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SLOUCHING TOWARDS BETHLEHEM ... OR THINKING THE UNTHINKABLE IN PSYCHOANALYSIS

This paper was first given as a contribution to the English-speaking Conference of Psychoanalysts in 1982. The Conference was in the form of a symposium, whose overall title was simply 'Beyond Words'. This is an expanded version of my original paper.

After I had agreed to write this paper, my mind went blank for quite a long time. Then I began to realize that a paper for a symposium whose overall title was 'Beyond Words' appropriately had to be generated in that very area, namely, where blankness seemed to be. After a while, the title for the paper announced itself. I was wary of it, since it seemed both eccentric and religious. But it stuck tenaciously. For those of you who do not know it, it is taken from a short poem by W. B. Yeats called 'The Second Coming' (1919). It occurred to me when I reread it closely that it is a poem about breakdown and the possibility of healing, or could be seen as such. It is mysterious, but then so is our subject. It goes like this (my final italics):

Turning and turning in the widening gyre
The falcon cannot hear the falconer;
Things fall apart; the centre cannot hold;
Mere anarchy is loosed upon the world,
The blood-dimmed tide is loosed, and everywhere
The ceremony of innocence is drowned;
The best lack all conviction, while the worst
Are full of passionate intensity.

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Surely some revelation is at hand;
 Surely the Second Coming is at hand.
 The Second Coming! Hardly are those words out
 When a vast image out of *Spiritus Mundi*
 Troubles my sight: somewhere in sands of the desert
 A shape with lion body and the head of a man,
 A gaze blank and pitiless as the sun,
 Is moving its slow thighs, while all about it
 Reel shadows of the indignant desert birds.
 The darkness drops again; but now I know
 That twenty centuries of stony sleep
 Were vexed to nightmare by a rocking cradle,
 And what rough beast, its hour come round at last,
 Slouches towards Bethlehem to be born?

This is not a paper on religion. It does not look to Messianic dogma, nor to Christian symbol to help us out of the anarchic depths of the unconscious. What caught my attention was the idea that there is a distinct metaphor for us in the poem which speaks to the whole of what analysis is about. We can move the metaphor of the poem from the religious to the analytical. Some people have seen this metaphor as pessimistic; you will gather that I have seen it differently.

It is of the essence of our impossible profession that in a very singular way we do not know what we are doing. Do not be distracted by random associations to this idea. I am not undermining our deep, exacting training; nor discounting the ways in which – unlike many people who master a subject and then just do it, or teach it – we have to keep at ourselves, our literature and our clinical crosstalk with colleagues. All these daily operations are the efficient, skilful and thinkable tools with which we constantly approach the heart of our work, which is a mystery.

The day that one qualifies as an analyst, the analyst that one is going to be is a mystery. Ten years later, we may just about be able to look back and discern the shape of the rough beast – ourselves as analysts in embryo – as it slouches along under the months and years until, its hour come round at last, there is some clearer sense of ourselves as analysts. The process of doing analysis has slowly given birth to an identity which we now more or less recognize as an analyst, or at least the identity which we have become, and are still becoming, which for us approximates to the notion of 'being

an analyst'. This may be very different from that which we long ago had visualized or hoped for.

It is my belief that something very similar obtains also for our work with our patients: However much we gain confidence, refine our technique, decide more creatively when and how and what to interpret, each hour with each patient is also in its way an act of faith; faith in ourselves, in the process, and faith in the secret, unknown, unthinkable things in our patients which, in the space which is the analysis, are slouching towards the time when their hour comes round at last. When that hour comes, by dint of all our long, thoughtful, interpretative attempts to familiarize ourselves with the patient's inner world, we begin to see shaping up things that we may have guessed at; or predicted, or theoretically constructed or relied on; or even, almost like byproducts of months of careful, steady work, things that take us by surprise. We have been waiting attentively, in Freud's own words, 'for the pattern to emerge'. Those of us who were fortunate enough to be taught by the late Dr Bion value the stress which he laid on the need to develop the ability to tolerate not knowing; the capacity to sit it out with a patient, often for long periods, without any real precision as to where we are, relying on our regular tools and our faith in the process to carry us through the obfuscating darkness of resistance, complex defences, and the sheer unconsciousness of the unconscious.

