make use of external objects, but also involves a refusal to accept the externality of time. Consequently, the experience of being alive is no longer continuous; rather, it occurs in disconnected bursts: magic is a series of instantaneous phenomena.

The capacity to be alone, like the development of transitional phenomena, involves an internalization of the environmental mother holding a situation in time. The most fundamental experience that underlies the establishment of the capacity to be alone is ‘that of being alone as an infant and small child in the presence of the [environmental] mother’ (1958, p. 30). Here, it is the function of the mother as holding environment (as opposed to the mother as holding object) that is in the process of being taken over by the infant or child. This development should not be confused with the achievement of object constancy or object permanence, both of which involve the formation of stable mental representations of the mother as object. Winnicott, in describing the development of the capacity to be alone, is addressing something more subtle: the taking over of the function of the maternal holding environment in the form of a child’s creating the matrix of his mind, an internal holding environment.

### **Depressive position holding**

The nature of Winnicott’s concept of holding that has been implicit in the forms of holding that I have discussed thus far might be thought of as emotional precursors of the depressive position as Winnicott conceives of it. For Winnicott (1954), the depressive position involves one’s holding for oneself an emotional situation over time. Once the infant has achieved ‘unit status’ (p. 269), he is an individual with an inside and an outside. The feeding situation at this point involves the infant’s or young child’s fear that, in the act of feeding, he is depleting his mother (concretely that he is making a hole in the mother or the breast). (The child has, in fact, been depleting the mother all along as a consequence of the physical and emotional strain

involved in her being pregnant with, giving birth to and caring for him as an infant.) ‘All the while [during the feed and the digestive process that follows] the mother is holding the situation in time’ (p. 269).

During the period of digesting the experience of the feed, the infant or small child is doing the psychological work of recognizing the toll that his (literal and metaphorical) feed is taking on his (now increasingly separate) mother. ‘This [psychic] working-through [of his feeling of having damaged his mother] takes time and the infant can only await the outcome [in a psychological state in which he is], passively surrendered to what is going on inside’ (p. 269).

Eventually, if the infant or child has been able to do this psychological work, and if the mother has been able to hold the situation over time, the infant produces a metaphorical (and sometimes also an actual) bowel movement. An infant or a child whose gift is recognized and received by his mother ‘is now in a position to do something about that [fantasied] hole, the hole in the breast or body [of the mother] ... The gift gesture may reach to the hole, if the mother plays her part [by holding the situation in time, recognizing the gift as a reparative gesture, and accepting it as such]’ (p. 270).

Depressive position holding involves the mother’s recognition of the infant’s ‘unit status’ (his coming into being as a separate person), her being able to tolerate her separateness from him, and psychically to hold (to live with) the truth of her infant’s and her own changing status in relation to one another. She is no longer his entire world, and there is great pain (and also relief) for her in that loss. The emotional situation is creatively destructive in that the infant risks destroying the mother (by making a hole in her) in the act of taking from her what he needs to be able eventually to feed himself (i.e. to become a person separate from her).

In depressive position holding, the child is becoming a subject in his own right in the context of a sense of time that is more fully other to himself. The child recognizes that he cannot move people faster than they will move of their own accord nor can he shrink the time during which he must wait for what he needs or wants. Depressive position holding sustains the individual’s experience of a form of being that is continuously transforming itself—an experience of remaining oneself over time and emotional flux in the act of becoming oneself in a form previously unknown, but somehow vaguely sensed.

## **Part II: The container–contained**

As is true of Winnicott’s *holding*, Bion’s (1962a, 1962b, 1970) *container–contained* is intimately linked with what is most important to his contribution to psychoanalysis. The idea of the container–contained addresses not what we think, but the way we think, that is, how we process lived experience and what occurs psychically when we are unable to do psychological work with that experience.

### **The psychoanalytic function of the personality**

Fundamental to Bion’s thinking, and a foundation stone for his concept of the container–contained, is an idea rarely addressed in discussions of his work: ‘the

psycho-analytic function of the personality' (1962a, p. 89). In introducing this term, Bion is suggesting that the human personality is constitutionally equipped with the potential for a set of mental operations that serves the function of doing conscious and unconscious psychological work on emotional experience (a process that issues in psychic growth). Moreover, by calling these mental operations 'psycho-analytic', Bion is indicating that this psychological work is achieved by means of that form of thinking that is definitive of psychoanalysis, that is, the viewing of experience simultaneously from the vantage points of the conscious and unconscious mind. The quintessential manifestation of the psychoanalytic function of the personality is the experience of dreaming. Dreaming involves a form of psychological work in which there takes place a generative conversation between preconscious aspects of the mind and disturbing thoughts, feelings and fantasies that are precluded from, yet pressing towards conscious awareness (the dynamic unconscious). This is so of every human being who has achieved the differentiation of the conscious and unconscious mind regardless of the epoch in which he is living or the circumstances of his life.

