Reverie and Reflection: 
Thinking in the Marrowbone

Margot Solomon

AUCKLAND UNIVERSITY OF TECHNOLOGY, AUCKLAND

Abstract
Freud used the idea of “evenly hovering attention” to describe how therapists might attend to both the conscious and unconscious of their patients; Bion and his followers used the term “reverie”. In this paper, the concept of reverie is reviewed and discussed as a core tool for the psychotherapist, that is, if one accepts the idea that the task of psychotherapy may be to help clients or patients learn how to make sense of their inner life of thinking and feeling.

Keywords: reverie; reflection; psychological work; container-contained; thinking

In his poem “A prayer for old age” the Irish poet W. B. Yeats returned to one of his great preoccupations: the question of what part of human experience outlasts the depredations of aging:

God guard me from the thoughts
Men think in the mind alone
He who sings the lasting song
Thinks in the marrowbone.
(Yeats, 1933, p. 298)
This paper explores the process of reverie and reflection as a core aspect of the work the psychotherapist does in the presence of the client and in between sessions. I am using the line “thinking in the marrowbone” as a metaphor for reverie and reflection; it is not the same as thinking with the intellect alone. The implication of thinking in the marrowbone is that thinking happens in the body, in the deepest parts of the self, as the marrowbone is at the very core of physicality. Yeats’ poem speaks to a prayer for old age, and part of this project is to ponder developing the capacity for deep thinking.

I am drawn to write about this topic through my experience as a psychotherapist and as a teacher of psychotherapy. I am struck by the power of the drive to know, to understand, and to have the answer, the strategy and the solution to the problem — in patients, in students, in supervisees, and in myself. However, my experience has been that, despite its power, this drive leads us away from what works, what actually helps and makes a difference to the quality of life for us all. Bion (1970) used the term “mental faeces” (p. 128), to represent the kind of thinking that poses as creative thought but which is also a constant splitting, or, as he put it: an “irritable reaching after fact and reason” (p. 125). Previously, in 1962, Bion wrote “‘thinking’, in the sense of engaging in that activity which is concerned with the use of thoughts, is embryonic even in the adult and has yet to be developed fully by the race” (p. 85). In his book What is Called Thinking? Heidegger (1963) wrote something similar: “As soon as we allow ourselves to become involved in such learning, we have admitted that we are not yet capable of thinking” (p. 3).

While these ideas from Bion and Heidegger seem shocking, they seem to me to link back to the quote from Yeats. Perhaps the kind of thinking I am interested in exploring comes with age and/or experience, rather than being part of our early development. Reiner (2009) wrote about the triple need for a psychological and mental birth: a development of the capacity to think and the development of the authentic self as necessary for a mature conscience. If a person needs to have a mature conscience to practise psychotherapy this has implications for the teaching and learning process. I am reminded how Kegan (1994) in his book In Over Our Heads clearly demonstrates how we expect too much maturity from our young people. This paper uses the work of Bion to explore how I have been thinking about the process of developing a mature mind, one that is available for “psychological work” (Bion, 1962, p. 82) while remembering that it does take a lifetime and both Bion and Heidegger seemed to be aware of this.

Here I briefly summarise some key thinking in the psychoanalytic field which informs my understanding about reverie and reflection and how they relate to the process of thinking. My main focus is on Bion and his thinking. First though, I show how psychoanalytic ideas led to the work of Bion. I end with some thoughts about the workshop at which I originally presented this material, and where preparing for the workshop and writing it up has taken me.
Freud and Klein

Freud (1912/1953) talked about his “simple technique”. He said: “it consists simply in not directing one's notice to anything in particular and in maintaining the same ‘evenly-suspended attention’ in the face of all that one hears” (p. 111). He made a rule for the doctor that: “he should withhold all conscious influences from his capacity to attend, and give himself over completely to his unconscious memory” (p. 112). Then he added that listening is what needs to be done rather than trying to keep anything in mind. I note that he also said that the technique he had developed suited his individuality. This is a very important point: each psychotherapist needs to find what works best for him or her. It seems that Freud was recommending the use of a technique he intuitively learned himself through his self-analysis, as a technique for psychoanalysis. He linked the ideas of asking the patient to free associate and advising the analyst to apply evenly hovering attention, or to listen without trying to hold onto any particular focus. My understanding of the phrase about withholding conscious influences is that it is akin to negative capability. Bion used this phrase, taken from Keats, who defined negative capability thus: “I mean Negative Capability, that is, when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason” (Bion, 1970, p. 125). The two activities of free association and evenly hovering attention form the basis of Freud's psychoanalytic approach and link to what I think Bion would later work at in exquisite detail.