In parenthesis, there is a possible solution or definition here of that controversial problem, the difference between psychotherapy and psychoanalysis. Although I am currently stressing our ignorance, there is always something going on that we more or less know something about; the daily *tabula rasa* of the analytic session produces a mass of information, and for a patient who comes once or twice a week it may well be constructive and ego-supportive to get on to a track indicated by one of these signposts. In analysis we can afford to ignore them, in the slow, attentive working towards a deeper nexus of feeling, fantasy and wordless experience, that is slouching along in a yet unthinkable form. Clues we note and store away, but need not, often must not, hear them as distracting sirens' songs to be fallen for and followed.

I want to say something here about the act of faith. It is to do with Wilfred Bion. I have to confess that at the time I wrote my

short paragraph above about being taught by Bion, it was pretty well a summary of what I knew about him. Of course, I knew he had invented a Grid (1963) and I had never talked to anyone who could make real sense of it. But since writing my original paper, I felt a strong urge to read all the works of Bion, and have done so. I was both delighted and horrified by what I found. Delighted because some of it expressed so clearly some of my own ideas; horrified because it began to look as though I have been plagiarizing. But I do not think I can have been. I have concluded that, apart from perhaps being more influenced by the few seminars that I had with him than I had realized, we had simply developed individually along similar lines in *some ways*. I stress this because I do not wish time or imaginative conjecture to be wasted in thinking that I am seriously comparing myself to any extent with him. Wilfred Bion was a widely cultured man and I think probably a mystic and a genius. Certain clues in his writings suggest that, in the most modest and dispassionate way, he thought the same. And I am not. Also he did invent that Grid, and he constantly refers to it, and even now I have read him word for word, it makes little sense to me, and I cannot use it. This may be because Bion was, amongst other things, mathematically minded, and I am innumerate.

To return to the act of faith. I found that Bion *uses* this phrase and by it intends to signify the most highly desirable stance of the psychoanalyst. He says that the act of faith is peculiar to scientific procedure and must be distinguished from the religious meaning with which it is invested in common usage. The essence of its creation – and Bion sees it, as I do, as a positive, willed act – is refraining from memory and desire, a phrase which many people do loosely associate with what they know of Bion. He says in *Attention and Interpretation* (1970):

It may be wondered what state of mind is welcome if desires and memories are not. A term that would express approximately what I need to express is 'faith' – faith that there is an ultimate reality and truth – the unknown, unknowable, 'formless infinite'. This must be believed of every object of which the personality can be aware . . . (p. 31)

The channel for the transformation of the apprehension of the ultimate reality, or a bit of it, is the analyst's direct attention and

perception, and the capacity to bring together hitherto meaningless fragments of the patient's mental and verbal elements into a thinking process, and communicate this back to the patient. Bion says that this form of attention, this act of faith, must be what he calls 'unstained by any element of memory or desire' (p. 33). He means in the analyst, of course.

The more the analyst occupies himself with memory and desire, the more his facility for harbouring them increases and the nearer he comes to undermining his capacity for [the act of faith] . . . if his mind is preoccupied with what is or is not said, or with what he does or does not hope, it means that he cannot allow the experience to obtrude . . . (p. 41) No one who denudes himself of memory and desire, and of all those elements of sense impression ordinarily present, can have any doubt of the reality of psycho-analytical experience which remains ineffable. (p. 35)

It will be seen that Bion has intuition very high in his hierarchy of the tools at our disposal, and is advocating a constant sternly self-disciplined practice. Indeed, at one point, he actually equates intuition with analytic observations.

It must be emphasized, however, in case it is not clear enough already, that Bion is not advocating random speculative commentary unrooted in a huge reservoir of experience, thought and theoretical knowledge, and in the capacity to draw upon and correlate all these, in the intervals between the dark experiencing of the act of faith, in the interests of making the evolution of the total experience comprehensively available to the patient. The philosopher Immanuel Kant said: 'Intuition without concept is blind: concept without intuition is empty.' It seems to me that Bion, and I in my way in this paper, are striving for the merging of the two.

Before I move on from this section on Bion's thought, I just want to quote from a question-and-answer seminar recorded when Bion was in São Paulo in 1977 (Bion, 1980). It says with such simplicity so much that elsewhere in his writings Bion goes over repetitively at length and in a complex way. The questioner asks: 'How did you come to realize the advantages of suppressing memory and desire during an analytic session?' and Bion replies: 'I found I could experience a flash of the obvious. One is usually so

busy looking for something out of the ordinary that one ignores the obvious as if it were of no importance.' Whereas, again in *Attention and Interpretation*, he says, unhelpfully if challengingly: 'There can be no rules about the nature of the emotional experience that will show that the emotional experience is ripe for interpretation' (1970, p. 32). Here I would add that faith and self-reliance are indeed needed!