From one perspective, Bion's proposal of a psychoanalytic function of the personality is startling. Could he really mean that the personality system of human beings as self-conscious subjects is somehow designed to perform the functions described by a late-19th/early-20th-century model of the mind? The answer, surprisingly, is yes: for Bion (1970), psychoanalysis before Freud was a thought without a thinker, a thought awaiting a thinker to conceive it as a thought. What we call psychoanalysis is an idea that happened to be thought by Freud, but had been true of the human psyche for millennia prior to Freud's 'discovery' (Bion, 1970; Ogden, 2003a).<sup>1</sup>

### Dream-thoughts and dreaming

In order to locate Bion's concept of the container-contained in relation to the larger body of his thinking, it is necessary to understand his conception of the role of dreaming in psychological life (see Ogden, 2003b, for a clinical and theoretical discussion of Bion's conception of dreaming). For Bion, dreaming occurs both during sleep and waking life: 'Freud [1933] says Aristotle states that a dream is the way the mind works in sleep: *I say it is the way it works when awake*' (Bion, 1959a, p. 43). Dream-thought is an unconscious thought generated in response to lived emotional experience and constitutes the impetus for the work of dreaming, that is, the impetus for doing unconscious psychological work with unconscious thought derived from lived emotional experience.

Bion's (1962a) conception of the work of dreaming is the opposite of Freud's (1900) 'dream-work'. The latter refers to that set of mental operations that serves to disguise unconscious dream-thoughts by such means as condensation and

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<sup>1</sup>I am reminded here of a comment made by Borges regarding proprietorship and chronology of ideas. In a preface to a volume of his poems, Borges wrote, 'If in the following pages there is some successful verse or other, may the reader forgive me the audacity of having written it before him. We are all one; our inconsequential minds are much alike, and circumstances so influence us that it is something of an accident that you are the reader and I the writer—the unsure, ardent writer—of my verses' (1964, p. 269).

displacement. Thus, in derivative/disguised form, unconscious dream-thoughts are made available to consciousness and to secondary-process thinking. By contrast, Bion's work of dreaming is that set of mental operations that allows conscious lived experience to be altered in such a way that it becomes available to the unconscious for psychological work (dreaming). In short, Freud's dream-work allows derivatives of the unconscious to become conscious, while Bion's work of dreaming allows conscious lived experience to become unconscious (i.e. available to the unconscious for the psychological work of generating dream-thoughts and for the dreaming of those thoughts).

### Some tentative definitions

Thus, basic to Bion's thinking is the idea that dreaming is the primary form in which we do unconscious psychological work with our lived experience. This perspective, as will be seen, is integral to the concept of the container–contained. I will begin the discussion of that idea by tentatively defining the container and the contained.

*The 'container' is not a thing, but a process. It is the capacity for the unconscious psychological work of dreaming, operating in concert with the capacity for preconscious dreamlike thinking (reverie), and the capacity for more fully conscious secondary-process thinking.* Though all three of these types of thinking—unconscious dreaming, preconscious reverie and conscious reflection—are involved in the containing function of the mind, Bion views the unconscious work of dreaming as the work that is of primary importance in effecting psychological change and growth. Bion urges the analyst not to be 'prejudiced in favour of a state of mind in which we are when awake [as compared to the state of mind in which we are when asleep]' (1978, p. 134). In other words, for Bion, the state of being awake is vastly overrated.

*The 'contained', like the container, is not a static thing, but a living process that in health is continuously expanding and changing. The term refers to thoughts (in the broadest sense of the word) and feelings that are in the process of being derived from one's lived emotional experience.* While conscious and preconscious thoughts and feelings constitute aspects of the contained, Bion's notion of the contained places primary emphasis on unconscious thoughts.

