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ON “BEGINNING” IN ANALYSIS

BY JEREMY ELKINS

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While we speak casually about the beginning of an analysis, we are also aware that there are different senses of beginning in the context of an analysis. Certain differences surrounding the nature of beginning reflect technical-theoretical debates within the field. But in addition and more broadly, the various senses of beginning represent different dimensions of our understanding and experience of analysis. In this essay, I explore some of these dimensions and consider the significance and challenges of “beginnings” throughout the course of analytic work.

Keywords: Beginning, analytic process, beginning phase, opening phase, analytic time, Bion.

CALENDAR TIME

There are many senses in which we may speak of beginning in analysis.

There is, first, the *calendar* sense. This is *beginning* marked according to the ordinary idea of time. It might be thought of as a distinct moment: a certain hour on a certain day. But when? For control cases and perhaps billing, it is the first session after there has been an agreement to begin analysis. For everything else, it is more complicated. Is it that first *analytic* session? Is it the moment of the patient's acceptance of a recommendation to begin an analysis? Is it the first face-to-face meeting between (potential) analyst and patient that may lead to a decision to enter analysis? Or is it before that? It is sometimes said that, for the analyst, the analysis begins at the first phone call. For the patient, it could be said to be the moment when she makes the call to the person who may become her analyst, or perhaps when she has the thought to pursue analysis. If the first phone call leads to an analysis, it could be thought that it was with that call that the analysis began. But what if it does not?; then it will be not true that the analysis started then. Similarly, if the patient were to end treatment after the first face-to-face meeting or even the first meeting after the mutual decision for analysis has been made, it will likely not be said of (or by) the patient that she had a very brief analysis, but that she had none.

So even the calendar *beginning* is, in a sense, a *deferred* beginning---it is a beginning only after the fact. This is not unique to analysis. It is true as well of such things as life, friendships, and marriage. With all of these, only in retrospect can we tell a story of something that we identify as a beginning. And yet the story that we tell---of the nature of the beginning, of the significance of the beginning---is itself shaped by what happens afterward. This is significant, for even with respect to calendar time, which may be regarded as the most *factual* sense of beginning, we are reminded that there is no moment in which it can be said definitively "this is the beginning"; even in calendar time, beginning makes sense only in the trajectory of a larger

process that may or may not come to be. Moreover, in psychoanalysis (although not only in psychoanalysis) this most factual sense of beginning is knowable only in the trajectory of a *psychological* process. The analyst thinks like an analyst in the first phone call, and the analyst may be “the object of the patient’s transference feelings even before his first meeting” (Odgen 1992, p. 227), but neither of these, individually or together, can be said to constitute the beginning of an analysis, though they are part of it. In retrospect, they may be remembered as the beginning of the analysis if there is one, but they themselves may each be the subject of further reflection, whose meaning will be colored by what comes later.

THE BEGINNING PHASE

The character of beginning as a process is more explicit in a second sense in which we speak of beginning: an *opening* or *beginning* phase. The language of *opening* originates with Freud’s well-known analogy between psychoanalysis and chess, in both of which, he remarked, only the openings and endings are sufficiently finite to be the subject of detailed presentation (Freud 1913, p. 123). In that essay, Freud does not speak of a beginning or opening *phase*, although he suggests the benefits of a *trial period* to determine the suitability of the patient for analysis. Elsewhere, however, Freud does refer to two *phases* of an analysis. Adopting now the analogy of a railroad journey, he characterizes the first phase as “compris[ing] all the necessary preparations...before, ticket in hand, one can at last go on to the platform and secure a seat in the train.” (1920, 152) For Freud, these preparations involve “procur[ing] from the patient the necessary information, mak[ing] him familiar with the premises and postulates of psychoanalysis, and unfold[ing] to him a construction of the genesis of his disorder as deduced from the

material.” But if these preparations are necessary for the “possibility...of travelling into a distant country,” Freud goes on, “after all these preliminary exertions one is not yet...a single mile nearer to one's goal. For this to happen one has to make the journey itself from one station to the other, and this part of the performance may well be compared with the second phase of the analysis” (1920, p. 152).

It seems fair to say that few analysts today or, likely, even in the generation immediately after Freud would venture to offer a patient a “construction of the genesis of his disorder” as part of the preparations for an analysis. But the notion that the first phase is “preparatory” to the analysis---or to the *real analysis*---was much more widely held. As to the precise character of this phase and the techniques appropriate to it, there were differences of opinion, but the common understanding was that this phase is needed to bring the patient into a position in which she could engage in the *analytic process* proper. For example, Ernest Rappaport (1960) wrote that because the

average patient, and especially the patient with ego modifications, will need a much longer preparation than the initial interviews can offer...the treatment cannot immediately be analysis *per se*, but will gradually turn into it as the patient's anxiety diminishes and the slightly supportive, encouraging, or promoting activity of the analyst tapers off. [p. 628]

The aim of the preparation phase, according to Rappaport, is the attainment of certain milestones: these include, for the analyst, the ability to “gauge the transference potentials of the new patient” and confidence “that the patient will not stop treatment at any time convenient to him,” and for the patient, “overcom[ing] his panic or acute distress, but still suffer[ing] enough to

be motivated to accept the frustrations inherent in the analytic procedure,” and the beginning of an ability to “alienate himself from the pathological part of his ego” (1960, pp. 631-632).