The crucial thing about our technical development is that it hinges on a paradox. There is a delicate balance between our reliance on our theories and on our knowledge of human nature in many of its dimensions – (and experience tells us that human nature continually reveals similar patterns, and that generates good theory) – the balance, I repeat, is between this reliance, and our willingness to be continually open to the emergence of the unexpected. 'Plus ça change, plus c'est la même chose' may be a good truism for analysts; but it is only true in a restricted sense; it is the changes that are rung that are the essentials of individual humanity. There is a grim stage when we are learning to be analysts when we are endangered by our own templates, our theories, and our teachers. We may detect the faint shuffle of the slouching beast, and be tempted to throw a set of grappling irons into the darkness, seize it, label it, hang it round with words, and haul it prematurely to birth. We may then often be stuck with a deformed monster that we have largely created by our own precipitate verbosity: we may then proceed laboriously onwards with a sort of analytic mistake, while the true creature who is not yet ready for the light of day retreats backwards into the darkness again.

The use of the metaphor of the poem here says what I want to say, but perhaps I should explain it a little, and less poetically. The seductive impulse to use the power of one's thinking and theorizing to take possession of our patients too soon can be great, but will, as suggested, be of little ultimate value to them. Precipitate control of the material may lead to a sense of satisfaction in the analyst, and often appeal to quite conscious layers of the patient, whose resistance to exposing his or her true unknown reality to the light will have been served by it.

Heisenberg's Uncertainty Principle is a hard taskmaster in the everyday life of the consulting room; it seems to me undesirable that one should communicate certainty about a patient to a patient,

or, at least, one should do so only very occasionally. The whole of our subject, psychoanalysis, can be, and often is, attacked on the grounds that it is unscientific and cannot be supported by any scientific evidence. The most that can be claimed for it is that it is *probable*, and what we use is not rigorous scientific investigation, but the act of faith, supported by rational and imaginative conjectures, themselves inevitably conditioned by our learning and our experience. The act of faith may feel like a spontaneous regression to complete unknowing, and may well be accompanied by dread; it can be disturbing to the analyst and seem like a serious self-induced attack on his ego, which in a way it is. To quote Bion again – from my memory of one of his seminars – with particular reference to trying to capture the rough beast too soon: 'Such depths of ignorance are difficult to dare to contemplate, though I am bound to feel a wish to believe how Godlike I am, how intelligent, as a change from being appalled by my ignorance.' But it may be at the expense of the *true* pattern emerging that we do this.

I am sure I am not saying anything heretical or unfamiliar to analysts at least, if I confess that I sometimes wish ardently, as I settle down for the opening sessions of what promises to be a long analysis, that the first year were already over. This is part of the paradoxical nature of our work. I would not for the world pass up that first year with all its subtle demands on the technique of getting the patient rooted in the analysis, feeling for the available transferences, learning history, and doing first aid, which is often so necessary when things have fallen apart and anarchy has been loosed upon the world.

But after this preliminary work there comes a time which is exhilarating, when the pace quickens and the gears change. Paradoxically again, this is often the time when darkness begins to close in, but it is a darkness having that special quality of the unknown which is moving towards being known. Freud was speaking of a time like this, I imagine, when he said that sometimes he had to blind himself in order to focus on the light in one dark spot. There is a textural richness which begins to draw deeper analysis out of one's own darkness, and stretch oneself towards the limit of ingenuity, technique, and a rapid use of identifications and intuition, combined with imaginative intensity. During phases like this

in analysis it is true to say that one does not *think* at all during some sessions, at least in the ordinary cognitive use of the word. Indeed, one of the most satisfying elements about entering the stage of doing an analysis when the anxiety of the early years is left behind and senility has not yet come, is this freedom from actually thinking while one is actively engaged in working; that is, when the act of faith is becoming easier. Of course, to say this is not to detract from the high value attaching to the power of attention and total concern with the patient. In fact there is plenty of evidence, not only in our literature, but in that of philosophy and religion, that the attention is more total when temporarily freed from concurrent cognitive processes. This switch into fifth gear cannot exactly be legislated for, although Bion's advice that we should rigorously practise for it is relevant, and it does not by any means always happen. Then we fall back again on thinking, and theorizing, and trying things out in our heads, or just waiting. But in the fifth-gear phases, when the act of faith is most fully deployed, when our listening ear seems to be directly connected with our tongue and speech, interpretative dialogue is not a process which I would regard as being under everyday conscious control. Fascinating data derived from bio-feedback experiments show that the nature of the brainwaves actually changes in the states to which I am referring and predominantly alpha rhythm on the EEG takes over from normal waking mixed beta and theta waves. When I gave this paper at the 1982 conference, one of the analysts in the discussion took up what I have just said and asked me rather peevishly what I meant by saying that this was fascinating. I fear I was unable to answer satisfactorily. I had myself participated in bio-feedback experiments and had learned to alter my brainwaves, blood pressure and skin resistance. If the phenomenon I have just described is not self-evidently fascinating, then we are on different wavelengths and I cannot justify the use of such a personalized word.