The most elemental of thoughts constituting the contained are the raw 'sense-impressions related to emotional experience' (1962a, p. 17) which Bion calls 'beta-elements' (p. 8). I have found no better words to describe these nascent thoughts than those used in a poem by Edgar Allan Poe:  $\beta$ -elements might be thought of as 'Unthought-like thoughts that are the souls of thought' (1848, p. 80).<sup>2</sup> These most basic of thoughts—thoughts unlinkable with one another—constitute the sole connection between the mind and one's lived emotional experience in the world of external reality. These unthought-like thoughts ( $\beta$ -elements) are transformed by ' $\alpha$ -function' (an as yet unknown set of mental operations) into elements of experience (' $\alpha$ -elements') that may be linked in the process of dreaming, thinking and remembering.

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<sup>2</sup>I am indebted to Dr Margaret Fulton for drawing my attention to Poe's poem.

### **The lineage of the concept of the container–contained**

Having begun the discussion of the container–contained by defining the container and the contained, I will briefly trace the development of Bion's ideas concerning the interplay of thoughts and thinking, of dream-thoughts and dreaming.

In his earliest psychoanalytic work, *Experiences in groups* (1959b), Bion introduced the idea that thoughts (shared unconscious 'basic assumptions') hold the power to destroy the capacity of a group for thinking. Bion elaborated the idea that thoughts may destroy the capacity for thinking in his essays that are collected in *Second thoughts* (1967), most notably in 'Attacks on linking' (1959c) and 'A theory of thinking' (1962b). There, he introduced the idea that in the beginning (of life and of analysis) it takes two people to think. In stark contrast to Winnicott—who is always the paediatrician—for Bion, his ideas/speculations concerning the psychological events occurring in the mother–infant relationship are merely metaphors—'signs' (1962a, p. 96)—that he finds useful in constructing a 'model' (p. 96) for what occurs at an unconscious level in the analytic relationship.

The metaphoric mother–infant relationship that Bion (1962a, 1962b) proposes is founded upon his own revision of Klein's concept of projective identification: The infant projects into the mother (who, in health, is in a state of reverie) the emotional experience that he is unable to process on his own, given the rudimentary nature of his capacity for  $\alpha$ -function. The mother does the unconscious psychological work of dreaming the infant's unbearable experience and makes it available to him in a form that he is able to utilize in dreaming his own experience.

A mother who is unable to be emotionally available to the infant (a mother incapable of reverie) returns to the infant his intolerable thoughts in a form that is stripped of whatever meaning they had previously held. The infant's projected fears under such circumstances are returned to him as 'nameless dread' (1962a, p. 96). The infant's or child's experience of his mother's inability to contain his projected feeling state is internalized as a form of thinking (more accurately, a reversal of thinking) characterized by attacks on the very process by which meaning is attributed to experience ( $\alpha$ -function) and the linking of dream-thoughts in the process of dreaming and thinking (1959c, 1962a, 1962b).

### **Relocating the centre of psychoanalytic theory and practice**

When the relationship of container (the capacity for dreaming, both while asleep and awake) and contained (unconscious thoughts derived from lived emotional experience) is of 'mutual benefit and without harm to either' (Bion, 1962a, p. 91), growth occurs in both container and contained. With regard to the container, growth involves an enhancement of the capacity for dreaming one's experience, that is, the capacity for doing (predominantly) unconscious psychological work. The expansion of the containing capacity in the analytic setting may take the form of a patient's beginning to remember his dreams to which he and the analyst have associations—associations that feel real and expressive of what is happening unconsciously in the analytic relationship. For another patient, expansion of the capacity for dreaming may be reflected in a diminution of psychosomatic symptomatology or perverse behaviour in conjunction with an increase in the patient's capacity to experience

feelings and be curious about them. For still another patient, enhancement of the containing function may manifest itself in the cessation of repetitive post-traumatic nightmares (which achieve no psychological work (Ogden, 2004b)).

The growth of the contained is reflected in the expansion of the range and depth of thoughts and feelings that one is able to derive from one's emotional experience. This growth involves an increase in the 'penetrability' (1962a, p. 93) of one's thoughts, i.e. a tolerance 'for being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason' (Keats, 1817, quoted by Bion, 1970, p. 125). In other words, the contained grows as it becomes better able to encompass the full complexity of the emotional situation from which it derives. One form of the experience of the growth of the contained involves the patient's finding that a past experience takes on emotional significance that it had not previously held. For example, in the third year of analysis, an analysand felt for the first time that it was odd, and painful, to 'recall' that his parents had not once visited him during his three-month hospitalization following a psychotic break while he was in college. (It could reasonably be argued that the new significance of the remembered event represents the growth, not of the contained, but of the container—the capacity for dreaming the experience. I believe both ways of thinking about the clinical example are valid: in every instance of psychological growth there is growth of both the container and the contained. Moreover, in attempting to differentiate between the container and the contained in clinical practice, I regularly find that the two stand in a reversible figure-ground relationship to one another.)

