'Saturated-O' and 'Unsaturated-O' Experience

A Contribution to Bion's Theory of Transformations
San Francisco, CA 2005[1]

Lee Rather Ph.D.

Introduction

My intention in this presentation is two-fold. First, I would like to discuss Dr. Bandera's paper, *Hysteria and the Transformation Spectrum* by offering commentary on several areas which form the background for her contribution. These areas include: the need for further elaboration of the theory of alpha function; the resistance to the concept of O in analytic discourse; and the 'Transformation Spectrum' as a potential structural and nosological system. In the process of elaborating these, I will also pose several questions for Dr. Bandera to consider during the discussion which follows. It is sometimes said that 'the problem lies in answers, not in questions' ('*la reponse est le malheur de la question'*). This sentiment nicely captures Bion's sense that humans are fated to seek truth while equipped with inadequate equipment. This being the case, the questions I pose to Dr. Bandera are not in the spirit of challenge or closure, but rather in the spirit of amplifying the nature of the problems under examination.

My second purpose is to undertake a further exploration of the Bion's theory of transformations *in* O vs. transformations *of* O, and to investigate the difficulties in using the concept of 'O' clinically. In doing so, I will put forward a new framework for considering these issues. I will propose that O may be regarded as an 'object' which, depending on the register of its transformations, may be experienced within two separate subjective domains which I term *saturated-O experience* and *unsaturated-O experience*. I will postulate that *saturated-O experience* is the domain of psychic pain, and that *unsaturated-O experience* is the domain of the more evolved existential 'suffering' to which psychoanalysis at its best may deliver us.

---

[1] (2005). Discussion of 'Hysteria and the Transformation Spectrum'. Scientific Meeting of the Northern California Society for Psychoanalytic Psychology. San Francisco, CA.

PART I

Reflections on Dr. Bandera's
Hysteria & The Transformation Spectrum

Most papers in the psychoanalytic literature tend to either apply, confirm, or synthesize already familiar theory in the context of particular clinical situations. Some go further, tentatively proposing minor modifications to existing concepts. Only a few clinicians set their sights higher and attempt to put forward something new as does Dr. Bandera. She calls our attention to an area of Bion's theory in need of elaboration and goes even further to propose new functions to chart what she terms the 'Transformation Spectrum' in hysteria. In my opinion, this paper breaks new ground and makes an innovative contribution.

The Need for Elaboration of the Theory of Alpha Function

As someone with a long-standing interest in Bion, I've had many occasions over the years to present his work to various classes, study groups, and seminars. In discussing Bion's most user-friendly cluster of ideas, namely his 'theory of thinking', and his twin concepts of 'container-contained' and 'alpha function', it has occurred to me from time to time that while alpha function is essential for non-psychotic states of mind, it does not by itself guarantee freedom from neurosis nor the grip of pathological phantasy. I have wondered whether there might be degrees of alpha function and qualitative differences of container-contained that could be better articulated in Bion's theory. Some months ago, in one of the spirited discussions I've enjoyed with Dr. Bandera, I mentioned this in passing, and was very intrigued when she responded that she had already not only identified just this problem, but also proposed a conceptual solution in the paper you have just heard. So, I would like to begin by further elaborating the conceptual and clinical problem for which she has presented a solution.

First, the briefest recap of the relevant theory. In Bion's theory of emotional processing, 'O' (Ultimate or Absolute Reality) presses in upon the infant and is registered as raw experience, beta elements, which cannot yet be tolerated, symbolized, or processed. Bion uses the term' reverie' to designate the mother's state of receptivity in

taking in the infant's raw experience and transforming it into 'alpha' elements, which can be re-ingested by the infant in a more tolerable form. This process of alpha function is the essential relation between container and contained. Through gradual internalization of this repeated sequence, the infant begins to develop the capacity for alpha function, formulating a sense of an internal container which becomes the foundation for tolerating psychic pain and digesting experience for emotional growth. The fact that every mother will have psychological limitations of her own implies that for each of us further development of the capacity for reverie, containment, and alpha function will be necessary. A second crucial opportunity for this growth occurs in psychoanalytic treatment where the patient may gradually internalize the analyst's capacities. When things go well, the analyst is able to contain that which the patient cannot yet tolerate, and gradually make it available through tolerable, digestible, interpretation. Interpretations by the analyst are mutative not only because of their specific content, but also because they represent and provide an opportunity for the internalization of the analyst's provision of reverie, containment, and alpha function.