Certain recurring problems in analytic work give valuable encouragement to our reliance on the process that I have just attempted to describe. These are problems which may be rather specially regarded as falling into the arena entitled 'beyond words'. One of them is silence. Any silence of more than about forty minutes in analysis begins to have its own peculiar interest. But

there is a very particular challenge issued by profoundly silent patients, who are often, by the way, not diagnosable as such during a careful assessment interview. I make this point because it indicates that profound silence itself, as well as what it conceals, can be a rough beast which is slouching along in the depths of a communicative, articulate patient and whose time may need to come round and be *endured* in the analysis.

I have treated eight patients in twenty-five years who have been deeply silent for long periods during the analysis. One for nearly a year, several for months or weeks.

One of these was a man who was in his mid-fifties when he started treatment with the complaint of near-suicidal depression. He was unmarried, sexually virginal, powerful, charismatic, and a successful captain of industry. He was not, I decided in the first year, a False Self personality, nor was he, apparently, homosexual or perverse. He had a huge number of acquaintances, but no really close friends. He was a clubbable man. The very fact of starting analysis, and that he had never really talked deeply to anyone about himself meant that, in his case, the first couple of years were full of interchange and improvement. But I was suspicious that something else was gathering its forces in the depths of his inner world. He slowly made an eroticized transference, and was somewhat elated for months. I could not exactly predict what the shape of the beast was going to be, but that there was something completely different that had to emerge in time if the analysis was going to work, I did not doubt. He had come to me with his centre not holding, and with things falling apart, and the initial improvement had not truly touched that. In his second year, he suddenly ground to a halt, and fell violently silent, exuding ever-stronger black waves of hatred and despair. I slowly tried out the various technical manoeuvres that I had learned over the years for approaching and entering silence. To no avail. The change in him from late midlife-crisis neurosis to something which breathed psychosis was heavy in the atmosphere. He never failed to attend, but his body movements and even his shape seemed to have altered. Very close attention to these things is of the essence when faced with such a massive 'beyond words' challenge. He slouched and humped himself grimly and disjointedly up and down my stairs and in and out of my room. His gaze, when he glanced at me, was

shifty, evil, and terrified. He was as if possessed. When I spoke about what I saw and felt, he glowered, grunted and sank further into an ungainly heap. He had never wanted to lie on the couch, so all this was face to face. I carried dark and heavy projective identifications, to put it one way, which I tried in vain to decode to him, until I was almost as saturated in despair as he was.

One day, without really thinking it out clearly, I suddenly demonstrated an example of what Neville Symington has called 'the analyst's act of freedom' (1983). I simply and suddenly became furious and bawled him out for his prolonged lethal attack on me and on the analysis. I wasn't going to stand for it a second longer, I shouted, without the remotest idea at that moment of what alternative I was proposing! This outburst of mine changed the course of the analysis. I subsequently wrote about this man more fully, under the title 'The analysis of an elderly patient' (1991a; this volume, Ch. 10).

It was only in the subsequent interpretative understanding of that parameter, as my outburst would be called, and of the preceding black months, that we came to see how much, to his own surprise and horror, this man had needed to live out, and have experienced and endured by another person without retaliation, his primary hatred of a genuinely powerful mother. He had, so to speak, lost her to his only brother who was born when he was eighteen months old, and he had been required by her throughout his life to love and revere her unstintingly. He had solved this first great problem of his life by remaining unswervingly loyal to her and it had nearly cost him his life. You will see that the act of freedom arose from the exercise of an act of faith. I had given up trying to 'understand' this patient, given up theorizing and just sat there day after day without memory or desire in a state of suspension, attending only with an empty mind to him and the unknowable truth of himself, which had shaped his life, until such a moment as I was so at one with it that I knew it for the murderous hatred it was, and had to make a jump for freedom - his as well as mine, though I did not think that out at the time - by shouting. These acts of faith can feel dangerous.

