
NEW LIBRARY OF PSYCHOANALYSIS

31

General editor: Elizabeth Bott Spillius

Belief and Imagination
EXPLORATIONS IN PSYCHOANALYSIS

RONALD BRITTON



London and New York

Contents

<i>Acknowledgements</i>	xi
Introduction	1
1 Belief and psychic reality	8
2 Naming and containing	19
3 Oedipus in the depressive position	29
4 Subjectivity, objectivity and triangular space	41
5 The suspension of belief and the 'as-if' syndrome	59
6 Before and after the depressive position: Ps(n)→D(n)→Ps(n+1)	69
7 Complacency in analysis and everyday life	82
8 The analyst's intuition: selected fact or overvalued idea?	97
9 Daydream, phantasy and fiction	109
10 The other room and poetic space	120
11 Wordsworth: the loss of presence and the presence of loss	128

Contents

12	Existential anxiety: Rilke's <i>Duino Elegies</i>	146
13	Milton's destructive narcissist or Blake's true self?	166
14	William Blake and epistemic narcissism	178
15	Publication anxiety	197
	<i>References</i>	211
	<i>Index</i>	221

Introduction

We are so constituted that we believe the most incredible things.
(Goethe 1774:51)

This book is based on papers written over a period of fifteen years on a variety of subjects but with the same preoccupations and theme. One preoccupation has been about the status of phantasies in the mind of the individual and not simply their content. When are they regarded as facts, probabilities, possibilities or mere fancies? This line of thought culminated in the ideas put forward in Chapter 1, on ‘Belief and psychic reality’. A second line of thinking that converges with the first has been on the internal relationship of subjectivity with objectivity and its origins in the primitive Oedipal triangle. This line of exploration led to the theory developed in Chapter 4, on ‘Subjectivity, objectivity and triangular space’. A third line followed from the recognition that when a phantasy is not taken to be real or given the status of a belief it might be consigned to the *Imagination*. But what is and where is the *Imagination* in any modern model of the Mind? Ever since the demise of *faculty psychology* over a hundred years ago it has been homeless, not even having a proper place in modern philosophy according to Mary Warnock (1976). Nevertheless, as both a mental function and location the *Imagination* has continued to have a robust existence in literary scholarship and common speech. How can we conceive of it in psychoanalytic terms? This is the third strand which runs through these explorations and it is the explicit focus of attention in Chapter 9, on ‘Daydream, phantasy and fiction’, and Chapter 10, on ‘The other room and poetic space’.

The ideas I put forward about belief and phantasy in relation to reality and imagination pervade all the chapters—sometimes explicitly, sometimes implicitly. The first seven chapters describe various aspects of belief, its vicissitudes and its consequences as I have encountered them in analytic

practice. Chapters 7 and 8 continue this concern but also bring into play the analyst's beliefs and their impact on the analysis.

In Chapter 9 I explore the relationship between psychic reality and fictional writing; I suggest that some fiction is truth-seeking and some truth-evading, just as some phantasies form the basis of psychic reality and some are created to escape it. Chapter 10 is an attempt to account for the development of the *Imagination*, conceived as an imaginary mental space in which imagined events can take place. In Chapters 11 to 14 the themes of phantasy, belief and reality continue in the work of specific poets: Wordsworth, Rilke, Milton and Blake. All four were in different ways exploring the issues of belief and reality in themselves. The final chapter, on 'Publication anxiety', discusses the problems that arise when it comes to making private professional convictions public.

At times the explorations in this book enter territory usually occupied by philosophy, literary scholarship and theology. I am neither a philosopher nor a theologian, and the study of poetry has long been a passion of mine but not a profession. These incursions have not occurred simply because of personal interest; they have happened, I think, because psychoanalysis necessarily finds itself exploring the areas of mental life that have been the concern of philosophers, theologians and poets. As Bion wrote, 'The psycho-analyst's experience of philosophical issues is so real that he often has a clearer grasp of the necessity for a philosophical background than the professional philosopher' (Bion 1967:152). Before the eighteenth-century period of Enlightenment the imperative, subjective issues of psychic life were formulated in theological terms. The issues remain the same. We encounter them in psychoanalytic practice and think of them in our own terms. Poetry has, for me, long been more than a pleasure; it is a source of understanding and a departure point for psychological exploration. However, the real source of the thinking in this book is my own clinical experience. The psychoanalytic theories learnt from books, teachers and colleagues come to life only when the phenomena they describe are met in practice. When I find a conjunction between understanding gained in one sphere and that gained in another it stimulates in me, not only a sense of excitement, but also an urge to tell others about it. I suspect that there is a basic desire for the corroboration of belief and an innate wish to share beliefs with others that bind us all in groupings of one sort or another. The snag is that we can substitute concurrence for reality testing, and so shared phantasy can gain the same or even greater status than knowledge.