This aspect of Bion's theory is relatively straight-forward and very usable, particularly for distinguishing psychotic function from non-psychotic function. For followers of Bion and Klein, the term 'psychotic' is not used *descriptively* with respect to symptoms, but rather is used *functionally* to designate psychic management characterized by evacuation instead of containment. Thus, in Bion's theory, beta elements are either contained through alpha function or, as sources of 'nameless dread', are evacuated (into others, into the soma, or in hallucinosis). So far so good. The theory nicely allows for predominantly psychotic personalities to have non-psychotic areas, and for predominantly non-psychotic personalities (presumably us) to have pockets of psychotic function. However, the clinical implication of all this is that alpha function is sufficient, and that most psychological problems will revolve around unprocessed beta elements. Little explicit attention has been given so far to variations in the quality of alpha function itself. To give a crude and exaggerated, but hopefully illustrative example: a toddler is overwhelmed with unformulated feelings when a large hairy creature with big teeth and a long tongue appears out of nowhere, jumps up, licks her face, and runs off. Perhaps, the comforting mother says: "It's alright sweetheart, you were just so surprised and scared

because you've never seen a dog before and didn't know that he was just excited and friendly and wanted to give you a big kiss"! This would be good-enough containment and provision of alpha function. Now let us suppose a delusional mother who responds: "It's alright sweetheart, that was just a creature from Alpha Centauri visiting earth to see which children are good and which children are bad. So far, I think he likes you"! Assuming both mothers believe they are being truthful, each has taken in and given meaning to the inchoate emotional response of their child. Both have provided a degree of containment and alpha function. But how do we conceptualize the obvious qualitative differences in their alpha function and its correspondence to reality?

Bion's Grid (something known to induce 'nameless dread'!) addresses this issue to some degree. The Grid's vertical axis corresponds to the progressive development of thought, and the horizontal axis to its use. The vertical axis moves from top to bottom: Beta Element > Alpha Element > Dream Thought-Myth > Pre-Conception > Conception > Concept > Scientific Deductive System > Algebraic Calculus. The horizontal axis on the other hand, contains a column (column 2) designated by the Greek letter 'Psi'. This is where any element on the vertical axis must run the gauntlet of the reality principle and may or may not be used to obfuscate truth. So, it seems that what Dr. Bandera is addressing is a type of psychic function represented between the beta and alpha cells on the vertical axis and anchored in column 2 of the horizontal axis. Bion's Grid is not sacred. He developed the Grid as a tool for facilitating reflection outside the psychoanalytic session, comparing it to practicing scales rather than particular musical compositions. He also suggested that others might come up with variations of the Grid. So, in that spirit, one of the questions I would like to ask Dr. Bandera to consider is how she might integrate her conception of the Transformation Spectrum and her beta modification functions into a new elaboration of the Grid.

Also, although I have been discussing alpha function and implicitly considering Dr. Bandera's concepts of *skipping, substituting, parallel track responding, and deflecting* as if they were variants of alpha function, she is precise in terming them 'beta modification functions'. Clearly, she reserves the term 'alpha function' for something more particular. In Attention and Interpretation, Bion suggests that all thoughts that arise from thinking

are false when they are compared to the true facts they formulate. That is, K is always false when contrasted with O. What varies is the degree of falsification, as we saw in the Alpha Centauri example. His leads us to consider what criteria might be used to distinguish true alpha function from various forms of beta modification.