Klein (1946) developed the concept of projective identification, which begins to make a link between that which is intrapsychic and that which is interpersonal. She recognised this process as one that begins in early infancy, where parts of the self are split off and projected into an external object. The person receiving the projection identifies and feels controlled by what has been projected into them. The paranoid-schizoid and depressive positions constitute a developmental process that is worked through originally in infancy and negotiated repeatedly over a lifetime according to one's own internal structure and the contexts in which one lives.

A key element of the psychoanalytic endeavour is the role of transference and countertransference. The application of these concepts to the practice of psychoanalytic psychotherapy is utilised to understand the vertex or point of view (Bion, 1970) of the patient. Winnicott (1949) and Heimann (1950) both bring countertransference into a new focus: rather than seeing it as something to be overcome — which I think Freud's followers rather than Freud himself were holding as a psychoanalytic necessity — they each individually proposed that countertransference was a useful tool for understanding the patient's inner world. Winnicott normalized countertransference and emphasized that it plays a big role in disturbed patients and is very helpful in understanding and working through the patient's issues. Heimann defined countertransference as “all the feelings that the analyst experiences during the analytic session” (p. 81). Her view was that the patient creates these feelings in the therapist. This shift in thinking about the usefulness of countertransference has evolved within psychoanalysis: from the position of the analyst as an objective receiver and holder of what the patient creates, to the situation where all experience is co-created and so both ends of the transference and countertransference dynamic are the responsibility of both therapist and client, albeit in different ways.
Bion

Bion extended the ideas of projective identification and countertransference when, in *Experiences in Groups* (Bion, 1961b), he discussed his ability to recognise projective identification and to stand outside its impact on him while simultaneously being present with the other(s). He commented that: “Interpretations have to be made on the strength of the analyst’s own emotional reactions” (p. 149). Here it seems to me he is using the idea as proposed by Heimann to recognise that projective identification affects not only the person who projects, but also the affective life of the recipient of the projection — in this discussion, the therapist. In this same paper Bion also claimed that the therapist ought to be able to “differentiate the occasion when he is the object of a projective identification from the occasion when he is not” (p. 150). This was Bion’s early work and later he moved his focus from the analyst/patient dyad to psychotic processes in the individual. This is where he developed his concepts of the container-contained.

Bion used the word “container” for, in the first instance, the maternal mind that receives the unthought thoughts (contained) of the infant mind and sends them back processed, without spoiling them or taking them for herself (in a positive use of the term). The original container is in someone (usually mother) who receives and holds the mental content originating in another person (the infant). The metabolic process that ensues creates the container-contained. This process is core to the functioning of one’s own mind, that is, a capacity to have one’s own creative thoughts. What begins as an experience between mother and infant becomes a core part of each individual’s capacity to have their own thoughts, to process and respond to experience. The interaction between container-contained within one’s own mind can be a positive or negative process, depending on experience in early relationships. Each individual will carry the experience of containing that shaped her early life.

Container–Contained

Container-contained (also expressed as the symbols ♀,♂) describes the process of lived experience as well as what happens when we are unable to do “the psychological work” (Bion, 1962, p. 89) which experience calls us to do in order to create a space for learning, for new experience, for the expression of creativity. These two “concepts” are actually processes that work in unison to create an apparatus for thinking (ideally, an embodied and emotionally inclusive process). It seems to me that Bion has attempted to describe something vital to our work as psychotherapists. I think that we humans have the potential continually to develop our capacity to expand the container-contained function for our entire life. The other possibility is that these processes become stuck or atrophied, and so no new experience can be processed in a new way, rather, the new experience is lost in what is already “known”. The reverie exercise I created for my workshop at the 2013 NZAP Conference was my attempt to demonstrate the experience of this process. In the exercise I showed the participants 72 slides in five minutes. Simultaneously, music played: a haunting old Māori waiata from the 19th century. An additional experience for us all was the storm that raged outside as the workshop progressed. There were strong winds with thunder, lightning and rain. I invited the
participants to watch without needing to make sense and to allow themselves to respond in their own way — even to close their eyes. I invited them to pay attention to their inner world, to their sensations, feelings, fantasies, memories, and thoughts as they watched and listened. After the slides I invited people to share their experience.

