

## Memorial Meeting for Albert Mason

By David Bell

I first came across Albert maybe fifteen years ago, when he attended a meeting at our Society. Then, just over ten years ago, he invited me out to the West Coast of the States, where we spent a lot of time together and really got to know each other. At that point he was still playing tennis, so we had a game, and shortly after I returned, he sent me an email saying he had noticed my rather weak backhand and that he would be concentrating on that next time! In the same email he told me that there was some good news and bad news. "The bad news was that it had been raining continuously but the good news is... Well I better not tell you as it just might make you too envious!"

This captures something about Albert: a tremendous warmth, love of humour, a kind of big-heartedness combined with a certain determined impishness.

Since then we kept up contact and always met when he was in London. The last time was when he was in London with his wife Jenny. As ever, we swapped stories (he shared my passion for Jewish jokes) and more serious matters. He was brimming with life and very excited by a book he had just read on Keats' Odes, by a very distinguished academic, Helen Vendler. He sent it to me on his return and I have made a start. It is a difficult and very scholarly study that centres on a kind of inner self-reflexiveness of Keats' work; each ode being a reworking of the previous odes, and having contained within it a kind of psychological history of its own writing. One can see how this would appeal to an analyst: very small fragments containing within them, if one looks, not only traces of the whole, but the record of their own historical construction.

I have been reflecting on Albert's work, and how his first life as a young doctor and hypnotist left a powerful mark on him. This is clear in his introduction to a new volume of his papers. Here, on reviewing his career, Albert returns in detail to those heady early days and to the lessons that have stayed with him. And one may wonder why: why did he always go back to it? My answer would be that there is something about those events that left him with a puzzle, a puzzle he never, I think, fully resolved and, I would say, neither have we. But one thing was for sure: Albert was deeply affected by these encounters and he remained preoccupied as to how it could be that two individuals [the analyst and patient] could have such a profound effect upon each other.

I am reminded of Michael Conran's profound remark about that famous picture of Charcot with his hysterical patient. Michael would say, "Whenever I look at that picture I think she is saying to Charcot, 'I will be your patient if you will be my doctor', and he is saying to her, 'And I will be your doctor if you will be my patient'."

I think it is fair to say that that there is a kind of discovery, which is made and proved empirically, over and over again, but which causes a difficulty, as it has no place in our current understandings. As a result, it gets dealt with by being bracketed, put to one side; remaining there as a looming presence, which we acknowledge but don't know what to do with.

This was true of the significance of Wolfgang Kohler's work in psychology. In the 1920s, Kohler conducted experiments with chimpanzees, which showed that they thought things through, making models of their experiences in their minds. Kohler conducted the following experiment: in the chimpanzees' cage he placed sticks that could fit together to make a longer stick. He then placed some bananas just out of reach. A chimp tried to get the banana with the short stick but it would not reach. He then played around with the sticks and eventually put two sticks together to make a longer stick. He then dropped the sticks and clearly thought something through; formed a picture in his mind. He then got two sticks, clicked them together and pushed it through the cage bars to reach the banana. This went completely against everything we understood – everything we had

been taught – about learning in animals, viewed in purely externalist behavioural terms. So, we learned of Kohler's work and then... just put it aside and moved on!

Early in his career, Albert cured a patient of warts with hypnotism, which seems very surprising to us (though we also know that warts have been cured by prayer and being hit very hard with a Bible, so, in a certain way it was not so surprising!). But the next event was different. This patient, whom Albert believed he had cured of warts (a viral condition), turned out not to have had warts at all, but Ichthyosiform Erythrodermia of Brocq, which is a congenital condition. His results were thus very startling indeed, as expressed by the President of the Dermatological Section of the Royal Society of Medicine, Dr. J. Ray Bettley. Bettley wrote in a letter to the British Medical Journal (1952), that Albert's case, "demands a revision of current concepts of the relation between mind and body."

However, when Albert was informed by his esteemed experts that the condition was *congenital* and so could *not* be cured by hypnotism, this seems to have affected him, for his next case failed. He points out that the *subjects* were very willing to believe in the treatment, and were hypnotised easily – so what was the changed factor? Albert decided that it was the lack of belief, not of the subject, but of the hypnotist: himself. For the cure to work it required a *folie à deux*, not a *folie à un*. Elsewhere, in various contributions discussing hypnosis, Albert makes many interesting observations – but of particular significance to him were those patients who claimed that the hypnotism had cured them, when it was clear that it had not.

I have a patient who is about to undergo surgery for a tear in his quadriceps, and the surgeon has explained that, at six months post-op, if you carry out a scan you find that over 60% have re-torn. "But", said the surgeon, "that is not the interesting thing; well over 90% have very good function and are entirely happy with the outcome" (I guess as long as they are not told their muscle is the same as it was pre-op!) Yes, mind and body. 'There is more in heaven and earth than is dreamed of in our philosophy'.

Albert remained fascinated by the neurophysiology of hypnosis. It had been thought that hypnosis prevented pain by preventing the pain sensations getting through to the brain, but this proved false, for the neurotransmission – the affective volleys – was entirely intact. Therefore, it was something else: there was not an absence of pain signals, rather, the higher order functions were being affected. The sensations were getting through; what was lacking was the emotional factor.