Gitelson (1962) argued that the “establishment of an effective psycho-analytic situation” in which the “explicit method of [analytic] treatment---systematic interpretation---can come into play” (p.194), requires an initial phase in which the techniques focus on helping the patient “transition from narcissism to object love” (p. 200). This phase, which is “complementary to the anaclitically regressed state of the patient” (p. 200) is, Gitelson suggested, “the precursor of the therapeutic alliance and of the transference neurosis in which analysis proper comes to bear on the ego” (p.198).

In the years following such statements, “the separation of the first phase of analysis from the analysis proper” was, as Lichtenberg and Auchincloss (1989) note, “sharply criticized as an artificial effort to separate psychotherapeutic interventions from analytic interpretive efforts” (p. 208). But in less stark terms and in different language, the idea of such a phase is still commonly held. Grand (1998) for example, writes that “the technical aim of the opening phase is the facilitation of a collaborative situation in which self-reflection on a gradually deepening transference experience can occur”; “it is the achievement of this aim” that “establishes the analytic viability of the treatment process” and “actually marks the beginning of an analytic process per se” (p. 318). Applegarth (1990) writes that “[a] good case could be made for defining the limits of this period by means of certain dynamic changes (e.g., in resistance structures), which would allow one to feel some confidence that the patient was truly engaged in the analytic process” (123). “The goal of the opening phase,” argued Schlessinger (1989; as summarized by Lichtenberg & Auchincloss 1989) “is the creation of an understanding matrix, empathic and

cognitive, and the provision of some initial insights, which together offer a note of hope and set in motion the developmental process of an analysis” (p. 209).

In this view, analysis both begins and does not begin at the *beginning*. To refer to an *opening* or *beginning* phase implies that it occurs at the start of the analysis, and yet to regard it as preparatory is to suggest that the *real analysis* only begins when (or if) it ends. Blum (1990) refers to the *opening phase* as a “*prologue* to an analytic process which gathers momentum and depth as the analysis is under way” (p. 80, italics added). A prologue is a part of the whole work, broadly understood, but also prior to it (the Greek *prologos* means *before [the] discourse*) and, reflecting this twofold beginning, Blum refers to the opening phase in both ways. “The analytic process,” he writes first, “is set in motion during the opening phase and continues throughout the analysis” (p. 67); several pages later, he writes that for “many patients” the beginning of analysis “may [only] gradually yield to...the progressive unfolding of a real analytic process” (p. 73).

Other analytic writers have taken issue with this beginning-before-the-beginning understanding of the early phase. Ogden (1992) for example, clearly seems to have this view in mind when he writes that “[t]he initial face-to-face analytic meeting is viewed as the beginning of the analytic process and not merely as a preparation for it” (p. 245). “[T]here is no difference between the analytic process in the first meeting and the analytic process in any other analytic meeting: the analyst in the initial meeting is no more or less an analyst, the analysand is no more or less an analysand, the analysis is no more or less an analysis than in any other meeting” (p. 226). Busch (1995) argues that the opening phase has too often been conceived as a preparation for analysis: “creating an atmosphere, via understanding, in which analysis can take place” (p. 452). Instead, he writes, the “psychoanalytic process...must be established from the beginning of the analysis” (p. 451) by “clearly delineat[ing] what the data of analysis will be” (p. 453)---for

Busch, this is free association---and “showing [the patient] how...th[is] method...can help him understand his feelings,” (p. 460) and “increas[e] freedom of thought and the capacity to see these thoughts as psychologically meaningful” (p. 454). What distinguishes the beginning of an analysis is that “the patient’s thinking is most concrete” (p. 455) “and show[s] a limited capacity for self-reflection” (p. 459); the deepening of the analysis would thus consist in expansion in these areas. But the basic *analytic process*, Busch insists, remains the same from beginning to end: “following what the patient admits to consciousness, what is allowed to be connected with what, when there are interferences with this, and what is done with thoughts as the patient talks (i.e., thoughts as gifts, questions, demands, etc.)” (p. 455).

Such differences in formulation may or may not correspond with differences in approach. Some analysts who think of or refer to the opening phase as preparatory and some who do not may conduct themselves similarly during this period; and whether or not they use or think in terms of the development of a *real analytic process*, they may have similar assessments of the character and depth of the process at any particular moment. In other cases, the differences of formulation may reflect differences in approach: one who thinks in terms of a period of preparation for analysis may tend to work within this beginning phase differently from someone who sees that phase as the “beginning of the analytic process and not merely as a preparation for it.”

My main reason for noting these alternate representations of the beginning phase, however, is not to divide analysts or analytic writers into camps. Without minimizing the difference in approach that *could* be reflected in these differences in formulation, what I want to emphasize is the way in which *each* of these ways of describing the opening phase emphasizes one *dimension* or *aspect* of our common understanding of the beginning of analysis.