The background of psychoanalytic theory against which I write is mainly that of Freud, Klein, Bion and the group of London analysts now generally known as post-Kleinians.

Several concepts are used throughout this book. Belief is, of course, central but others are *Wissentrieb*, as used by Freud and Klein; Klein's

concepts of the paranoid-schizoid and the depressive positions; the Oedipus complex and its integral relationship to the depressive position; Bion's concept of the container; the concept of defensive organisations; phantasy and imagination; projective identification and anxiety. Some of these concepts are the subjects of particular chapters; others are used throughout. I will take this opportunity to discuss them briefly.

Wissentrieb, meaning literally the urge for knowledge, was translated as *the epistemophilic impulse* by James Strachey, and this academic-sounding term has stuck. Both Freud and Klein thought of it as a component of one or other of the two instincts, the life instinct or the death instinct. Whatever the translation, I think it is simpler to treat *Wissentrieb* as on a par with love and hate, and to regard epistemophilic development as complicated by and merged with love and hate but not derived from them. Taking Melanie Klein's formulation that 'there is no instinctual urge, no anxiety situation, no mental process which does not involve objects, external or internal' (Klein 1952a:53), I think it is better to say that we love things, hate things and want to know things than to speak of abstract drives. In view of the fact that we have an internal world of object relations in addition to a world of external objects, I envisage that love, hate and knowledge are also deployed in our relationship with ourselves. In both external and internal situations we have desires for and from our objects. We want to love, to hate and to know our objects, and we also need to be loved, fear being hated and want to be understood. Internally we are inclined to love ourselves, loathe ourselves and want to understand ourselves.

The two psychic complexes, *the depressive position* and *the Oedipus situation*, are an essential background to the ideas developed in this book; their essential interrelatedness is discussed in Chapter 3. The concept of the *infantile depressive position* was introduced by Melanie Klein in her paper 'A contribution to the psychogenesis of manic-depressive states' (1935) and further developed by her in 'Mourning and its relation to manic-depressive states' (1940). Donald Winnicott thought it was her most important contribution and that it ranked in importance with Freud's concept of the Oedipus complex (Winnicott 1962). Klein saw that some of the defences against the depressive position themselves led to pathology. She focused particularly on the manic defence, with its reliance on denial, contempt, triumph, omnipotent restitution, and on the obsessive-compulsive attempts to undo phantasised destruction when manic assertion failed magically to remove or to restore the damaged object.

Joan Riviere (1936), armed with the Klein's new concept of the *depressive position*, enlarged on Freud's suggestion that unconscious guilt caused the *negative therapeutic reaction*. She linked *narcissistic character* with the *manic defence*, and emphasised that patients prone to negative therapeutic reactions—which included those suffering from incipient

melancholia—anticipated that catastrophe would follow from the development of insight. She wrote of a general system of defence organised and perpetuated against this danger. This notion of *defensive organisations* has been central in post-Kleinian thinking as a means of producing what Betty Joseph (1989) has called *psychic equilibrium*. We have met descriptions of such systems as *narcissistic organisations* (Rosenfeld 1971), *defensive organisations* (O’Shaughnessy 1981) and *pathological organisations* (Steiner 1987). John Steiner has emphasised that what he now calls *psychic retreats* are seductive because they offer not only security of tenure but also secret perverse pleasure and a place in which to confine sadism.

John Steiner’s part in this book is not limited to indirect influence, as Chapter 8 is based on a paper we wrote together in 1992–3 on the problem of distinguishing between the analyst’s intuitive choice of an organising *selected fact* and the imposition on unorganised psychic material of an *overvalued idea* (Britton and Steiner 1994). We emphasised in the paper that, while the analyst is dependent on his intuitive selection of a central element in the patient’s communication to orient his understanding of the material, he is always subject to error due to the interference of his own belief systems and preoccupations. For this and other reasons, constant monitoring of the effects of the analyst’s interventions has become an essential aspect of analytic technique.