I would like to speak briefly here for a moment of another thing that is often, I have the distinct impression, felt to be dangerous in psychoanalysis, albeit in a different way from the encounter with

the murderous hatred via the act of faith. This is laughing. You hardly ever hear analysts talk about laughing in sessions, and you do not find papers written about it either. Again I return to Bion for a comment though he nowhere has developed it as much as I could have wished. In one of his São Paulo seminars, he is talking about how psychoanalysis has changed and developed; he wonders would Freud even understand what some of us are doing now? Then, apparently at random, he goes straight on to say: 'I wonder if it is within the rules of psychoanalysis to be able to laugh at ourselves? Is it according to the rules of psychoanalysis that we should be amused and find things funny? Is it permissible to enjoy a psychoanalytic meeting? I suggest that, having broken through in this revolutionary matter of being amused in the sacred process of psychoanalysis, we might as well continue to see where that more joyous state of mind might take us' (1980, pp. 94-5). Then, rather maddeningly, but very characteristically, he says no more about this explicitly, but I think it is significant that he goes straight into a short passage which ends like this:

I sometimes think that analysts are sunk in this same Oedipal gloom; so much so that they are often taken by surprise when they discover that there is such a thing as mental pain. One feels that they have only learnt that there is a theory that there is mental pain, but that they don't believe it exists, or that psychoanalysis is a method of treating it. So when a patient gets 'better' they are surprised; they don't believe it has anything to do with the work they are doing. But if we are to go on growing and developing, I believe that the psychoanalytical procedure does a great deal to help that development to take place . . . Psychoanalysis helps the spirit, or soul . . . to continue . . . we help the soul or the psyche to be born, and even help it to continue to develop after it is born. (pp. 96-7)

Now the immediate juxtaposition of those two passages makes me think that implicit in the second passage is the message of the first; to put it very simply, that laughter and enjoyment can be therapeutic factors in psychoanalysis. Certainly I believe that one not only can but should enjoy psychoanalytical sessions.

I once thought about writing a paper on laughing in psychoanalysis and perhaps this is the nearest I shall get. I suppose there is a fear that I may be deluding myself, and not noticing that what it really means is that my technique has got sloppy, or that I have

developed a special sort of defence, or both, or many more horrendous things, but certainly with advancing age laughter seems to occur more often than it did. Of course, it is important to try to continue to analyse and monitor what is happening. I remember that when I was still training, I started to treat a patient in what had to be called five-times-a-week psychotherapy, because I was not yet an analyst. He was not one of my training cases. He was a man who could make people laugh. He was quite ill, but he was really extremely amusing. I was so serious about my training and what I thought were the sacred rules of psychoanalysis that I used to use a lot of energy trying not to laugh. Of course I analysed the aggression in his jokes, and there was plenty of it, and what was defensive, distracting and seductive about it all. And so I would now. But I also think now that I would laugh first if I felt like it. I am now of the opinion that I deprived both him and me unnecessarily by being so prim. I think I might have got nearer to some true shape or pattern in him *faster*, by responding with a natural reaction and *then* talking about it. If we are too protective of our self-presentation and of what we consider grimly to be the sacred rules of True Psychoanalysis, then we may suffocate something in the patient, in ourselves, and in the process.

Another category of patients who present one with specific 'beyond words' problems are those with psychosomatic symptoms. In this I include, of course, the fairly straightforward, pure, and now relatively rare hysterical conversions. The overlap between these and some psychosomatic symptoms of different aetiology can be extending and confusing. For example, I have had the opportunity to treat five cases of asthma of late onset in adults, two in analysis, and three in focal analytic psychotherapy. They could not exactly be classified as hysterics, because I believe hysterical symptoms are rooted in a pathological disablement of the will, and willing and breathing, which is what goes wrong in asthma, do not connect up properly in a psychological sense, that is, we do not breathe at will. A paralysed limb where the voluntary muscles cease to work hysterically is a different matter. But they were certainly conveying a message of conflict through their asthma attacks, and this is what hysterics do. They were also threatening life itself, and two of them very nearly did die in *status asthmaticus*. If I were to condense into one sentence what the

hidden central dynamic was, I would say it was pre-verbal, never thinkable, never expressible rage with the mother, rooted in a period before attainment of the depressive position. In silence, eventually, I had to experience this rage directly myself as raged at, before being able to evolve this shape into suitable words.