Resistance to the Concept of 'O' in Psychoanalytic Discourse

I would like to turn now to Bion's concept of O and some of the issues it raises. I'll begin by quoting from Dr. Bandera's paper:

> It is puzzling to me that theorists who use Bion's ideas to discuss hysteria do not employ his concept of O…Theorists, Bell (1992) and Rather (2002) stress the importance of –K in hysteria or attacks on knowing, but they do not use the concept of O in discussing why knowing is evaded. Perhaps O is implicit in their thinking; nevertheless, it remains a question why the term is not used. (p. 7)

There are several ways to consider this question, the first of which is institutional and political. In 1962, Bion, now 65 years old and President of the British Psychoanalytic Society, was no longer worried about whether or not he was a Kleinian. It was at this point that he launched the most creative phase of his work with the publication of Learning from Experience in which alpha function is introduced. While Freud and Klein had directed attention primarily to love and hate respectively (L and H), Bion's attention was captured by the problems of truth and knowledge (K) depicted in the myths of Oedipus, the Garden of Eden, and the Tower of Babel. The K link signifies the emotional aspect of curiosity, doubt, knowing, and all the related pains and frustrations. It represents the process of abstracting elements from emotional experience for the purpose of psychic growth. In retrospect, it seems inevitable that Bion would extend his thinking beyond K to what it is that K is directed toward. He introduced the concept of 'O' in Transformations and expanded upon it significantly in Attention and Interpretation. O signifies the Absolute Truth about Ultimate Reality, a subject more usually the province of religious, spiritual, or existential discourse, and certainly one that had been banished from mainstream psychoanalysis at least since Freud published The Future of an Illusion

in 1927. For many analysts, it is one thing to talk about internal and external reality, but quite another to talk about ultimate reality! Bion himself seems to have been neither religious nor spiritual in any conventional sense, and his writings intimate a view of religious and spiritual strivings as primitive precursors to a more analytic state of mind in which the 'psychoanalytic function of the personality' could evolve toward O. Nonetheless, concern with ultimate reality was anathema to Kleinians, many of whom felt Bion never wrote anything worthwhile after 1963's Elements of Psychoanalysis, or even insinuated that he deteriorated after moving to Los Angeles in 1968.

For some of this sentiment Bion may perhaps be held partly accountable. The experience of reading Bion, particularly in Transformations and Attention and Interpretation, is sometimes clear, very often evocative, more often elusive, and not infrequently, exasperating. Bion is a minimalist, a deconstructivist, and something of a provocateur who prefers to imply rather than state the melody. Addressing the subject of O is obviously a formidable linguistic problem, and Bion also requires of his readers a radically different mindset. Quite in contrast to Freud and Klein who developed psychoanalytic theories about people, Bion's ultimate project was evolving a theory about psychoanalysis as a thing-in-itself. In this quest, he was concerned with finding language and concepts that were not already saturated with meaning. Disliking what he regarded as the premature certainties of analytic 'psychobabble' which he felt foreclosed curiosity and deeper contact with O, Bion attempted a 'Language of Achievement', a language which avoids the pitfalls of certainty. This language, like poetry, points towards and evokes more expansive thought rather than nailing things down as we are accustomed to with other theorists. Still, it must be said that it is puzzling that he would borrow so freely from religious and spiritual languages, which though perhaps unsaturated for him, certainly were not for others. All of the above being said, I think that many analysts also avoid using the concept of O because of its ambiguity, openness, and complexity as a signifier in the clinical setting. I will address this further in Part II of this paper.

The Transformation Spectrum: Nosology and Structure

To return much more directly to Dr. Bandera's paper, I would like to raise some discussion final questions concerning the use of the Transformation Spectrum as nosology and as psychic structure. First, could the four beta modifications functions be used to begin construction of a diagnostic system. Let me quote Dr. Bandera on the s*kipping* function, for example:

> The patient using skipping function has a hard time maintaining contact with her emotional experience. In a session she might begin to enter into an emotionally alive experience, the analyst too might begin to feel the emotional state, but seconds later the pair will be swept up, as if by a strong current and carried to another disjointed bit of experience. (p. 18-19).

I have found the concept of 'skipping' useful in reflecting upon the containing function in certain patients who move rapidly from one subject to another in a flurry of chatter. Such chatter is difficult to decipher as 'free association' because its movement does not seem unconsciously aimed at producing links so much as aimed at precluding depth of reverie which would open a space for links to emerge. This is a particular form of what we commonly refer to as lack of psychological mindedness. Given the ubiquity of the phenomena described by the *skipping* function, it raises a question about whether it is exclusive to the hysteric, necessary and/or sufficient in making such a diagnosis, or whether it is something common to more than one type of character formation.