Throughout the book the term *phantasy* is used with the larger meaning that Melanie Klein attached to it, and not the more restrictive use made of it by Anna Freud and her followers. Susan Isaacs’s definition is that ‘Phantasy is (in the first instance) the mental corollary, the psychic representative, of instinct. There is no impulse, no instinctual urge or response which is not experienced as an unconscious phantasy’ (Isaacs 1952:83). The word ‘*phantasy*’ came into English from the translation of the German *Phantasie*, which one would usually translate as ‘*imagination*’. Differences of usage of the English word ‘*imagination*’ bedevilled the literary scene in a way similar to that in which different uses of the word ‘*phantasy*’ have the psychoanalytic world. The use Coleridge and Wordsworth made of the term ‘*imagination*’ is very similar to Klein’s use of ‘*phantasy*’ as a fundamental process underlying all mental activity, whereas others used it only to describe intentionally unrealistic representations. Coleridge suggested that the word ‘*fancy*’, an older English alternative to imagination, should be kept for deliberately fanciful or plainly wish-fulfilling mental productions. The history of the term and the controversy surrounding it are discussed in some detail in Chapter 12, as part of an exploration of the relation between *truth-seeking* and *truth-evading* fiction.

Projective identification

Another concept used throughout the book is that of *projective identification*. Since when I use it I do so without specifically describing what I mean by it, I will briefly do so now. First I will mention the varying ways the term is used and then give my own classification. Klein wrote:

By projecting oneself or part of one's impulses and feelings into another person, an identification with that person is achieved.... On the other hand, putting part of oneself into the other person (projecting), the identification is based on attributing to the other person some of one's own qualities. Projection has many repercussions. We are inclined to attribute to other people—in a sense, to put into them—some of our own emotions and thoughts; and it is obvious that it will depend on how balanced or persecuted we are whether this projection is of a friendly or a hostile nature. By attributing part of our feelings to the other person, we understand their feelings, needs, and satisfactions; in other words, we are putting ourselves into the other person's shoes. There are people who go so far in this direction that they lose themselves entirely in others and become incapable of objective judgement. At the same time excessive introjection endangers the strength of the ego because it becomes completely dominated by the introjected object.

(Klein 1959:252–3)

These last two sentences describe precisely a problem articulated by the poet Rilke in his *Duino Elegies* and his novel *The Notebooks of Malte Laurids Brigge*: whenever he was prompted to love or felt loved, he felt he risked losing his identity. I discuss this in Chapter 12 as part of a study of Rilke's poetic self-analysis; it also forms part of the discussion of existential anxiety in Chapter 4. Klein, however, also makes it clear that projective identification is the basis of empathic understanding and she makes the observation that, 'If projection is predominantly hostile, real empathy and understanding of others is impaired' (*ibid.*: 253).

In the passage quoted above Klein describes projective identification as an attributive process; elsewhere, as in 'On identification', she has described it as a means of entering into and assuming another's identity (Klein 1955:141–75). The analysis of this form of projective identification has been used by Herbert Rosenfeld (1965) and Leslie Sohn (1985), particularly in their understanding of psychotic patients. For the purposes of classification I call this form *acquisitive projective identification*. In its crudest form it could be illustrated by a schizophrenic patient I met years ago in the North of England who believed that he had become overnight the

Roman Emperor Hadrian. In a less omnipotent patient this might have been recounted as a dream.

Bion added to the theory of projective identification of the *attributive* kind the notion that ‘The patient, even at the outset of life, has contact with reality sufficient to enable him to act in a way that engenders in the mother feelings that he does not want, or which he wants the mother to have’ (Bion 1962b:31). This idea formed the kernel of his theory of containment. It meant a distinction could be made between attributive projective identification which was simply an omnipotent phantasy, with no resonant effect on the object of the projection, and that in which subtle acts by the subject would evoke in the object the state of mind projected by the subject. Elizabeth Spillius has coined the term ‘*evocatory*’ to describe this form of attributive projective identification which produces effects on its host (Spillius 1988:83). Some analysts have taken to using the term ‘*projective identification*’ only for the evocatory attributive form where the individual’s activity produces an effect on the other person. Joseph Sandler has introduced the term ‘*actualized*’ to indicate situations where the projection has been realised in a relationship (Sandler 1976a, 1976b). Other analysts however, including myself, continue to use the term for the whole class of phenomena described above and to indicate which is signified at any particular point.