Under pathological circumstances, the container may become destructive to the contained resulting in a constriction of the range and depth of the thoughts one may think. For instance, the container may drain life from the contained, thus leaving empty husks of what might have become dream-thoughts. For example, pathological containing occurs in analytic work with a patient who renders meaningless the analyst's interventions (the contained) by reflexively responding with comments such as: 'What good does that do me?' or 'Tell me something I don't already know' or 'What psychology book did you get that from?'

Another form of pathological containing occurred in the analysis of a schizophrenic patient that I have previously described (Ogden, 1980). During an early period of that analysis, the patient imitated everything I said and did, not only repeating my words as I spoke them, but also replicating my tone of voice, facial expressions and bodily movements. The effect on me was powerful: the imitation served to strip away feelings of realness and 'I-ness' from virtually every aspect of my mind and body. The patient was subjecting me to a tyrannizing form of containing that caused me to feel that I was losing my mind and body. Later in the analysis, when a healthier form of containing had been achieved, this pathological containing was understood as a replication (imitation) of the patient's unconscious sense of his mother's having taken over his mind and body, leaving him nothing of his own that felt real and alive.

Still another type of pathological containing takes the form of a type of 'dreaming', which, like a cancer, seems to fill the dream-space and the analytic space with images and narratives that are unutilisable for psychological work. Potential

dream-thoughts promiscuously proliferate until they reach the point of drowning the dreamer (and the analyst) in a sea of meaningless images and narratives. ‘Dreams’ generated in this way include ‘dreams’ that feel like a disconnected stream of images; lengthy ‘dreams’ that fill the entire session in a way that powerfully undermines the potential for reverie and reflective thinking; and a flow of ‘dreams’ dreamt in the course of months or years that elicit no meaningful associations on the part of patient or analyst.

Conversely, the contained may overwhelm and destroy the container. For example, a nightmare may be thought of as a dream in which the dream-thought (the contained) is so disturbing that the capacity for dreaming (the container) breaks down and the dreamer awakens in fear (Ogden, 2004b). Similarly, play disruptions represent instances when unconscious thoughts overwhelm the capacity for playing.

Bion’s concept of the container–contained expands the focus of attention in the psychoanalytic setting beyond the exploration of conflict between sets of thoughts and feelings (e.g. love and hate of the oedipal rival; the wish to be at one with one’s mother and the fear of the loss of one’s identity that that would entail; the wish and need to become a separate subject and the fear of the loneliness and isolation that that would involve, and so on). In Bion’s hands, the central concern of psychoanalysis is the dynamic interaction between, on the one hand, thoughts and feelings derived from lived emotional experience (the contained) and, on the other, the capacity for dreaming and thinking those thoughts (the container).

The aim of psychoanalysis from this perspective is not primarily that of facilitating the resolution of unconscious conflict, but facilitating the growth of the container–contained. In other words, the analyst’s task is to create conditions in the analytic setting that will allow for the mutual growth of the container (the capacity for dreaming) and the contained (thoughts/feelings derived from lived experience). As the analysand develops the capacity to generate a fuller range and depth of thoughts and feelings in response to his experience (past and present) and to dream those thoughts (to do unconscious psychological work with them), he no longer needs the analyst’s help in dreaming his experience. The end of an analysis is not measured principally by the extent of resolution of unconscious conflict (which has been brought to life in the transference–countertransference), but by the degree to which the patient is able to dream his lived emotional experience on his own.

In sum, container and contained, in health, are fully dependent on one another: the capacity for dreaming (the container) requires dream-thoughts; and dream-thoughts (the contained) require the capacity for dreaming. Without dream-thoughts one has no lived experience to dream; and, without the capacity for dreaming, one can do no psychological work with one’s emotional experience (and, consequently, one is unable to be alive to that experience).

#### *Clinical illustration*

The following clinical example will serve to illustrate how I use the concept of the container–contained in analytic practice.