The special interest of psychosomatic symptoms, to pick up the main metaphor of this paper, is that the rough beast whose hour is not yet come is holed up in the body. There is a lovely quotation from the poet John Donne, in his poem 'Progress of the Soul', which refers to the non-pathological aspect of this:

her pure and eloquent blood
Spoke in her cheeks, and so distinctly wrought,
That one might almost say her body thought. (lines 244-6)

The beast has crossed that mysterious barrier whose location eludes us, and moved over into a stronghold from which it is only on rare occasions easy to be delivered. Mostly, the beast seems inaccessible, and we perceive that part of the mind has lodged on a psychotic island in the body. This image arises from a paper by Herbert Rosenfeld (1985), which sheds light on the treatment of women who not infrequently select the uterus as their psychotic island. We could say that a psychosomatic symptom represents that which is determined to remain unconscious, or unknowable, but which at the same time has actually made itself conscious in a very heavy disguise; it is speakable about only in a dense and enigmatic code. In terms of the metaphor of my paper, we have to ask what is the unthinkable content slouching along in the darkness of the psychosomatic symptom? How do we build a bridge which really *holds* over the secret area of the body-mind divide? Can the unthinkable become thinkable? Can we possibly devise words which have enough compatibility with the physical track chosen by the mind, so that we can send some sort of message down back along that same track via the body to the mind? By ordinary, careful analysis laced with inspiration one may at length interpret the psychosomatic symptom so irresistibly that it yields. A rush of new affects may appear. The now more verbal material may be enriched by new-old memories. Or the symptom may just quietly fade away. Nevertheless, there is a certain mystery which we do well not to

ignore. It would be unwise to conclude that because we have apparently cured a genuine psychosomatic symptom by dynamic interpretation we actually *know* how it was *done*. We may be able to derive further theory from it. We may even be able to repeat the performance with another patient with a similar problem. But we do not quite know how it was done. Where and how did our laboriously evolved words and thoughts meet and capture the resolutely unthinkable beast in the unconscious process?

There is a way of visualizing analysis as a spiral process. The seemingly same ground is ploughed over and over again. And yet there is always something new about it. I refer to this spiral effect here because it has a special relevance to our work with psychosomatic symptoms. We may have undermined such a symptom to the point of its yielding. The patient may be in completely different territory, a long way up the spiral. Suddenly the symptom returns. It requires investigation all over again. The original understanding does not influence it in the same way. The mind is so protean that it can colonize the body in a new spirit and skilfully enlist the symptom under a new banner in the ongoing war of resistance in the transference.

Perhaps I may end here by saying that patients with such symptoms, and silent patients, teach us most vividly and memorably that there is always in our work a dimension that is beyond words. Some people *suffer* more from the unthinkable than others, and for these we have to do all in our power to help towards the therapeutic transformation, to bring thought to the unthinkable and words to the inexpressible. Gradually the rough beast may, within the framework of the analytic relationship, slouch towards being born, and the new creature emerging from the birth is the increased happiness and peace of mind of the patient. But in all of us there are some things which will never be within our reach; there is always a mystery at the heart of every person, and therefore in our job as analysts.

DIAGNOSIS AND ASSESSMENT FOR SUITABILITY FOR PSYCHOANALYTIC PSYCHOTHERAPY

In day-to-day work, we draw partly on unconscious skills, knowledge and intuition. But the situation in which we need to be consciously in touch with a whole range of ideas and concepts is the diagnostic interview. Here I would stress *diagnostic* in conjunction with assessment for analytical psychotherapy; we have to be getting at some sort of diagnostic picture, in order to think about patients coherently and, if necessary, to be able to discuss them with colleagues to whom we may be referring.

My main qualification for giving this paper is the amount of consultation I do in private practice. The diagnostic interviews at the London Clinic of Psycho-Analysis of which I was Director for ten years were pretty specialized and it is in private practice, where for many years I have done an average of three consultations a week, that my experience of diagnosis and assessment for analysis and psychotherapy mainly lies. Of these consultations, only about 10 per cent turn out to be 'therapeutic consultations' in their own right, that is, do not require referral for therapy, and only about 5 per cent are subsequently placed in full five-times-a-week psychoanalysis. The therapeutic consultation is a special event which is not necessarily predictable at the point of referral. Winnicott wrote and taught about it. It is very rewarding for both patient and therapist, and really does not fall within the scope of this paper. I will just say that it occurs when you can focus on a main, or presenting problem, and say or interpret something mutative; or