To summarise my own classification:

- *Acquisitive projective identification*: ‘I AM YOU’—that is, another person’s identity or attributes are claimed for the self. The more omnipotently this is done the more delusional the result.
- *Attributive projective identification*: ‘YOU ARE ME’—that is, an aspect of the self is attributed to another person. This may be *evocatory*, inducing change in the other, or *non-evocatory*, when no action is taken to give effect to it.

Anxiety

Another area of psychic phenomenology that forms part of the background of my thinking in the book is that of *anxiety*. Freud, in his great papers of his late period, completely reorganised psychoanalysis by placing anxiety at its centre. Anxiety was no longer to be seen as a transformation of undischarged affect, nor simply as an undesirable consequence of conflicting wishes, but as the core of neurosis and psychosis, and one of the mainsprings of human endeavour.

Melanie Klein’s eventual theory organised what she earlier described as persecutory and depressive anxiety into the paranoid-schizoid position and

the depressive position. She distinguished fear of the destruction of the self from fear of the destruction of the world. From Freud's account of the innate death instinct she drew the conclusion that we are born with a fear of annihilation. As I see it, this is not simply fear of death in adult terms, but a more inchoate anxiety: a terror of non-existence, a fear that something will annihilate the past, present and future, whereas the adult fear only relates to the death of the individual's future. Clinically, I think we meet individuals tempted to seek actual death in order to escape from the anxiety of annihilation.

Bion's *nameless dread* is, I think, a manifestation of this terror when, in infancy, maternal containment fails completely. Later, when whole object relations are established and part no longer equals whole, it expresses itself in this more partial form of existential anxiety, the fear of loss of identity. In Chapter 4 ('Subjectivity, objectivity and triangular space') I discuss the relationship of nameless dread, failures of containment and fear of chaos, and in Chapter 12 I follow Rilke in his poetic exploration of existential anxiety. In Chapter 6 ('Before and after the depressive position') I attempt to describe the inevitable, alternating anxieties of integration and disintegration inherent in development by proposing a model of psychic development and regression, expanding Bion's formula $Ps \leftarrow \rightarrow D$ to $Ps(n) \rightarrow D(n) \rightarrow Ps(n+1)$ and incorporating John Steiner's pathological organisations. That chapter also draws attention to the way in which defensive organisations erected against anxiety can themselves become the source of further anxiety. A simple example of this is the use of acquisitive projective identification to evade separation anxiety, giving rise itself to a fear of entrapment.

Those familiar with Thomas Kuhn's writing on 'The structure of scientific revolutions' (1962) will recognise that what I call $Ps(n+1)$ in Chapter 6, the de-integration of a previously coherent belief system, has a good deal in common with Kuhn's notion of post-paradigm states of scientific belief. He suggests that a science moves from the establishment of a new *paradigm*, through a period of its development and application, to its eventual destabilisation by the accumulation of anomalies. There is then a phase of some confusion and scientific insecurity before a new paradigm emerges. This phase creates acute anxiety in those postulating new theories, as in Darwin's case. I discuss this in the final chapter on 'Publication anxiety', which contains a brief description of Kuhn's theory.

The situation, whether in personal life or in science, is not a simple one of moving on and changing beliefs; we are attached to our beliefs and have difficulty relinquishing them. This is the subject of Chapter 1.

Belief and psychic reality

we call a belief an illusion when a wish-fulfilment is a prominent factor in its motivation.

(Freud 1927a:31)

Since I wrote the papers on which this chapter is based (Britton 1995b, 1997b) several people have pointed out to me that surprisingly little exists in the psychoanalytic literature on the subject of belief. It is surprising because the daily work of psychoanalysts includes the exploration of their patients' conscious and unconscious beliefs. It is also a continuous task for practising analysts to examine, as best they can, their own. It seems to be the case that not only the exploration of beliefs in daily psychoanalytic practice is taken for granted, but also the role of belief in everyday life. Our moment-to-moment sense of security depends on our belief in the well-being of ourselves, our loved ones and our valued objects. Belief rests on probability, not certainty, and yet it produces the emotional state that goes with certainty. The state of mind consequent on losing the security of belief is one in which anyone might find themselves; some unfortunate individuals live constantly in doubt of everyday beliefs. They are often the same people who are afflicted with beliefs of which they cannot rid themselves with the aid of reality. One so afflicted I will describe later in this chapter, who believed she would go blind if she did not see her mother, who in fact was dead.