Bion assumed that mental disorders fall into two broad categories, neurosis and psychosis, distinguished based on the transformation type involved. Horacio Etchegoyan (personal communication) suggested that phantasies concerning why dependence is dangerous are so ubiquitous and idiosyncratic, that we could use them as the basis for a classification system of pathologies. Given psychic complexity, there are many ways to slice the diagnostic pie and nosological systems might be developed from many perspectives besides those familiar to us. It seems to me that the Transformation Spectrum might be a useful construct not only for charting the vicissitudes of beta

modification that characterize the hysteric, but for other character types as well. Dr. Bandera is starting with hysteria, but I would like to ask her whether she thinks there might be specific beta modification functions for each psychoanalytic diagnosis, or that we might even build a nosological system based on the variations.

My final question refers to the topographical structure of the Transformation Spectrum and beta modification. Since alpha function is generally conceived of as a multi-dimensional process taking place in unconscious dreaming, preconscious reverie, and conscious secondary process thinking, I would like to ask Dr. Bandera whether she considers the Transformation Spectrum relevant to all levels or just the more conscious level. Another way to ask this question would be: does the skipping function, for example, also take place in dreams of her prototypic hysteric?

There are many additional issues that could be touched upon in further discussion of Dr. Bandera's paper. Just one obvious example would be the diagnostic entity of hysteria itself. Like many psychoanalytic terms over the last century, the term hysteria has become an expanding signifier that means different things to different theorists. For me, one interesting aspect of hysteria concerns not just the capacity for observing and knowing, but also the subject's disavowal of ownership over feelings, motivations, and experience. Krohn, in an interesting book entitled *Hysteria: The Elusive Neurosis* (1978), defines hysteria as a form of pathology the essential hallmark of which is conscious and unconscious abdication of personal agency and responsibility. Krohn's hysteric uses whatever culturally sanctioned means are available for such disavowal. Historically, these have included not only the various somatic conversions described by Freud and Breuer, but also phenomena such as demonic possession, claims of abduction by UFOs, and perhaps many cases of multiple personality disorder. If there were more time, it would be interesting to ask whether Dr. Bandera sees any relationship between the modes of beta modification she has postulated and the hysteric's resistance to accepting personal agency in the encounter with O. In any case, questions like these, and many more which have no doubt occurred to you as you have listened, are a testimony to the richness and evocativeness of what Dr. Bandera has presented to us.

PART II

‘Saturated-O Experience’ and ‘Unsaturated-O Experience’: A Contribution to Bion’s Theory of Transformations

I would now like to address some of the complexities in applying the concept of O clinically, and gradually introduce a new conceptual framework which I call *saturated-O experience* and *unsaturated-O experience*. Let me begin by returning to Dr. Bandera’s paper:

> I believe that K is attacked because it is a precursor to experiencing O, or in their arguments [*referring to the theorists she mentions*], the O of the primal scene. Along these lines, Bion (1965) wrote, “transformations in K are feared when they threaten the emergence of transformations in O” (p. 158). The hysteric fears and evades knowledge because K can lead to experiencing O. (p.7)

We generally accept unquestioningly that the Oedipal situation and the primal scene are painful, and perhaps this is so self-evidently a part of our experience that we seldom think to ask why! We notice throughout neo-Kleinian and Bionian clinical descriptions phrases such as ‘inability to accept’, ‘incapacity to observe’, ‘inability to take up the third position’, and so on. But why should this be so? And why should we dread the O of the primal scene? How can we grasp what Bion is pointing toward when he writes: “transformations in K are feared when they threaten the emergence of transformations in O”?

To approach these questions, we will need to back up before going forward. I want to acknowledge here that I am putting forward a very personal reading of Klein and Bion which I am in the process of formulating for a paper on the ‘existential deep structure’ of psychoanalysis. Nonetheless, I think these ideas are highly relevant to Dr. Bandera’s project.bIn the following passage from Transformations, Bion introduces the term ‘O’ for the first time:

> The patient enters and, following a convention established in the analysis, shakes hands. This is an external fact, what I have called a "realization". In so far as it is useful to regard it as a thing-in-itself and unknowable (in Kant's sense) it is denoted by the sign O (p. 12-13).