The notion of a preparatory or transitional phase grows out of (though it is not a *necessary* implication of) the recognition of the radical distinctiveness of psychoanalysis as a relationship and a process. While there are important differences of opinion as to what constitutes an analytic process, (e.g., Boesky 1990; Waldron, et. al. 1994; Weinshel 1994, Baranger, et. al. 1983) most or all analysts share a deep, even constitutive, commitment to the idea that analysis is different in crucial respects from every other way in which two people can be with each other, including non-analytic psychodynamic therapy. This implies that there must be something that counts as an absence of an analytic process, something that would count as having an incipient process, something that would count as having minimally *established* it, and so forth. (In actuality it may be difficult to say where one is.) The difference is not only a matter of how the analyst conducts herself, but also in what the patient is able to do with what the analyst offers. The notion of a preparatory phase is sometimes used to refer to what is a contested belief---that in this phase, an analyst works differently from how the analyst will work *in the analytic process*, and it is this idea that is being rejected when it is said, for example, that the first meeting is the “beginning of the analytic process and not merely as a preparation for it.” But in a broader and much less controversial sense of *preparatory*, one can speak of an early phase that involves some kind of movement or transition into the analytic process. Jacobs (1990) is, I think, referring to this movement when he writes that, once the patient accepts a recommendation for analysis, “the analyst will be faced with launching it in a way that maximizes the possibilities for the unfolding of an analytic process” (p. 85). Not all analyses actually do *launch*, and those that do may take some time. (It was only after 309 pages of Alexander Portnoy’s preparatory *complaint* that Dr. Spielvogel offered the most famous invitation to begin an analysis in American literature.¹)

¹ “So (*said the doctor*).” “Now vee may perhaps to begin. Yes?” Roth (1969), p. 308.

Jacobs gives an example of his work with a young man, Mr. K, whose “hours were filled with ruminations and intellectual speculations” and with whom the attempt “to acquaint the patient with his resistances to free association and the reasons for them...fell on deaf ears.” For quite a while, Jacobs writes, “the analytic process ground to a halt” (pp. 97-98). Describing a severely traumatized patient, Brenner (1996) writes that “[i]t was not until she articulated and tolerated her fantasies in the transference, after much preparatory work, that she could make use of an analytic process” (p. 804). Ogden himself, despite his insistence that “there is no difference between the analytic process in the first meeting and the analytic process in any other analytic meeting,” also describes what in Jacobs’ language would be called the need for “launching” the treatment “in a way that maximizes the possibilities for the unfolding of an analytic process.” “The analyst,” Ogden (1992) writes, “attempts to convey to the patient something of what it means to be in analysis, not by means of explanations of the analytic process, but by conducting himself as an analyst,” and in so doing extends “an invitation to the patient to consider the meaning of his experience,” to join the analyst in treating “[a]ll that has been most obvious to the patient [as] no longer...self-evident,” but “to be wondered about, to be puzzled over, to be newly created in the analytic setting” (p. 226). In one important sense of the analytic process it could be said that analysis begins with this invitation and the patient’s response to this invitation, *whatever it is*. But there is another sense in which the creation of an analytic process depends upon the patient’s acceptance of the invitation (in whatever one might understand that to consist), just as it depends upon the patient’s response to the analyst who, in Ogden’s (1992) words again:

...implicitly asks the patient to give up his illness sufficiently to make use of the analysis.

For example, the schizoid patient *must enter into a relationship with the analyst* in order to

overcome his terror of even the most minimal involvement with other people; the obsessional patient in order to get help with his endless ruminations *must give up his ruminations sufficiently to enter into an analytic dialogue*; the hysterical patient *must interrupt the drama that constitutes (and substitutes for) his life long enough to become an observer in addition to being an actor in it.* [italics added, p. 226-227]

We frequently speak loosely of a patient's ability to *use the analytic process*, but in at least one sense of the term, there *is no analytic process* unless the patient is able and willing to *use it*. Whether or not, then, we refer to the initial period as preparatory, it is a transition *into* an analytic process and in that sense a movement from pre-analysis to something that hopefully can be regarded as analytic. It is thus natural and common to refer to, for example, "the patient's *introduction* to a unique process," or the analyst's attempting "to *establish* an analytic frame," (Busch 1995, p 449, 458), or as "an initial period of gradual adaptation and participation in the analytic process," (Blum 1990, p. 69) and so forth. In this respect, the beginning of analysis is not merely something that happens, but something that must be achieved.

Yet there is another respect in which we know that the beginning is (as we might put it) there at the beginning. Not only is there transference and countertransference from the *start* (calendar beginning), but the entire set-up or analytic situation---the physical setting, the analyst's manner---is present from the first meeting. It is not surprising that there is often drawn an analogy to a play (see, e.g., Karbelnig 2023 and references therein). Like a play, there is a beginning even before the first words are spoken: in the one case, the physical environment of the theater, the dimming of the house lights, the silencing of the audience; in the other, the physical environment of the analyst's office, its stillness and quiet. In both, there is a shift in

attention to things that might have been glossed over in a different setting: to the way bodies are positioned and how they move (or do not move); to the cadence and tone of words and to the presence of silences; to that which is mysterious or unknown; and so forth. It may take some time to settle into the environment, but it is there. In this sense or on this dimension, we naturally speak not of *establishing* or *preparing* for the analytic process, but of an *unfolding* or *deepening* of what is initiated in the first encounter.

While the debate about the nature of the beginning phase may reflect important differences in both conception and in technical approach, we can then *also*, I am suggesting, see that running through this debate are two senses of beginning, neither of them wholly identified with any one position, and each of which has a place in our shared understanding and in our experience of the psychoanalytic process: one, the sense of a transition into something that needs to be created, established, built; the other, the sense of a mode of being and of being-together that begins from the first encounter.