Ms N regularly began her daily sessions by telling me in great detail about an incident from the previous day in which she had made use of something I had said in recent sessions. She would then pause, waiting for me to tell her that she had made very good use of the insights she had gained from our analytic work. As the patient waited for me to say my lines, I would feel a form of anger that increased over the course of the years we worked together. Even my anger felt not to be of my own making since the patient was well aware of the maddening effect that her controlling scripting had on me. ‘Scripting’ and ‘feeding me my lines’ were metaphors that Ms N and I had developed to refer to her efforts to expunge her awareness of the separateness of our minds and our lives. The metaphors also referred to the patient’s feeling that her mother had treated her as an extension of herself. Perhaps in an effort to separate from her mother psychologically, the patient developed anorexia nervosa in adolescence; the disorder continued to play an important role in her life from that point onward.

Ms N used shopping as a way of dissipating feelings of emptiness and loneliness. She would engage saleswomen in expensive clothing stores in a form of theatre. The patient directed a scene in which she would try on clothes and the saleswoman would tell her, in a maternal way, how pretty she looked.

In the eighth year of the analysis, Ms N began a session by telling me a dream: *‘I was in a department store that felt cavernous. A tinny voice from the speaker system was giving orders not only to the staff, but also to the customers. There were so many things I wanted to buy. There was a pair of lovely diamond earrings that were displayed in a soft satin-lined box—they looked like two tiny eggs in a bird’s nest. I managed to get out of the store without buying anything’*.

My first impulse was to react to the dream as still another of the patient’s attempts to get me to say my lines or, failing that, to elicit anger-tinged interpretations from me. But there was something subtly different about the dream and the way the patient told it to me. It felt to me that, in the middle of a compulsive repetition of an all too familiar pattern of relatedness, something else obtruded when Ms N described the earrings. Her voice became less sing-song in tone and her speech slowed as if gently placing the two tiny eggs in the bird’s nest. And then, as if that moment of softness had never occurred, Ms N, in a triumphant manner, ‘completed’ the telling of the dream: *‘I managed to get out of the store without buying anything’*. It seemed to me that, in this final comment, there was a pull for me to congratulate the patient on her accomplishment. At the same time, at a more unconscious level, her last statement had the effect of an announcement of her absolute control over the analytic situation, a control that would ensure that she would leave my consulting room no different from the person she was when she entered (having ‘managed to get out without buying anything’).

In the few moments during and just after Ms N’s telling me the dream, I was reminded of having gone shopping with my closest friend, J, a few years after we had graduated from college. The two of us were looking for an engagement ring for him to give to the woman with whom he was living. Neither of us knew the first thing about diamonds—or any other kind of jewellery. This ‘shopping experience’ was one filled with feelings of warmth and closeness, but at the same time I was

aware that there was a way in which I was participating in an event (the process of J's getting married) that I feared would change (or maybe even bring to an end) the friendship as it had existed to that point.

Quite unexpectedly, I found myself asking Ms N, 'Why didn't you buy the earrings that you genuinely found so beautiful?' It took me a few moments to realize that I was speaking in a way that treated her dream as an actual event in the world of external reality. I could hear in my voice that I was not reacting to the provocative aspect of the patient's dream with anger of my own. My question was surprising in still another sense: the things that the patient had bought in the past had never held any symbolic meaning or aesthetic value for her—they were mere props in a transference-countertransference drama enacted with saleswomen and with me.

The combination of my responding to the dream as an actual event and the sound of my voice as I asked Ms N why she had not bought the earrings was not lost to the patient. She paused for almost a minute—which in itself was highly unusual for her—and then responded (as if the dream were an actual event) by saying, 'I don't know. The idea never occurred to me'.

Ms N's long-standing refusal/inability to make use of virtually everything I had to say might be thought of as her use of a form of pathological containing. The 'script' from which I was to read my lines (while she directed the play) was the opposite of a kind of thinking that facilitates unconscious psychological work. Nothing original could come of it; no new thought could be generated. Her pathological containing function to that point had consisted primarily of a form of 'dreaming' in which the patient unconsciously denuded herself of human qualities (which she experienced as frailties) such as appetite for food, sexual desire and the need for genuine emotional relatedness to other people.

In the dream, the pathological containing function had become the contained—the 'tinny' (inhuman) voice from the mechanical 'speaker system' that ordered everyone around. My first impulse had been reflexively to respond to Ms N's dream as if it were no different from any of a hundred other instances in which she had told me a dream that was not a dream. However, the patient's tone of voice in telling me the portion of her dream involving the earrings, as well as the content of the imagery of that part of the dream, reflected the fact that she was beginning to be able to contain (i.e. to genuinely dream her emotional experience) which facilitated my own capacity for preconscious waking dreaming (reverie).