Later, in the same work, Bion states:

> Phenomena, the term being used as Kant might use it, are transformed into T-beta. T-beta may then be regarded as a representation of the individual's experience O, but the significance of O derives from and inheres in the Platonic Form.
>
> The object represented by the term Platonic Form may also be represented in mystical terms such as 'One is one and all alone and ever more shall be so'.
>
> …To qualify O for inclusion among the column 1 categories by defining its definitory qualities I list the following negatives: Its existence as indwelling *has no significance* whether it is supposed to dwell in an individual person or in God or Devil; it is not good or evil; it cannot be known, loved, or hated. It can be represented by such terms as ultimate reality or truth (p. 139-140). [italics mine]

In the first passage O, the handshake, is, so to speak, a moment in O, and in the second passage, O, the Platonic Form, is the totality of what is. What I want to draw attention to is that Bion knows in the first passage that the handshake will acquire significance in the clinical encounter, but he is also indicating in the second passage that the significance of O is that it has no significance!

The idea I would like to develop is that, although there can only be one irreducible Absolute Reality signified by O, it is nevertheless possible to postulate two conceptually separate subjective domains of O experience. The difference in the subjective experience of O, I propose, depends on three highly interrelated dimensions: first, whether O is encountered through the filter of paranoid-schizoid operations or depressive position operations; second, whether the experiencing subject is involved in transformations *of* O or transformations *in* O; and third, whether the experiencing subject can tolerate the absence of meaning or, being intolerant of this, retreats to a moral outlook. The way

these three dimensions intersect will be crucial in determining whether or not one's relationship to O is felt to have significance, that is whether it is 'saturated' or 'unsaturated' with meaning. Let me elaborate each of these dimensions in turn.

O as 'Object'

First, it is possible to conceptualize ultimate reality, O, as an 'object' toward which each subject may have paranoid-schizoid or depressive relations. From the standpoint of paranoid-schizoid functioning, O is given meaning in so far as reality is experienced as if consisting of two distinct aspects: one which is hated because it does not gratify desire, and one which is loved because it does. Fortune, misfortune, and fate are felt to be intensely personal as they are received through the conscious, preconscious, and unconscious meaning-producing operations in K. The subject may feel either 'blessed' or 'cursed' in a very personal way. We are accustomed to thinking of paranoid-schizoid functioning in terms of the obvious disadvantages. But we should also recognize that it secretly offers the greatest of hopes. Implicit is the assumption that an ideal, gratifying, and fair world is just around the corner, if one can just play one's cards right. In this way, the paranoid-schizoid sufferer, and by that, I mean all of us at times, is a closet optimist.

In depressive position functioning, the outlook is more sobering. Gone is the hope for a life of undiluted goodness, satisfaction, and omnipotent control. Fortune, misfortune, and fate are increasingly felt to exist independently of one's needs and control. O is registered as a complex 'other' comprised not of we have created, but rather of all that we are subject to. Its relationship to us is increasingly felt to be impersonal. In relationship to O as a depressive object, the subject is faced with the dissolution of omnipotence and an awareness of the fundamental human condition of smallness, helplessness, and vulnerability. In so far as O is progressively recognized as indifferent to our welfare, sometimes occurring in harmony and sometimes in opposition, it is felt as less 'personal', and meanings attributed to it are construed in an increasingly less saturated manner.

Transformations in O vs. Transformations of O

We turn now to the second dimension, the distinction between transformations *in* O and *of* O. Bion described three types of transformation: rigid motion, projective, and hallucinosis. It is unnecessary for our purpose to define these now, but important to note that all refer to *transformations of (from) O*, which can be included in the K field. In contrast to these, Bion adds *transformations in O*. These contrast with the others in that they are related to change, growth, insight, and 'becoming O' rather than 'knowing' it. The terms 'knowing' and 'becoming' signify drastically different modes of apprehending ultimate reality for Bion. 'Knowing', the K linking function, belongs to the Cartesian world of traditional science and reflects the epistemology of separating subject from object. With the concept of 'becoming', Bion posits an entirely different form of epistemology. 'Becoming' is a mode of contact in which separation of subject and object does not occur. Quoting Bion:

> The most, and the least that an individual person can do is be it….L, H, K are links and by virtue of that fact are substitutes for the ultimate relationship with O….But I wish to make it clear that my reason for saying O is unknowable is not that I consider human capacity unequal to the task but because K, L, and H are inappropriate to O. They are appropriate to transformations *of* O (my italics), but not to O. (Transformations p. 139-140)

For Bion, unlike Freud, the experiencing ego is elevated far above the observing ego. The purpose of analysis is not to *know* oneself, but rather to *become* oneself. To paraphrase Dr. James Grotstein (to whom I am deeply indebted for inspiration), in the domain of 'knowing' we transform O; in the domain of 'becoming', O transforms us.