BEGINNING AGAIN: I

If at one level, these two ideas represent different aspects of our sense and experience of the beginning of the analytic process, they may both be associated with a more general and commonsensical idea. That idea, simply put, is that in the analytic process, beginning is what comes earlier. When we speak in this mode of the *beginning*, we picture the analytic process as a progression over time, representable visually as a kind of timeline, with the beginning at (or somewhere toward) the far left and the end on the right. Or to return to the metaphor of the theater, beginning is the first act in an unfolding drama. Of course, it is understood that as the

narrative unfolds there are plot twists and turns, and we (the analyst and/or the patient) may be jolted by the unexpected; but there is, at least for those analyses that begin in the ordinary way and that come to what is sometimes called a *natural termination*, a progression from beginning to end, from the opening scene to the denouement. And just as the progress of a play is typically characterized by a deepening---of characters, plot, themes---so the progress of an analysis is typically marked in the language of *deepening*, where this refers both to a deepening in the patient (the “gradual enlargement of the patient’s capacity to experience and to reflect” [LaFarge 2014, p. 314]), and, as necessary to that, of the analytic process itself: “the coming alive, in the present relationship between patient and analyst, of wishes, fantasies, and experiences belonging to the past” and then “further...when patient and analyst become aware that this is happening and begin to reflect on it” (LaFarge 2014, p. 307). Whether we think in the mode of needing to establish an analytic process or of always being in it, the *beginning* is understood as the launch, the “opening of the analytic drama” (Odgen 1992, p. 226).

Yet we know, of course, that most analyses do not develop as a simple progression, either from unanalytic to proto-analytic to quasi-analytic to *fully analytic*, or from shallow to deep. Instead, moments of insight---of enlargement of understanding, of deepening of the transference, of overcoming resistances---alternate or are combined with major or minor ruptures, impasses, and what may feel (to analyst, to analysand, or to both) to be retrogressions of, attacks on, disruptions to, the *analytic process* and in some cases the sense of beginning again (and again). Of course, *beginning again* is not the same as beginning the first time, it is not the same as a simple continuity either.

In their paper, Baranger, et. al. (1983) describe the breakages and re-beginnings within analytic work as a “dialectic of process and non-process” (p. 9). Cautioning against “the

tendency to think of the analytic process in terms of a ‘naturalist’ model (gestation of a foetus--- growth of a tree),” (p. 9) they write that, while the “analytic pact...is intended to permit certain work tending toward a process...experience proves that, beyond the resistances of whose conquest the constitution of analytic work precisely is, situations of obstruction in the process inevitably arise” (pp. 1-2); these include an “unconscious attachment between analyst and analysand [that] becomes an involuntary complicity against the analytic process” (p. 2). It is not only the *analysand’s habitual resistances*, but also countertransference dynamics that can at times lead to a “slowing down or paralyzing [of] the process” (p. 2) such that forward movement---or *unfolding*---is replaced by “a sort of circular movement which analysands may describe with the metaphor of the noria: the donkey going round and round.” (p. 11) In the analogy of the play, it is as if, amidst the drama, a fire broke out in the theater, which then had to be vacated. Eventually, the play might restart, but it is no longer the same. The play neither starts over nor just continues, but is marked by the rupture and the beginning again.

Stein (1990) discusses the precarity of the analytic process and its susceptibility to destruction specifically in the case of patients prone to acting out, who “threaten us persistently by making it clear how fragile is our control of the analytic process, which they have the power to wreck at any moment” and who, therefore arouse “[a]nxiety...taking the form of concern, justified or not, over outbreaks which threaten to destroy the analysis” (p. 196). Sometimes the analysis is destroyed once and for all; sometimes it is lost or wrecked and can be re-begun.

Beginning again can occur as well *within* what may feel, at least to the analyst, as an *intact* process. Winnicott (1971) was speaking about his work with a particularly severe dissociative patient when he wrote that “in this kind of work, we know that we are always starting again” (p. 37), but to varying degrees the same could be said of work with many different kinds of patients.

It may be tempting to subsume all such *beginning-again*s under the heading of repetition, but this would, I think, be a mistake. The tendency to repeat, as Freud revealed in one of his most profound insights, is a psychic trend in its own right and must be attended to as such. But the concept of repetition can also be used by the analyst as a defense against having to begin again with the patient. The difference between these, and the need to begin again even within what may appear as repetition is eloquently discussed by Coltart (1992). “There is a way of visualizing analysis as a spiral process,” she writes. “The seemingly same ground is ploughed over and over again. And yet there is always something new about it.” (p. 14). Discussing her work with psychosomatic symptoms, she refers to what seems like, and is in some respect, a repetition: “We may have undermined such a symptom to its point of yielding....Suddenly the symptom returns” (p. 14). What makes this more than repetition in Coltart’s attitude towards it, is that, when confronted with this return of the symptom, she does not believe that she understands it. “It requires investigation all over again,” she writes; referring back to the theme of the paper — that there is an important sense in which “we do not know what we are doing” (p. 2) — she makes clear that the “over and over again” is not, therefore, just a repetition by the patient, but a new recognition of what we do not know. The need to begin again is a consequence of the fact that each time around the spiral, we are confronted with the “mystery at the heart of every person” and are reminded that “within the framework of the analytic relationship,” “the rough beast” (in the image of Yeats’ poem from which the essay draws its title) is still “slouch[ing] towards being born.” (p. 14).

