



London Conference – 4 June 2016

Chair: John Steiner

Jane Milton discussion of Francesca Hume's paper: ***'Where shall the word be found, where will the word resound?'*** **Absence of resonance and the struggle to find the right register**

In Francesca's beautiful paper she shows how she was alerted to what was happening between her and her patient by the lack of resonance in her conscious counter transference- a seeming lack of the communicative projective identification that we usually expect to experience. The **content** of what her patient was saying often seemed on the surface important, but she, the analyst, found herself not really touched, unable to have feelings and associations in relation to content. She was puzzled by this, and wanted to know and understand more, and this is what has ultimately led her to write a paper about this, that **is itself** in fact very rich and resonant.

As Francesca's work with the patient unfolded, she came to understand that in unconscious phantasy at times her patient had projected herself completely inside her analyst, and was speaking **as if** in a way her analyst might speak. At other times J would seem to have jumped away from this position, and to be as if inside someone, or something, else, again entirely enclosed, shut off, and again producing little resonance in her analyst. Conversations, discussions, even interpretations, could take place, but there was a thin-ness in the room, a pervasive lack of resonance. Francesca describes her eventual understanding of the patient as playing out an unconscious, omnipotent phantasy of getting inside her object's mind, and being able to jump from one mind to another, a state in which she would, as Francesca said, 'never have to feel separate from her object'.

The operation of this omnipotent phantasy in the analysis is movingly set alongside a story from the patient's history. The patient J tells her analyst a story that she says that her family has told **her**- namely that when she was about three her mother was psychotically depressed, and, in a rural area in Greece, away from professional help, mother had to be locked up in a room while relatives looked after the little girl. She is told that she was 'well looked after' 'always in someone's arms' and 'never put down', but was passed around all the time from relative to relative.

Francesca takes from her patient's account of her relative's account some important communication about the sort of predicament her patient J faced in early life (most likely I

assume she faced major difficulties not just at this one point around three, but at other times too), and thus how wholesale her defensive structure might have needed to become, to defend her from both paranoid and depressive anxieties of various kinds caused by her own uncontained feelings and phantasies, loving, hating, terrified, confused and despairing.

I think the image of the soldiers marching across the bridge in 1831 is a very helpful and evocative illustration in this paper. They marched perfectly in step, finally achieving resonant frequency with the material of the bridge- which shattered, plunging them into the river below. Francesca is saying poetically here- look, this patient feels she has good reason to defend herself in such a way that resonance is reduced to a minimum. If she had not stayed largely out of step with her analyst, what catastrophe, in the patient's mind, could have ensued if both analyst and patient really knew about the horrors of her inner world- leading to wreckage of herself and her analyst. The patient felt instinctively that the analytic structure surely could not really contain full knowledge of such a disturbing reality. I want to note here that as well as the frighteningly psychotic mother and violent father, J's phantasies of the primal scene are probably extremely frightening. I wonder for example if the real horror of the rabbit episode is not just unbearable loss, but the idea that mother gets together with the man to arrange for the rabbit/baby to be taken away and eaten?

I want to make just a couple of further points in association to the paper, in relation to the use of the concept of 'omnipotence'. Klein of course considered omnipotence an ordinary part of development. In 1940, before her final idea of the paranoid schizoid and depressive positions was established, she proposed a 'manic position' oscillating with the depressive position. To quote from her 1940 paper 'Mourning and its relation to manic depressive states':

The fluctuations between the depressive and the manic position are an essential part of normal development. The ego is driven by depressive anxieties (anxiety lest the loved objects as well as itself should be destroyed) to build up omnipotent and violent phantasies, partly for the purpose of mastering and controlling the 'bad', dangerous objects, partly in order to save and restore the loved ones.....omnipotence, denial and idealisation, closely bound up with ambivalence, enable the early ego to assert itself to a certain degree against its internal persecutors and against a slavish and perilous dependence upon its loved objects...' (Klein 1940 p.349)

In her last paper, published after her death, 'On the sense of loneliness' Klein explores the relationship between omnipotence and **hope**. She says:

With integration and a growing sense of reality, omnipotence is bound to be lessened, and this again contributes to the pain of integration, for it means a diminished capacity for hope. While there are other sources of hopefulness which derive from the strength of the ego and from trust in oneself and others, an element of omnipotence is always part of it. (Klein 1963 pp 304-5)

In the Melanie Klein archive kept at the Wellcome Library there is additional material connected with Klein's work on the Loneliness paper, where in her unpublished notes and jottings she goes even further in underlining the vital importance of omnipotence as she

saw it. She scribbles various notes to herself. One such memo, typed on a page to itself, reads:

The importance of omnipotence: without it one cannot live. Hope is impossible without omnipotence. If you have not the feeling that you can carry something through, you cannot carry through anything' then another: 'Optimism and the feeling of being able to wait is supported by omnipotence. This need not be omnipotence to such a degree that it falls under the heading of megalomania- it can be of a much more moderate form and degree. But it is part of that feeling "never mind, I shall achieve what I want, I shall preserve my good object, etc."

My final point is also related to hope. Francesca focuses on the omnipotent defences that J herself has to deploy in order to defend herself from real contact with her analyst, contact which the patient fears, it seems, will lead to a catastrophe like the shattered bridge. We might also think more broadly about omnipotent mechanisms that Francesca implies were probably used by people in the child's environment: both possible omnipotent reassurance of the baby, and also self- reassurance among the family, supporting unrealistic and vain hopes in the face of a tragically psychotic mother.

We might imagine the sisters, or aunties, and grandmother, saying to each other: 'It's alright, mother is safely locked away, she can't upset the baby any more'. Look, the baby has forgotten all about it already!' 'The baby is fine, we are all looking after her, we never put her down! Look what a cheerful child she is, we can distract her, we can make her laugh, she'll be fine, she's too young to understand what is happening', and so on. The baby would have imbibed all this and would have needed to fit in with it- the unspoken message would have been that we can't bear to know about how things really are. It wasn't just J's family, we all have to do it- in the face of disaster we usually eventually rally round, get our omnipotent defences going, and try to be hopeful, even when the hope isn't very well founded.

Time will tell as to how much J's desperate omnipotent defences are immovable and will remain very limiting in her life, and how much they can be relinquished. I think Francesca's work is giving her some more solid and realistic reasons for hope that repair can at least partly be achieved.

Klein, M. 1940. 'Mourning and its relation to manic-depressive states' *The Writings of Melanie Klein* Vol 1 London: Hogarth 1984.

Klein, M. 1963 'On the sense of loneliness' *The Writings of Melanie Klein* Vol 1V. London: Hogarth 1984.

Archive C29 from PP/KLE, Melanie Klein (1882-1960) List of papers in the Wellcome Library for the History and Understanding of Medicine, Compiled by Jens Lazarus and Lesley Hall (available via the Wellcome Library).