My reverie of shopping with J for an engagement ring served as a new form of containing that was not hostile to the contained, that is, to the patient as I was experiencing her. My reverie experience, which involved feelings of affection, jealousy and fear of loss, might be thought of as a form of my participating in the dreaming of the patient's undreamt dream (Ogden, 2004b), that is, my participating in her dreaming her experience in a non-dehumanizing way.

My reverie had issued in my asking a question in an unplanned way: 'Why didn't you buy the earrings that you genuinely found so beautiful?' This question reflected the fact that I had not simply participated in dreaming the patient's formerly undreamable experience, but had momentarily become a figure in the

dream that the two of us were dreaming in the session. In addition, the tone of voice with which I spoke to Ms N conveyed the fact that a change had taken place in my own way of experiencing (containing) the patient's emotional state. The words that I spontaneously spoke were quite the opposite of a set of 'lines' (empty words) that had been extracted from me. Consequently, they could be given to her. (One cannot give something to someone who is trying to steal the very thing that one would like to give.) It seems to me in retrospect that my 'asking/popping the question' reflected the fact that I was unconsciously, for the first time, able to dream (contain) the germ of a loving oedipal transference-countertransference experience with the patient.

What I gave to Ms N in asking the question consisted of my recognizing that her dreaming was of a new sort: interred in the familiar, unthinking provocation, there was a moment in which Ms N was actually beginning to engage in authentic unconscious psychological work. That work involved an unconscious fantasy of the two of us having beautiful (beloved) babies (the baby birds in the nest) who would be treated with the greatest tenderness and care. (Only in writing this paper did I realize that, in the course of Ms N's telling me her dream, 'tinny' had become 'tiny'.) My response to (containing of) the dream as reflected in my question served to convey a feeling that it may no longer be as necessary for the patient to reflexively dehumanize her emergent, still very fragile feelings of love for me.

### Concluding comments

At its core, Winnicott's holding is a conception of the mother's/analyst's role in safeguarding the continuity of the infant's or child's experience of being and becoming over time. Psychological development is a process in which the infant or child increasingly takes on the mother's function of maintaining the continuity of his experience of being alive. Maturation, from this perspective, entails the development of the infant's or child's capacity to generate and maintain for himself a sense of the continuity of his being over time—time that increasingly reflects a rhythm that is experienced by the infant or child as outside of his control. Common to all forms of holding of the continuity of one's being in time is the sensation-based emotional state of being gently, sturdily wrapped in the arms of the mother. In health, that physical/psychological core of holding remains a constant throughout one's life.

In contrast, Bion's container-contained at every turn involves a dynamic emotional interaction between dream-thoughts (the contained) and the capacity for dreaming (the container). Container and contained are fiercely, muscularly in tension with one another, coexisting in an uneasy state of mutual dependence.

Winnicott's holding and Bion's container-contained represent different analytic vertices from which to view the same analytic experience. Holding is concerned primarily with being and its relationship to time; the container-contained is centrally concerned with the processing (dreaming) of thoughts derived from lived emotional experience. Together they afford 'stereoscopic' depth to the understanding of the emotional experiences that occur in the analytic setting.

## Translations of summary

**Über „Holding“ und „Containing“, Sein und Träumen.** Winnicotts Konzept des Holding und Bions Container-Contained-Modell sind die jeweils wichtigsten Beiträge dieser beiden Analytiker zum psychoanalytischen Denken. So gesehen entbehrt es nicht der Ironie, dass die beiden Ideenkomplexe so häufig missverstanden und miteinander verwechselt werden. In diesem Beitrag legt der Autor die seiner Ansicht nach entscheidenden Aspekte der beiden Konzepte dar und illustriert, wie er seine Überlegungen in seiner klinischen Arbeit anwendet. Winnicotts „Holding“ wird als ein ontologisches Konzept betrachtet, das sich in erster Linie auf das Sein und sein Verhältnis zur Zeit bezieht. Zu Anfang sichert die Mutter die Kontinuität des Seins ihres Babys, und dies gelingt ihr zum Teil dadurch, dass sie den Säugling gegen den „Nicht-Ich“-Aspekt der Zeit abschirmt. Mit der Reifung geht die allmähliche Internalisierung des mütterlichen Holding seines in der Zeit und über alle emotionale Veränderung hinweg kontinuierlichen Seins einher. Im Unterschied dazu betrifft Bions Container-Contained-Modell im wesentlichen die Verarbeitung (das Träumen) von Gedanken, die sich aus gelebter emotionaler Erfahrung herleiten. Das Konzept von Container-Contained erfasst die dynamische Interaktion zwischen Gedanken, die vorwiegend unbewusst sind (dem Inhalt), und der Fähigkeit, diese Gedanken zu träumen und zu denken (dem Container).