The ordinariness of (in a certain sense of it) beginning again is implied in Ogden’s (1992) observation about the initial analytic meeting: that in “the period surrounding (and including)” it, the “defensive structure that the [patient] has been relying on is *temporarily* in a state of flux

sufficient to allow him to unconsciously experience himself as having the potential to live differently” and there is thus an “unusual ‘ripeness’ for psychological change associated with the patient's state of de-integration in the initial analytic meeting” (p. 244-245). While it is true that the patient’s beginning to experience the analytic process at just this moment may help to sustain some of this “ripeness,” the word *temporary* (the emphasis is Ogden’s) reminds us that this initial opening is often followed by a constriction, that these movements will be repeated many times, and that the initial *invitation* to the patient to enter into an analytic mode, to treat “[a]ll that has been most obvious” as “no longer... self-evident,” but “to be wondered about, to be puzzled over, to be newly created in the analytic setting” may need to be reissued over and again.

In distinction from the sense of beginning as the initial phase of an unfolding process, we have as well, then, the idea of beginning, or re-beginning, as a recurring potentiality. There are many forms of this; we have made reference to only a few of the ways in which re-beginning may follow closures, interruptions, impasses, destructions, and such. These are the kinds of re-beginnings that we may tend to think of as necessitated by stasis or retrogressions in the process. But there is another kind of re-beginning which, though it may intersect with some of these “dialectics of process and non-process,” is worth treating in its own right, for it is entailed by the idea of progress, indeed with the very promise of psychoanalysis.

BEGINNING AGAIN: II

“Let us say it without false modesty” writes Kristeva (1999):

No other modern experience, apart from psychoanalysis, offers such a prospect for recommencing psychic life, and thus, in a sense, life as such.... This version of freedom is perhaps the most precious, and most serious, gift that psychoanalysis has given to humanity.... [P]sychoanalysis alone is willing to take on—and sometimes even to win—this wager on the possibility of a new beginning. [p. 2]

The prospect is, in fact, more than just a promise of *a* new beginning but also of the capacity to be related to one's internal life in a way that allows for beginning again and again. Of course, these beginnings are also psychic continuities. They represent a new relation to a "past [that] is recognized to be more fully past---to be in some ways inalterable---and at the same time to be less past, to be alive and active in the present and capable, in another way, of being partially reworked." (Lafarge 2014, p. 314.) But if "the new...is never *simply* new but fundamentally linked to the past" (Lichtenstein 2011, p. 1, italics added) it is also new.

The possibility of a *recommencement* of psychic life does not, in and of itself, imply a recommencement of the analytic process. But the *manner* of such psychic recommencements, the *reason* that "no other modern experience, apart from psychoanalysis, offers such a prospect" does. For insofar as psychic recommencement involves shifts in the internal landscape of self- and object- representations, and insofar as these come about through the transference and counter-transference relationship, they not only occur *within* the analytic dyad, but entail, *on one dimension*, the re-creation of the analytic dyad. On this dimension, the analytic process must begin again and again, for it is not with the same patient or the same analyst. Again, it is not a matter of re-beginning *in opposition to* continuity, but *within* it. To speak of the *continuity* of an analysis is to refer not only to the *external* or *objective* fact that these changes occur over time in

the course of an analysis, but also to the *internal* or *subjective* sense of continuity that is necessary for the analysis. This includes the subjective significance of the fact that: the analysis typically occurs in what is, *in one respect*, the same setting every session; that the analyst, *in one respect*, continues (*survives* in the Winnicottian sense) and is known to continue as, *in one respect*, the same person; and that the analyst knows --- and the patient knows that the analyst knows --- that the patient who arrives on Tuesday in one state is, *in one respect*, the same patient who arrives on Wednesday in a very different state. Within this continuity, and made possible by it, is the fact that, in a *different* sense, or on a different dimension, not only is the patient that ends a good analysis not *for herself*, the same patient who began it, but that the analyst from whom the patient departs cannot, for the patient, be the same analyst with whom she began.

Similarly, for the analyst, recommencement may mean not only that she ends the analysis with a different patient than that with whom she began, but also that, at least in some cases, she ends as a different analyst. The latter will naturally be clearest when the effect of the analysis on the analyst is most dramatic. Winnicott (1954) wrote of one especially demanding analysis in which, having to have made “personal growth in the course of this treatment which was painful,” “I cannot help being different from what I was before this analysis started” (p. 280). In describing the changes that took place both in his approach and in the patient during a three-year hiatus in an analysis, Jacobs (2002) wrote that “I learned how to be the analyst that he needed, and could utilize in his journey toward becoming an analytic patient.” When the analysis resumed, “I was not the same analyst and he was not the same patient” (pp. 307-308). Such statements could be expressed, I think, about many analyses, albeit often in more modest form: that at different points in the analysis, the analyst is, both for herself and for the patient, not the same analyst. For the patient, the analyst is one with whom the past (its meaning and its presence

in the present) can be rewritten again and again. In that process, the analyst must also, in several different senses of the phrase, be available to begin again.