Reverie and reflection are part of the container process. In common usage reverie often means day-dreaming, while in psychoanalysis as described by Bion, reverie is an important part of containing. Containing represents a series of processes that are activated by the contained. These processes include dreaming, reverie and reflection; from unconscious to conscious (Ogden, 2004). Dreamwork is essential as a backdrop to reverie to facilitate experience transforming into symbols that can be understood. One way of describing containing is being receptive and taking in (Mitrani, 2001) the fragments of experience (contained) that our senses have responded to.

When I enter a state of reverie, I go inside myself where I allow my own senses and responses to the material, alongside the links I make to my own remembered experiences and interpretations, flow through me without attempting to order or make sense of them. An important aspect of reverie is the surrendering (Ghent, 1990) of my need to know and understand the information I give myself in this space without memory or desire (Bion, 1992). Reverie includes the past, the present and the future and does not discern between them. Reverie is the experience of finding a space in oneself to float between consciousness and unconsciousness, where one allows sensations from the body to come into awareness, where thoughts and feelings arise like balloons floating in the sky having been released from the need to make sense. Reverie touches our most private self, seldom shared with others; yet reverie is our greatest resource for working in our profession. Working with reverie is one of the ways that we can have access to unconscious functioning both in ourselves and in our clients. The context I am in will also be a factor in the reverie experience as “inside myself” can never be removed from what is simultaneously occurring in my surround. At the same time, reflection is more directly linked to the surround as it is more of a coherent cognitive process.

The container-contained work as a unit. The contained is a process or set of processes that are the basic pieces of information we receive and take in and have a response to from our experience before they are in any way transformed into something meaningful, perhaps akin to sound bites without any links. β (beta) elements are sense-impressions related to an emotional experience; and create turbulence. When the contained is working in a healthy way it is in constant growth and change. Beta elements are thoughts without links, the first process connected to experience itself. α (alpha) function (an unknown set of mental operations) transforms β elements into α elements (images). Another way of saying this is that the contained is the source of our creativity, our spontaneous gesture (Winnicott, 1960). β elements (sensory stimulation) that are not transformed into α elements (images) either remain as undigested facts, and are evacuated in various ways or absorbed into the body, perhaps as illness. These untransformed β elements create many of the difficulties that send people to psychotherapy. α elements are constructed in an original personal way by each individual’s mind. Narrative derivatives are prose transcription of what the alpha
elements syncretise in the form of visual poetry. Another way of saying this is that which Ferro (2002a, 2002b, 2009) has called narrative derivatives are the thoughts we have that link together pieces of an experience in symbolic form — usually words. These words may be fragments, disconnected from the multitude of meanings that could be associated to what is being said. As the α elements engage with the process of dreaming and move towards reverie they begin to coalesce into a narrative. There are many possible horizons (Gadamer, 1975/2004), or perspectives which we might adopt with any combination of choices of meaning available to us, or, on the other hand, we may automatically and irritably reach for what is known.

The process of reflection is more conscious and purposeful than reverie. This marks the layer of the process of the container which can be the most easily grasped. At its most elegant the container in the state of reflection has the quality of an open space, which allows room for new thoughts to emerge, a space for thinking (Mollon, 1989). We all know this experience and relish it, and yet much of the time it does not work so smoothly. Working as a psychotherapist calls us to develop this psychic muscle in the service of our patients. It is essential for creativity to be able to tolerate a “degree of disintegration without resorting to omnipotent primitive defence mechanisms” (Wellendorf, 1995 p.140). In other words, we need to be willing to go to that uncomfortable place outside of our comfort zone (Hawkins & Shohet, 2006) and inside of our internal place where processing occurs in order to access something more that is a part of us, but beyond the habitual, if we are to be creative, and more of ourselves.

Reflection is sometimes called introspection: an individual process of thinking things over, turning them over in one's mind to re-evaluate them and perhaps make new connections. Reflection has three elements: returning to experience, attending to feelings and re-evaluating experience. The purpose we usually bring to reflection is a desire for understanding, an attempt to make sense of an experience. It can involve correcting an imbalance of the elements of thought and feeling in the decision-making process, and tends to be more structured or “storied” (Solomon & Goulding, 2013) than reverie. It is cognitive, emotional and sensation based. At its most useful, reflection helps us to understand ourselves and the world we live in, to have empathy for others and for ourselves: to grow and mature. It is an essential tool for helping professionals. At its least useful, reflection becomes rumination, which can get stuck in repetition and self-attack.