**Sobre sostener, contener, existir y soñar.** El concepto de contención (*holding*) de Winnicott y la idea de continente-contenido de Bion son algunas de las más importantes contribuciones al pensamiento psicoanalítico de estos dos autores. Bajo esta luz, es irónico que estas dos ideas se malentiendan y confundan entre sí. En este artículo el autor se refiere a lo que serían los aspectos críticos de cada uno de estos conceptos e ilustra la manera en la que él mismo los usa en su trabajo clínico. Plantea la idea de holding de Winnicott como un concepto ontológico relacionado primordialmente con la existencia y su relación con el tiempo. Al principio la madre salvaguarda la continuidad existencial del niño, en parte aislándole del aspecto “no-yo” del tiempo. Madurar implica la gradual internalización por parte del niño del holding de su continuidad existencial a lo largo del tiempo y del flujo emocional que le proporciona la madre. En cambio el concepto de continente-contenido de Bion está relacionado sobre todo con la elaboración (el soñar) de los pensamientos derivados de la experiencia vivida emocionalmente. La idea de continente-contenido aborda la interacción dinámica entre los pensamientos predominantemente inconscientes (el contenido) y la capacidad de soñar y pensar estos mismos pensamientos (el continente).

**La tenue (*holding*) et la capacité à contenir, l'être et le rêver.** Le concept de *holding* de Winnicott et l'idée de contenant-contenu de Bion représentent pour chacun de ces analystes une de leurs contributions les plus importantes à la pensée psychanalytique. De ce point de vue, on ne peut que souligner l'ironie de la situation consistant à ce que ces deux groupes d'idées soient souvent mal compris, voire confondus l'un avec l'autre. Dans cet article, l'auteur décrit ce qu'il pense être les aspects fondamentaux de chacun de ces concepts et illustre la façon dont il s'en sert dans son travail clinique. Le *holding* de Winnicott est considéré comme un concept ontologique en rapport avant tout avec l'être et sa relation au temps. Initialement la mère sauvegarde la continuité d'être de l'enfant, en partie en l'isolant de l'aspect « non-moi » du temps. La maturation permet à l'enfant d'internaliser progressivement le *holding* de la continuité de son être par la mère à travers le temps et le flux émotionnel. En contraste, le contenant-contenu de Bion se rapporte principalement aux processus (rêver) des pensées issues du vécu émotionnel. L'idée du contenant-contenu concerne d'une part, l'interaction dynamique de pensées essentiellement inconscientes (le contenu), d'autre part la capacité à rêver et à penser ces pensées (le contenant).

**Holding e contenimento, essere e sognare.** Il concetto di *holding* in Winnicott e l'idea bioniana di contenitore-contenuto sono tra i più importanti contributi al pensiero psicoanalitico di questi due autori. Sotto questa luce, è ironico che i due ordini di idee siano fraintesi e confusi tra loro con tanta frequenza. In questo articolo l'autore delinea quelli che egli ritiene siano gli aspetti critici di ognuno di questi concetti, illustrando il modo in cui egli li utilizza nel lavoro clinico. L'*holding* di Winnicott è visto come concetto ontologico concernente soprattutto l'essere e il suo rapporto con il tempo. All'inizio la madre protegge la continuità dell'essere del bambino isolandolo in parte dall'aspetto 'non me' del tempo. La maturazione comporta la graduale interiorizzazione, da parte del bambino, dell'*holding* della continuità del suo essere nei confronti del tempo e del flusso emotivo operato dalla madre. Invece il contenitore-contenuto di Bion riguarda soprattutto l'elaborazione (il processo onirico) dei pensieri derivanti dall'esperienza emotiva vissuta. L'idea di contenitore-contenuto si riferisce all'interazione dinamica di pensieri in prevalenza inconsci (il contenuto) e alla capacità di sognare e di pensare questi pensieri (il contenitore).

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