It is perhaps the *seasoned analyst* who has *seen this before* who will most likely regard the patient's re-beginnings not as a new beginning of the process, but as a stage of it. But why, in the first place, should the character of the actual situation be identified just with the mind of the analyst? And, in the second, why should the mind of the analyst be identified with one who is occupied with such things as the experience with other patients, theories of analytic progress and predictions about the future?²

BEGINNING AGAIN: III

We are moving toward the area of Bion, and we can hardly discuss beginning and re-beginning in the analytic process without attending to his thought. In Bion's (1967) thinking, we have perhaps the most radical sense of beginning again: "Every session attended by the psychoanalyst must have no history and no future" (p. 15). Of course, for Bion (1970) there is also a *kind of* continuity such that one can speak of *an analysis* and say such things involving time and forward movement as that "[t]he further the analysis progresses the more the psycho-analyst and the analysand achieve a state in which both contemplate the irreducible minimum that is the patient," etc. (p. 59). But for Bion there is no distinction between the encountering of what is new *in the* session and in the regular re-beginning of the analytic *process*. Thus, in his 1967 essay on what is surely his most famous dictum ("Notes on Memory and Desire"), he admonishes:

² I do not say that these are unimportant. They are important---just as a parent's understanding of developmental stages is important---both for the sake of the child and for the sake of the parent. But no young child or adolescent wants or deserves to be told that she is *going through a stage*. Even the wholesale identification by parents *in their own mind* of what is happening as a *stage* is a defense and an insult to the child.

“Psychoanalytic ‘observation’ is concerned neither with what has happened nor with what is going to happen but with what *is* happening....The only point of importance in any session is the unknown.” Therefore, “do not remember past sessions.” “What is ‘known’ about the patient is of no further consequence.” “The psychoanalyst should aim at achieving a state of mind so that at every session he feels he has not seen the patient before. If he feels he has, he is treating the wrong patient.” “If this discipline is followed...[t]he pattern of analysis will change. Roughly speaking, the patient will not appear to develop over a period of time but each session will be complete in itself.” (Bion, 1967, 15-16)

This is an exaggeration. Bion acknowledges as much when he distinguishes between *remembering* or *memory* as denoting “ideas which present themselves in response to a deliberate and conscious attempt at recall,” and what he refers to as *evolution*, to denote “the experience where some idea or pictorial impression floats into the mind unbidden and as a whole” (Bion 1967, p. 17). For Bion, the aim is to banish only the former, not the latter, from one’s mind; yet certainly, the latter experience may link one session to another. Still, Bion (1967) stands for what is certainly the purest form of the idea that every session is a new beginning. The strictures on memory “must be obeyed all the time and not simply during the sessions” (p. 16), and one has the sense that, for Bion, even “evolution” is to be restricted to what occurs during the course of the session.

Even among analysts who do not follow Bion entirely on this, there are many for whom some form of the Bionian sense of re-beginning plays an important role. It is possible to take, and many analysts do take, a more mixed approach, abjuring during each session “a deliberate

and conscious attempt at recall,” while allowing---whether during a session or between sessions---more recollections of the *evolutionary* sort than Bion likely would, or other kinds of recollections that do not strictly fit either the wholly *deliberate* character of *memory* or the evanescent, dreamlike quality of evolution that is “wholly present or unaccountably and suddenly absent.” (Bion 1967, p.15). What these are and how they are treated by the analyst will be different for different analysts. I mention this to indicate the importance of the Bionian sense of beginning across a range of analytic approaches. To this end, I offer one rather ordinary clinical example only because it happened to occur just as I was writing this section.

Several weeks earlier, the patient, who had been in analysis for many years and who was at the moment expressing ambivalence about continuing it, *inadvertently* paid me twice for that month. These were electronic payments, and he had mislabeled one of them as a payment for the previous month. As I had not yet had occasion to reconcile my records, I took this at face value. After several sessions had passed, the patient, after expressing the worry that he had become too dependent on various people in his life, commented that he pays me too little and then, off-handedly noted that, “by the way, I’m not sure, but I might have accidentally paid you twice for last month.” After some time, the patient was able to express consternation that I had not noticed the error and various related thoughts: of my taking advantage of him, of my not caring enough to notice, that he was evidently paying me too little for the payment (and him) to matter to me, and so forth. In the next session, the patient made no further mention of the payments, including whether he had confirmed the error (which it was in his power to do). As it was now the end of the month and it was time to give him the bill, I told him that I had confirmed from my records that he had paid me twice, and that he should apply the second payment to the coming month’s bill. With some relief, the patient thanked me. The patient is usually not prompt with payments.

Yet on the very first day of the next month, as I was writing this section, I received another payment for the full amount of the previous month.

I do not think that it is a contradiction to say the following: (a) that after receiving the last payment, thoughts might come into one's head (as they did mine) of whether this would be raised explicitly by the patient, and how it might appear in other forms such as associations to not being attended to, or of being taken seriously, of being taken advantage of, and so on---such thoughts being prompted by the earlier session; (b) that in the next session one might strive (as I seek to do in every session) to come into it *without memory*---that is, without attending to, anticipating, or being on alert for any of the possibilities that I have just mentioned; and (c) that if sometime after the session one reflected back on it and noticed that nothing had emerged concerning payments or anything that the analyst recognized to be associated with them (in fact, it did), various thoughts might well come into the analyst's head (I would expect mine), such as, for instance, that the absence is significant and/or that perhaps the analyst had missed something.