The Workshop
How does this relate to the exercise I outlined above? What I was attempting to illustrate in the workshop was the way in which each of us processes (contained) sensory stimulation, how we create our own meaning (container) to create within ourselves a fusion of horizons (Gadamer, 1962, Stern, 2003), a moment where understanding might occur. We are equally likely to create a moment of discord, where no understanding is achieved, and the moment disappears into the realm of the undigested experience, and what is held onto is what is familiar. No learning happens in these moments. We maintain our experience within what we know. It is comfortable and familiar. My intention with the exercise was to approximate a near conscious experience of the process of the
container-contained, or, in other words, the processing of the turbulent thoughts, something new coming into experience, something not known and not connected to what already is. Another possibility I had in mind was that participants might notice how we all defend against being fully with the experience in a new way. It is here that the potential for learning happens if we are able to allow new experience into our minds.

My own reverie process was to see the slides as if for the first time. It was overwhelming; so many, so fast; and why did I do it like that? Could I have achieved the same outcome with fewer slides? What made me pick the slides I did? I took so long over preparing the slides and got a bee in my bonnet about what I wanted. I could not say it was an entirely conscious process. I followed my impulse. I had no particular experience in mind that I wanted the participants to have; although I did want to offer a set of unrelated images that would elicit an experience of not being able to make sense, or to construct a narrative. In a sense, in the showing of the slides, I was asking the participants to be a container for me, for my unconscious processes. Because I had created the sideshow, they were my photos, the coherence was in me. I felt uncomfortable and vulnerable about that. What would they do with it? I became aware of feeling guilty, of realising that I was overwhelming my participants. Had I meant to do that? At the same time I was aware that the slides were not really what the exercise was about. I was using them as a focus, as a mechanism to stimulate the container-contained process in each of us through the lens of reverie and reflection.

Simultaneously I was aware of my role to attend to the process unfolding before me. My guilt for imposing on the participants such an overwhelming visual and auditory feast slipped into the background. The weather was present with great force and ferocity. It was raining hard and the wind was sweeping around outside. I am unsure whether there was thunder and lightning, but certainly the weather was a real presence in the workshop. I was also aware of how difficult it really is to let go at will into taking in what the senses are offering and to discriminate what one takes in. I thought about faulty containers. I thought about how every container has its own individual elasticity and plasticity.

When we stopped I asked participants to share something of their experience. People were generally uncomfortable. Some people voiced their reluctance to participate. One group member was incensed that I was demanding that they “do reverie”: he felt reluctant. One person said they wanted to get inside my head. Others noted particular slides that had stood out for them. One person had found the music haunting and had shut their eyes and focused on that. Another person had been relieved when the music stopped and had found it easier to look at the slides then. Somebody else found the noise of the storm when the music stopped the most engaging. Some people had been overwhelmed by the images. Somebody said that she was relieved to see Margot in a picture. “Where were the people?” “The landscapes of the South Island were recognisable.” “The baby looked newborn.” “The baby looked grumpy.” One person commented “The slides were reminiscent of a time when I travelled a lot and enjoyed foreign places.” Some had revelled in the experience and focused on the images that resonated for them. Others talked about struggling to make sense, to look for the familiar and struggling with that. Many of the comments were clearly not about the slides but about the participants’ individual
interpretations of the slides based on their own known experiences. Some comments indicated that participants were attending to me (or who I seemed to them to be) rather than to themselves; others focused on themselves and needed to shut my input out; many struggled with the overwhelming nature of the context, the number of people in the room, the weather, the conference, as well as my slides and music.

I had to remind myself again that the content of the slides was not what this exercise was about. The slides were a way of focusing people’s attention and giving them the experience of sensory input from outside themselves. However the participants’ tendency to stay focused on the slides seemed a perfect parallel to what happens when we sit with a patient and get mesmerised by the content of their story and forget to attend to what is going on underneath. I thought more about faulty containers — mine and others’. I had intended the exercise to facilitate an experience of being inside a sensory input that one could not make sense of, and some participants found this frustrating and overwhelming. I had hoped that people would use the opportunity to reflect on the meanings they created to combat the feeling of overwhelm and distress at not knowing what was happening. It was an opportunity to notice one’s own style of “knowing”, of irritably seeking after facts and reason and keeping “not knowing” at bay.