A belief in a specific impending calamity may be unconscious, so that we are anxious without knowing why. If we have an unconscious belief that someone has betrayed us we hate them without apparent cause; if we believe unconsciously that we have done them an injury we feel guilt towards them for no obvious reason. Psychopathology can, in this way, be a result of the nature of unconscious beliefs and we might describe this as

neurosis. There can also be, I think, disorders of the belief function itself. It is the latter that I will concentrate on mainly in this chapter, but first I need to make clear my ideas on the role and place of belief in mental life, and to explain what I mean by *psychic reality*.

I will itemise the description of the steps in the development and testing of beliefs that I proposed in the two papers mentioned above for the reader to use as a guide to the rest of this chapter:

- 1 Phantasies are generated and persist unconsciously from infancy onwards.
- 2 The status of belief is conferred on some pre-existing phantasies, which then have emotional and behavioural consequences which otherwise they do not. Beliefs may be unconscious and yet exert effects.
- 3 When belief is attached to a phantasy or idea, initially it is treated as a fact. The realisation that it is a belief is a secondary process which depends on viewing the belief from outside the system of the belief itself. This depends on internal objectivity, which in turn depends on the individual finding a third position from which to view his or her subjective belief about the object concerned. This, I think, as I explain in later chapters, depends on the internalisation and tolerance of the early Oedipus situation.
- 4 Once it is conscious and recognised to be a belief it can be tested against perception, memory, known facts and other existing beliefs.
- 5 When a belief fails the test of reality it has to be relinquished, in the same sense that an object has to be relinquished when it ceases to exist. As a lost object has to be mourned by the repeated discovery of its disappearance, so a lost belief has to be mourned by the repeated discovery of its invalidity. This, in analysis, constitutes part of *working through*.
- 6 The repression of a belief renders the particular belief unconscious but does not abolish some of its effects. Other measures that are taken to deal with threatening beliefs are directed at the belief function itself. Counter-beliefs may usurp the place of disturbing beliefs, creating an alternative to psychic reality, as in mania. The function of belief may be suspended, producing a pervading sense of evenly distributed psychic unreality, as in the 'as-if' syndrome; or the apparatus of belief may be destroyed or dismantled, as may be found in some psychotic states.
- 7 What is perceived requires belief to become knowledge. Disbelief can therefore be used as a defence against either phantasies or perceptions.

Psychic reality

In 1897 Freud wrote: 'Belief (and doubt) is a phenomenon that belongs wholly to the system of the ego (the Cs. [the conscious]) and has no counterpart in the Ucs. [the unconscious]' (Freud 1897a:255–6). He equated belief with 'a judgement of reality' (Freud 1895:333). 'If after the conclusion of the act of thought the indication of reality reaches the perception, then a *judgement of reality, belief has been achieved*' (*ibid.*: 313). In addition to the physical senses, 'indications of reality' could be achieved through speech, but this would apply only to '*thought reality*', which was different from '*external reality*' (*ibid.*: 373). This difference between thought reality and external reality is his first formulation of this crucial distinction: 'Psychical reality is a particular form of existence not to be confused with material reality' (Freud 1900b; 620). He did not subsequently describe belief as a process in his writing, leaving it in place in his theoretical account of psychic function as something accomplished by conferring the status of reality on perceptions and thoughts. He was convinced that this function was located in the 'system of the ego' (Freud 1897a:255); he never changed that opinion and was adamant that the *system Ucs*, later called the *id*, knew nothing of belief, reality, contradiction, space or time (Freud 1933a:74). Unlike the *id*, he thought the 'Ego has the character of Pcpt.-Cs. [perception]', which places all its material in space and time (*ibid.*: 75). Freud returned repeatedly to Kant's philosophical assertion that space and time are necessary forms of the human mind, claiming that the system unconscious did not conform to the philosopher's theorem, but that the Ego, because of its roots in the conscious perceptual apparatus, necessarily disposed itself in conformity with that system's construction of space and time. I suggest that our beliefs necessarily conform to this construction of space/time, as does what we describe as our 'imagination', in which we locate some phantasies. I discuss this further in Chapters 9 and 10 ('Daydream, phantasy and fiction' and 'The other room and poetic space').