Absence of Meaning vs. the Moral Outlook

I would now like to turn to the third dimension, namely whether the experiencing subject can tolerate the absence of meaning or, being intolerant of this, retreats to a moral outlook. I would like to cite several passages from Transformations that constitute a theme that, to my knowledge, has never been taken up nor brought into conjunction with

the concept of O. I believe this theme is of immense importance and worthy of our deepest consideration.

> The usurpation of the ego's position by the super-ego is the result of imperfect development of the reality principle with exaltation of a 'moral' outlook' and lack of respect for the truth. (p. 38)

> Patients show that the resolution of a problem appears to present less difficulty if it can be regarded as belonging to a moral domain; causation, responsibility and therefore a controlling force (as opposed to helplessness) provide a framework within which omnipotence reigns. (p. 64)

> This anxiety is often screened by the fact that the analyst gives interpretations and thus seems to provide evidence that meaning exists. If this is not observed the patient's intolerance of meaninglessness is not interpreted: he will pour out a flood of words so that he can evoke a response indicating that meaning exists either in his own behavior or that of the analyst. Since the first requisite for the discovery of the meaning of any conjunction depends on the ability to admit that the phenomena may have no meaning, an inability to admit that they have no meaning stifles the possibility at the outset. (p. 81)

To translate: it must be possible to bear the pain that the absence of the breast has no meaning, although this is nearly impossible for us. Here, we might extract a second meaning from the idea that "the problem lies in answers, not in questions". The first answers to the question 'why is the breast present?' or 'why is the breast absent? are moral answers, i.e., good breast—bad breast. The compulsion to give meaning emerges from the primitive animism of unconscious phantasy which precedes the scientific outlook, and which is governed by narcissistic overestimation of subjective mental processes and the sway of omnipotence. Meaning is created most powerfully in paranoid-schizoid relations and, by definition, in the domain of transformations *of* O into K. As Shakespeare's Hamlet says: …" there is nothing either good nor bad, but thinking

makes it so". Meaning and significance exist solely in the domain of K (vectored by L and H). They are absent and irrelevant to the domain of becoming, because O is indifferent, it is nothing personal.

Saturated O vs. Unsaturated O

Because the centrality of the moral framework of meaning created in the domain of K contrasts so starkly with the absence of meaning proper to the domain of 'becoming O', I am terming the two subjectively separate domains *unsaturated-O experience* and *saturated-O experience.* Again, I must emphasize that I am not talking about O itself, but the subjective experience of O. My proposal is that *saturated-O experience* gives us problems in K, which constitute the familiar registers of neurotic, borderline, and psychotic difficulty. *Unsaturated-O experience* brings us closer to existential concerns, which I will discuss in a moment. Freud suggests that psychoanalysis aims to replace neurotic misery with everyday unhappiness. In an expansion of this sentiment, Bion suggests that analysis aims to replace psychic pain with an increased capacity for suffering. Psychic pain and suffering are radically different for Bion. Psychic pain results from the refusal of the truth (ultimately *unsaturated-O experience*) and the neurotic and psychotic deformations which result from such refusal. The term 'suffering' comes from the Latin roots (sub-ferre) meaning 'to bear or carry'. Suffering O means allowing what is to be what it is, in all its indifference, with neither a feeling of goodness nor badness, and with no meaning or significance.

Clinical Relevance

I realize that in discussing phenomena at this level of abstraction psychoanalysts can begin to sound like the Scholastics of the Middle Ages who are satirized for allegedly debating the physical dimensions of angels in heaven and arguing about how many might fit on the head of a pin. So let us come back down to earth and consider the direct relevance these issues have when we consider the impact of O on the psyche as we encounter it in the consulting room.