Other analysts might differ in the ways in which they would consider the previous sessions (a) and the hypothetical (c). But many analysts would accept some version of (b)---whatever other letters might surround it---and thus some measure of a regular re-beginning in the Bionian sense.

This is all from the perspective of the analyst. What about the perspective of the patient whose analyst arrives at each session *without memory or desire*; who, not in words but in approach and disposition, communicates that “[w]hat is ‘known’ about the patient is of no further consequence,” and that “at every session feels he has not seen the patient before” and is not “concerned...with what has happened,” but only “the unknown”? Such beginning-again may be both jarring and reassuring. It can intersect with the patient's ambivalence about change and

about identity---of “consciously wish[ing] to change, but dread[ing] any disturbance to his sense of equilibrium” (Joseph 1992, p. 237). On the one hand, the analyst’s knowledge of certain facts about the patient may serve a holding function. It may be felt by the patient as essential to being known by the analyst---as one who has had a certain life in the past and who has a certain life outside of the analyst’s office. “Patients have a great need,” as Coltart (1992) wrote, “to have their intimate personal history heard, known and used” (p. 97). At the same time, the patient’s desire for the analyst to know such facts as “whether the patient has been married, or has children, or of certain events deemed by the analysand to have been of great significance” (Bion 1970, p. 49) may also serve a defense---part of the patient’s attempt to assert her view of the objective significance of these and thus the necessity of her present form of psychic organization. And yet, while a patient may feel comfort by having particular facts known and remembered by the analyst, she may also feel threatened by this; if she feels held, she may also feel imprisoned. “If the psycho-analyst has not deliberately divested himself of memory and desire the patient can ‘feel’ this and is dominated by the ‘feeling’ that he is possessed by and contained in the analyst’s state of mind” (Bion 1970, p. 42). It is for this reason that not only is it the case that a “patient’s close relatives are burdened with memories,” making them “unreliable judges of the patient’s personality and unfit to be the patient’s analyst” (Bion 1970, p. 108), but also, I think it must be added, that the patient is burdened with the memories that her close relatives have.

For the analysand, then, the sense of beginning again can be both liberating (this may be associated with the prospect of being found for the first time) and full of dread (of being lost). The *beginning of insight* occurs as the patient, while “remain[ing] within his own personality organization, [and] looking at things from his own perspective,” starts to become “able to have some part of the self allied with the analyst and thus to look at and begin to recognize his way of

operating” (Joseph 1992, p. 237). That “way of operating” involves, in part, a different attitude towards knowledge of facts that the patient may have regarded as essential and even constitutive. The capacity to re-begin again and again in the Bionian sense represents a different relationship to one’s own mind and a different way of being. For Bion (1967), “[p]rogress” is indicated not only by particular insights gained by the patient, but “measured by the increased number and variety of moods, ideas and attitudes seen in any given session,” “less clogging...by the repetition of material which should have disappeared and, consequently, a quickened tempo within each session every session” (p. 16).

CONCLUSION – PSYCHOANALYSIS AND BEGINNING

I have been discussing some of the important senses in which the idea of *beginning* appears within psychoanalytic discourse and psychoanalytic practice. (There are others.) These could be understood merely as a list or catalogue of meanings---almost, given the degree of difference among them, a conceptual homonym. And, in large measure, I have presented them thus far *as* distinct meanings, even if I have also suggested some of the ways in which they interweave. But we have now, through this discussion, arrived at a point at which it is possible to see that these add up to something more than the sum of the parts. What they add up to, I want to suggest, is the unique *importance of beginning* in the internal character of the psychoanalytic process. There are, to be sure, certain aspects or senses of beginning that are not unique to psychoanalysis, and I have referred to some of these. But no other practice is as thoroughly saturated (to use a good, Bionian word) with *beginning* as is psychoanalysis. Ogden (1992) was referring specifically to psychoanalytic concepts and techniques when he wrote that “[i]f the analyst allows himself

perpetually to be the beginner that he is, it is sometimes possible to learn about that which he thought he already knew” (p. 225). But we may borrow Ogden’s language and extend it further--to the psychoanalytic process more generally. It is an extraordinary thing to say of a professional activity that it requires one continually to be a beginner. (It hardly need be said that there are also respects in which one gains immeasurably from experience, only one of which is in the more advanced ability to begin again.) And while it is true as well of a few other activities---including, notably, being a parent of a second (and third, etc.) child---it is not as deeply and pervasively characteristic of anything else.

For analysands, what is at stake in beginning again is nothing less than their identity, and so it is not surprising that conflicts around new beginnings are a regular and persistent aspect of analysis. While many patients harbor a conscious, ego-syntonic, version of a fantasy of being reborn into a *new-and-improved* self, it is precisely foreignness that is often resisted. The deeper the interpretation, the more *new* it is, the more it may be experienced by analysands “as a threat to their control and identity, to their separateness or unique wholeness” (Lowental 2000, p. 122). The ego that is on the one hand the object of a fantasy of transmutation is thus, on the other, tenaciously affirmed as a bulwark against what is alien. The fact of I-ness, the *illusory wholeness* of the settled ego, is asserted against recognition of the “inherent lack and incompleteness of the human condition” (Birksted-Breen 1996, p. 650), of what is partial, transient, emergent, conflicting---and therefore against all that which makes beginning again (and again) both requisite and possible.