When he wrote about belief in 1897, Freud equated the ego with consciousness. By the time he wrote 'The ego and the id' he was quite clear that 'A part of the ego...undoubtedly is *Ucs*.' (Freud 1923a:18) and he regarded mental processes as themselves unconscious (Freud 1915b:171). I take believing to be such a process, and therefore unconscious, and I think that the resulting beliefs may become conscious, remain unconscious or become unconscious.

Freud, having established the term *psychic reality*, somewhat confuses the issue by the way he uses it in two senses. He does the same with 'internal reality' as he does with 'external reality'. Following Kant, he regards the *thing in itself* as unknowable, the noumenon, and the reality experienced,

that is, created by perception (Freud 1915b:171). Sometimes when he refers to reality he means the thing in itself and sometimes he means perceptual reality. In the same way, sometimes he equates psychic reality with an unknowable unconscious system: 'The unconscious', he wrote, 'is the true psychical reality; in its innermost nature it is as much unknown to us as the reality of the external world' (Freud 1900b; 613). At other times he means psychic reality to be something created by the '*judgement of reality, belief*' (Freud 1897a:333). It is in this latter sense that I am using psychic reality—that is, as that which is created by belief—and I regard belief as the function that confers the status of reality on to phantasies and ideas. I suggest that belief is to psychic reality what perception is to material reality. Belief gives the force of reality to that which is psychic, just as perception does to that which is physical. Like perception, belief is an active process, and, like perception, it is influenced by desire, fear and expectation—and, just as perceptions can be denied, so beliefs can be disavowed. Freud thought that in neurosis belief was 'refused to repressed material' and displaced 'on to the defending material' (*ibid.*: 255–6). I am modifying this by making use of his later notion of an unconscious ego to suggest that there are repressed beliefs which may produce neurotic symptoms.

Beliefs have consequences: they arouse feelings, influence perceptions and promote actions. Phantasies, conscious or unconscious, which are *not* the object of belief do not have consequences: disavowal therefore can be used to evade these consequences. Unconscious beliefs have consequences, so we feel and act quite often for no apparent reason, and may find a spurious reason to explain our feelings and actions. Rationalisation is the artefact of a constructed logical justification for a strongly held conviction that is really based on an unconscious belief.

The role and place of belief

I regard the epistemophilic instinct (*Wissentrieb*) to be on a par with and independent of the other instincts; in other words, I think that the desire for knowledge exists alongside love and hate. Human beings have an urge to love, to hate, to know, and a desire to be loved, a fear of being hated and a wish to be understood. Unlike Freud and Klein, I do not think of *Wissentrieb* as a component instinct, but as an instinct with components. Exploration, recognition and belief are among such components. They can be thought of as mental counterparts of basic biological functions such as molecular recognition and binding.

We need to believe in order to act and react, and a good deal of the time we have to do so without knowledge. I think that we believe in ideas in a similar way to that in which we 'cathect' objects. A belief is a phantasy

invested with the qualities of a psychic object and believing is a form of object relating. I think belief, as an act, is in the realm of knowledge what attachment is in the realm of love. The language of belief is clearly cast in the language of a relationship. We embrace beliefs or surrender to them; we hold beliefs and we abandon them; sometimes we feel that we betray them. There are times when we are in the grip of a belief, held captive by it, feel persecuted by it or are possessed by it. We relinquish our most deeply held beliefs, as we relinquish our deepest personal relationships, only through a process of mourning. It is my observation that those people who have difficulty relinquishing objects have difficulty relinquishing beliefs.

Belief and knowledge

To believe something is not the same as to know it. The following philosophical distinction is helpful and relevant, not only in theory, but also in analytic practice. Belief is defined as:

The epistemic attitude of holding a proposition p to be true where there is some degree of evidence, though not conclusive evidence, for the truth of p ...while *knowing* p would generally be considered to entail...that p is true, *believing* p is consistent with the actual falsity of p .