For example, when we describe something as traumatic, to what extent are we describing something inherent in that which 'caused' the trauma, and to what extent are

we talking about its unique reception by the subject? Dr. Bandera provides the emblematic clinical example of a patient who cannot do the math of the primal scene "because adding things up leads to a realization of O" (p. 19) which is not tolerated. Based on the foregoing discussion, I think the deeper question is whether the hysteric's mathematics add up to a specified sum in K (let us say the number '3'), or whether they will add up to infinity in O. Said another way, the question is whether adding things up leads to *saturated-O experience* or *unsaturated-O experience*.

We are now able to address the clinical question raised earlier: why is the O of the primal scene painful? There are two answers: one in K and one in 'becoming O'. The answer in K has to do with the way the hysteric gives idiosyncratic meaning to being excluded or observing from the position of the third. She takes it personally. She believes it has something to do with hatred, either hers or theirs. She believes this because she is impelled to consider experience within a moral framework in which the organizing question is always: who is good and who is bad? And she believes this because that is the fundamental nature of unconscious phantasy to organize experience in this manner.

Perhaps we could say that the hysteric does *not* have problems in O at all; she just thinks she does! Her 'O' is not the true O of infinite insignificance, but rather the finite agglomeration of disturbing alpha, dreaded beta, and perhaps the deeply saturated soup of the 'confusion zone' conceived of by Dr. Bandera. *Saturated-O experience* is not O, but from within the subject's experience, it *feels* like the absolute truth about ultimate reality. For the hysteric, in *saturated-O experience*, the primal scene has been given moral meaning in K: exclusion, aggression, hostility, envy, jealousy, rivalry and so on. In K, and in *saturated-O experience*, the primal scene has (is given) significance which leads to psychic pain, whether it is faced or evaded. In *unsaturated-O experience*, it has neither meaning nor significance, as difficult as this might be for us conceive in K.

Unsaturated-O experience is impersonal; it is 'being what is' without meaning or significance, and this transformation is feared. Resistance to *unsaturated-O experience* can be understood as being opposed to the dangers implicit in becoming, a state which is

equated not only with total absence of omnipotence, but also erasure of one's significance as a subject dealing with meaning in a moral reality. Becoming O is dreaded because it means we are small, vulnerable, and meaningless. Becoming O is dreaded because what happens in life can no longer be solved by blame, and we are left totally responsible for what we make of it! Becoming O is dreaded because O does not need us. Becoming O is dreaded because one is no longer a 'hysteric' but is a 'no-thing'. The truth, as Bion suggests, does not need a thinker; thinkers are only necessary for the creation of falsehoods and lies! Becoming O undoes the desired world order and undermines the sense of security supported by striving for meaning, fairness, and goodness. Becoming O comes up against our most elemental emotional nature which insists upon a moral universe and violently rejects an impersonal, meaningless universe. I believe that perhaps only Fairbairn before Bion was able to grasp how awesomely difficult such a state of being is to sustain.

Concluding Comments

At various points along the analytic path, and particularly toward the end phase, the analysand well into depressive position-reality principle functioning may begin to have experiences of the state just described, entering a new world much less saturated by projection of meaning from the internal world. It is in this newly 'transformed' world that a more compelling sense of awe at the fundamental mysteries of human existence may arise. While mainstream analysts formulate in the language of drive, ego, object, and self, an existentially oriented (and here I mean a "Bionian'!) analyst would also give prime importance to anxieties arising from the ultimate concerns of existence: death, freedom, meaninglessness, aloneness, responsibility, and especially the sense of smallness, uncertainty, and vulnerability that accompanies the dissolution of omnipotence. This is what I consider to be the 'existential deep structure' of psychoanalytic experience. As analytic patients work through their neurotic entanglements, they may emerge at the cusp of such ultimate concerns. Here the narrow confines of *saturated-O experience* give way and open upon the infinite vistas of *unsaturated-O experience.* In the Bionian conception of psychoanalysis, mental space expands because of investigation, and as a result of the movement from O to K, and back to O again. Remarkably, at the end of such an analysis,

one would know more, and be more, of oneself, and yet have more to learn and more to become than ever before.

**References for this and all other presentations are listed on a separate PDF*