Yet the development of the capacity to be in what, drawing on Winnicott, Khan (1973) referred to as the *area of illusion*; and Khan and others (e.g., Gutiérrez 2017, Taipale 2023) have referred to as a state of *relative* unintegration, or *relaxed unintegration*---moving in “the

direction from coherence to incoherence” (Taipale 2023, pp. 467-468)---is essential to psychic renewal within the analytic space and beyond it. It is, therefore, not only the *recommencement of psychic life*, but the *capacity* for recommencement, which is the subject of analysis. The tensions between the patient’s desire for psychic re-beginning and her anxieties surrounding it, and the management of these, are integral to the daily work of psychoanalysis.

For the analyst as well, there may be conflicts around being so intimately involved in this task of beginning and beginning again. “Beginning again” here refers to: (1) the patient’s; but also, though to a different degree and in some different respects, (2) the analyst’s; and, what cannot ever be *worked through* in the analyst’s own previous analysis/analyses and self-analysis, (3) the dyad’s---the *analytic object*, (Green 1975) or the *analytic third* (Ogden 1994). The analyst’s conflicts around each of these may emerge most intensely at the start (calendar beginning) of an analysis, but they may continue, in varying degrees, throughout it. On the one side, there is, for the analyst, often excitement in the potential to be a “stimulus for growth,” a collaborator and a psychic figure for the patient with and through whom the patient can “reorder the forces that rule his life” and “unbind...energies locked in contorted psychic structures” (Shulman 2016, pp. 708, 722, 719), excitement in the “potentially transformative emergence” of “new possibilities for meaning, thought, and commitment” that may “allow...the patient to cultivate ‘a transitional sense of self’...less stuck, more alive, more open” and ultimately to “change the shape of his or her life” (Wilson 2020, p. 116, 20, 22). There may be excitement in the possibility that every new analysis holds out for the analyst’s own growth, self-discovery, and transformation through her work with the patient. And there may be excitement in the unknown, in the “drama never before imagined by either [patient or analyst that] will have to be created” (Ogden 1992, p. 227) in “work[ing] at the edge of fear, at the rim of the abyss” (Shulman 2016,

p. 720). At the same time, there may be resistance, conscious or unconscious, arising from apprehension about these same features of analytic work. There may be anxiety arising from the analyst's "realistic concern that he will fail to help the patient master the ghosts he bids his patient to set loose" (Shulman 718) and the fear that patients will, at the end of the work, have "got[ten] neither what they wanted nor what they needed" but "have wasted years of their lives" and "left analysis not much better than when they entered." (Chused 2016, p. 836-8). There may be — perhaps "condensed with unresolved aspects of the analyst's negative transference to his or her own analyst" and her resentment of what she did not get — envy of what the patient may receive, and "toward the gains [and potential gains] made by a patient" (Schafer in Cairo-Chiarandini 2001, p. 14); envy precisely of what is "new developing within [the patient]." (Steiner 2011, p. 178³). There may be anxieties arising from the analyst's knowledge that every "analysis...will take him into areas he does not want to enter" (Poland in Jordan 2002, p. 990) and thus, "along with the sense of excitement...an edge of anxiety" from the prospect of a fresh encounter with [the analyst's] own inner world" as well as "the internal world of another person,"---the "dangerous business...[of] stir[ring] up the depths of the unconscious mind" (Ogden 1992, p. 227). And there may be anxiety of having to approach what is foreign or unknown, from "the terror...[of being] lost and alone on the front lines of work," (Poland 2006, 206), from the "fear of...being alone in the room...not understand[ing] what is happening," leading to "despair, questioning what [one is] doing" (Chused 2016, 836). These apprehensions may occur at the outset and take many forms, including the "analyst's reluctance to begin a new analysis" (Ehlich 2004), the fear, as Ogden (1992) put it, not "that the patient will leave

³ The phrase is adopted from Steiner, but while Steiner himself refers to the "analyst's own propensity to split off and project envy," (179) his main point is that, because these developments "are stimulated by the verbal link between analyst and patient," the patient himself may be envious of these new developments within himself. (178)

treatment...[but] that the patient will stay” (p. 227). The resulting “ambivalence is, to varying degrees, ubiquitous and ongoing, not only at the beginning of an analysis but throughout each analysis” (Ehrlich 2010); it is not only the analysand, but “at times the analyst [who] may ‘object’ as [the patient] moves into a future that now presents different possibilities than were previously imagined or known” (Wilson 2020, p. 172). The necessity for the analyst to be aware of and work through these conflicts of her own is also a regular part of psychoanalytic work.

I shall not need, I trust, to say yet again that all this talk of beginning and re-beginning is sensible only within the context of a continuity that is both an objective fact and a subjective experience of psychoanalysis. Just as independence cannot grow except from conditions of dependence (e.g., Winnicott 1963), what is new can only grow under conditions that are regular and familiar. But I suspect that there is little danger in forgetting that. The greater risk is in the opposite direction of already knowing too much, of knowing the patient too well, of communicating, consciously or unconsciously, how much we know, and of forgetting that the fundamental question of psychoanalysis has always been (borrowing the words of William Carlos Williams) “[h]ow to begin to find a shape---to begin to begin again” (Williams 1946, p. 167).

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