I felt excited by the richness and range of the ways people processed the experience. I was reminded of how important it is to have the open space for reflection: the understanding that it facilitates may only be momentary, but it does gather together our experiences and creates the possibility for new experiences rather than repeatedly having the same ones over and over again. I was also reminded of the findings of Stern’s research (2004) on the present moment. He found that experience precedes reflection. While this may seem obvious, it is important to realise that we do not experience and reflect at the same time.

Fifteen minutes before the end I asked that we move onto reflection, to consider what had happened. It was hard to discern the move from reverie to reflection. My observation was that they overlapped. There was a discussion about what was reverie. I said that it was partly unconscious. I felt that people were overvaluing the conscious, and that the unconscious work we did was also valuable. This exercise and my process in writing it up has reminded me that the reflection process continues and deepens — if we allow the space for it. What happened in the workshop may have continued for some people — they may have used the experience again as they sat with patients, remembering and noticing their pull towards what they know — perhaps revising neural pathways (Stern, 2004) as they increased their capacity to be with the client and the client’s experience, which is an ongoing process for all therapists. Others would have forgotten about the whole thing as soon as they moved to another experience. This is human nature: we are constantly choosing, consciously and unconsciously, automatically and sometimes systematically, what to focus on, what to make sense of in our experience.

This brings me back to the container-contained. I am reminded of the importance of a safe space for a process like this, and though the intention was to create such a space, the reality of the moment was that for most of us it was less than that. While working with reverie in a group can engender a circle of empathy within the matrix (Berman & Berger, 2007), in the setting of this exercise the workshop participants were not a group, and were
already (perhaps) in overwhelm from the rich feast that the Conference was providing. Another factor was that most often when I lead a group into a reverie process it is a group that meets regularly and has established trust. Letting go or surrendering into experience (see Ghent, 1990) is easier said than done. As one colleague said to me, I could have just sat with them for the whole workshop and allowed what was in them to come up. Instead, however, I created another context for experience. The overwhelming nature of the whole experience — not just my input, but the Conference as a whole, and the numbers that attended the workshop — made it overwhelming for some, thereby decreasing the possibility of creating a fusion of horizons (Gadamer, 1962; Stern, 2003). Nevertheless, it is my contention that everyday experience has that quality too: there is an overwhelming array of stimuli coming at us; we choose constantly mostly out of awareness. This experience reminded me that there is no perfect container-contained. The way we are and the way we think and learn is as varied as the number of people participating. Discomfort is a given when we take the plunge and allow ourselves to experience a moment in a new way. Bion (2000) elegantly said:

Indeed, I shall never be able to rid myself of the slight feeling of persecution that I have in a situation I do not understand. But we should concentrate on those situations which appear to lack any understandable link or coherence instead of retaining the coherent or understandable ones and of thinking the analysand is the same person as we met yesterday. The impatience and persecution we feel when confronted with an unknown may be so intense that we try at once to get over them by devising an interpretation or recalling a memory. We must resist this temptation, even if we know that the situation will not be pleasant for the patient or the analyst. (Bion, p. 81)

I am interested in how we continue to explore these processes, as the puzzle of what brings change and growth for our clients and for ourselves is endlessly fascinating and elusive. Borrowing Bion’s ideas to help me understand the exercise I have described, I imagine that all the participants’ contradictory and conflicting experiences were part of the process of containing, or, in other words, of creating a space for processing the flow of raw data that overwelms us, moment to moment; and eventually the chaos of processing might yield to a way of making sense that constitutes “thinking in the marrow bone”.

References
Reverie and Reflection: Thinking in the Marrowbone

Solomon, M., & Goulding, J. (2013). Unsettling a way of being: Therapeutic interventions with patients with CSU. In H. Wiseman (Chair), Society for Psychotherapy Research. Symposium
conducted at the meeting of the 44th International Annual Meeting of the Society for Psychotherapy Research, Brisbane, Australia.


Margot Solomon is a senior lecturer at AUT University in the Department of Psychotherapy and Counselling. Her small private practice includes individual psychoanalytic psychotherapy, supervision and groups. Contact details: msolomon@aut.ac.nz