When Albert refers to 'cortical evoked potentials', and 'affective volleys', one can really sense the mixture of joy and nostalgia in using these precise technical terms, a nostalgia which I think many of us share. I recall, as a young doctor, talking to patients with very severe pain who had been started on morphine. When I asked if they were still in pain, their response was fascinating, for they would often say something like, "Oh, the pain is still there, doctor, but it's just that it doesn't bother me anymore".

As we know, Albert's continued deep interest in how it is that people affect each other in such profound, and often disturbing, ways took him to analysis and to the work of Klein. Here, in the theory of projective identification, he found a model that could add considerably to our understanding of these strange forms of influence; not only the dramatic events of hypnosis but the subtler forms of 'folie à deux' that involve analyst and patient. He wrote about this quite brilliantly in a paper first published in 1994, which I republished in the Festschrift for Hanna Segal.<sup>1</sup>

I would like to close by discussing, not this work, but another paper that is, I think, less well known, yet which I think merits reading and re-reading: 'The Suffocating Super-ego'<sup>2</sup>. It was written as

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<sup>1</sup> See Mason, A. (1994) 'A Psychoanalyst's Look at a Hypnotist: a Study of *Folie à Deux*'. *Psychoanalysis Quarterly* **63** 641-79, re-published in *Psychoanalysis and Culture: a Kleinian Perspective*. Ed. Bell, D.

<sup>2</sup> Mason, A. (1981) 'The Suffocating Super-ego; psychotic break and claustrophobia', in *Do I Dare Disturb the Universe, A Festschrift for Wilfred Bion*. Ed. Grotstein, J. 139-166.

Albert's contribution to the Festschrift for Bion. Here he explores the dialectic of invasion of the object, and the reciprocal terror of being invaded and controlled. He discusses patients entering and controlling the object with all the various means available to them (and Albert constructs a very fine descriptive phenomenology of these events). He enriches our understanding of the various forms of claustrophobic terror, foregrounding the way in which what starts off as a violent intrusiveness in the patient, through projection becomes the terror of being invaded; for example, by omnipotent eyes that can see everywhere and everything.

In this paper one gets a real sense of Albert the analyst, working with very high levels of disturbance (he mentions almost in passing that one patient jumped out of the window) with a kind of ease. He clearly feels very at home in classical Kleinian metapsychology, which is less popular these days, which, I believe, is to some extent a loss. I was reminded of Hanna Segal describing listening to analysts talking about clinical material, and saying she was reminded of the story of the old woman at a party, hearing young people talking about sex and thinking rather sadly, "Doesn't anyone do it the old-fashioned way?"

Albert also landed me with a fear of anaesthesia, for he describes an anaesthetist who manages his fear of being controlled by becoming the omnipotent god-like figure with the unconscious patients completely at his mercy; the object of his morbid fascination and excitement; complete control of someone else's breathing, of life and death.

Below are two quotations from Albert's paper, that give a sense of its brilliance. He is discussing Klein's description of the relation between sadism and paranoid anxiety. Klein writes:

*"It is not, however, simply a question of converting a given amount of sadism into a corresponding amount of anxiety. The relation is one of content as well..."*

In light of this, Albert writes:

*"The particular aspect of this content which I have observed cannot be described simply... and may be described as omnipotent, omniscient and omnipresent. The common factor is a word 'omni' meaning 'all', thus: all powerful, all knowing, all present. This super ego quality creates a sensation in the mind of being watched by eyes from which nothing can escape. These eyes are cruel, penetrating, inhuman and untiring. They record without mercy, pity, or compassion. They follow relentlessly and judge remorselessly. No escape is possible for there is no place to shelter. Their memory is infinite and their threat is nameless. The punishment when it comes will be swift, poisonous and ruthless. An important effect of the omnipotent superego is the production of feelings of hopelessness which can result in either suicide or psychosis."*

Albert goes on to discuss Poe's 'The Pit and the Pendulum' with great effect. He then brings some really fascinating clinical material. He describes a patient who had been observing a crew on a building site:

*"There were a large group of men who were wearing red metal hats... and were standing around smoking cigarettes, drinking coffee and beer and eating sandwiches. They were also occasionally joking; playing cards... seemed to be having a very good time except for an occasional fight that would break out among them. (Sometimes) they would stop their joking, drinking and eating and do a little work (when they saw the foreman coming). The moment the foreman turned his back and left they went back to their previous behaviour. The foreman wore a silver hat and from time to time would climb a ladder..."*

*Suddenly the entire atmosphere at the building site changed and a hush descended over the whole place. Everyone looked up rather frightenedly to an extreme corner where there was a TV camera... this camera had everyone in its view as it could swivel 360 degrees in all directions... the men immediately stopped their fooling around and stood frozen not knowing what to do. What was most*

*frightening about the camera was its mechanical nature, its inhuman state, and its unknown origin. No one seemed to know who was watching or recording, whose side he was on, what he was looking for, and what it would do. "You couldn't even breathe when it was on" my patient said "without it knowing what you were doing".*

I would have loved to have had the opportunity to discuss with Albert the significance, for all of us, of the new world we live in, where we are under continuous surveillance in the manner that must materialise externally these deepest internal terrors that Albert so richly describes.