(Flew 1979:38)

My purpose in offering a philosophical dictionary definition of the term '*belief*' is not to enter into a philosophical discussion of the concepts of belief and knowledge, but to provide an acceptable description of the word '*belief*'. In ordinary usage we happily describe someone as believing something even if we are aware that what they believe is not the case. We would not describe them as knowing something if we were aware that what they believed was untrue; in both philosophy and common speech the use of the two words differs. My reason for emphasising this point is that claiming *to know* something means that one asserts that it is incontrovertibly true, whereas stating that one believes something is saying that one takes it to be true but accepts the possibility that it may not be true. However, our emotional reactions and often also our actions do not wait for knowledge but are based on belief. In other words, we are apt initially to treat believing as knowing and beliefs as facts. We are captives of our beliefs while we regard them as knowledge, never more so than when they are unconscious; the realisation that they are only beliefs is an act of emancipation. I think that such psychic emancipation is a function of psychoanalysis. Only through psychic development do we recognise that we actively believe

something and that we are not simply in the presence of facts. This recognition is a first stage in the relinquishment of a redundant belief as it admits the possibility of doubt. Cognitive, scientific and cultural development is not simply the acquisition of new ideas but an act of emancipation from pre-existing beliefs. I suggest that this involves the bringing together of subjective experience with objective self-awareness so that one sees oneself in the act of believing something. This depends on internal triangulation, and that in turn requires the toleration of an internal version of the Oedipal situation. I suggest that the recognition that one has a *belief* rather than that one is in possession of a *fact* requires what I describe as *triangular psychic space*—a *third* position in mental space is needed from which the *subjective self* can be observed having a relationship with an idea. The basis of triangular space and the origin of the third position in the primitive Oedipus situation—and the relation of that to subjectivity and objectivity—are the subject of Chapter 4 ('Subjectivity, objectivity and triangular space').

In the model I am proposing subjective belief comes first before objective evaluation or reality testing. *Objective evaluation* may use external perception, in reality testing, or it may simply involve correlation internally with known facts or related beliefs. The *internal objective evaluation* of a subjective belief is particularly crucial in situations where direct perceptual confirmation is not possible. It depends on two processes, both of which provoke resistance. One is the correlation of subjective and objective points of view, and the other is the relinquishment of an existing belief. The former involves the *Oedipal triangle* and the latter *mourning*.

Just as beliefs require sensory confirmation (reality testing) in order to become knowledge, so what is perceived requires belief to be regarded as knowledge. Seeing is not necessarily believing. *Disbelief* can be used, therefore, as a defence against both phantasies and perceptions, and it plays a familiar role in neurosis and everyday life, where it is usually called *denial*. It can also be a manifestation of aversion towards otherness. If any cognitive tie outside the existing belief system of the self is treated as a dangerous link to something alien, then all such mental links may be destroyed, as Bion described in his paper 'Attacks on linking' (1959). This may eliminate the capacity for belief in anything.

A state in which belief is treated as knowledge is usually described as omniscience, and the resultant beliefs as delusions. However, initially in my scheme of mental events beliefs are taken to be facts, and I would not describe this as delusional, but as naive, just as I would not call infantile mentation psychotic just because adults who use it are psychotic. It would be more useful to describe delusion belief which is treated axiomatically as knowledge even though it runs counter to perceived reality. My starting point in this business of considering belief was, like Descartes's, the realisation that I had held in the course of my life, without question,

fallacious beliefs. Descartes wrote in his *First Meditation*: ‘Some years ago I was struck by the large number of falsehoods that I had accepted as true in my childhood, and by the doubtful nature of the whole edifice that I had subsequently based on them’ (quoted in Ayer and O’Grady 1992:111).

For me, the doubtful edifice I accepted without question as a young child included the existence of God. As a child I did not realise until I first encountered the word ‘atheist’ that I *believed* in God; until that moment I thought God was a fact. There was an unnerving precedent for this discovery, which was that at a much earlier age I met a child sceptic, and it was only then I realised that Father Christmas was not a fact but a belief of mine. This transition from assumed knowledge to belief was to be followed eventually by disbelief. I can remember thinking when my friend shocked me by telling me what an atheist was, ‘I hope this doesn’t turn out to be like Father Christmas.’ It needed the discovery that it was possible not to believe to discover that I had a belief and did not know a fact. It is the shift from thinking one knows a fact to realising that one has a belief which is linked to self-awareness.

Before discussing the psychopathology of belief I will summarise the sequence I have been describing. The *unconscious* that is there all along, as Freud thought of it, is unknowable, and contains phantasies which are unreconciled with each other and uncontaminated by beliefs about the outside world. From this source arise ideas that may become the objects of belief. Once ideas become beliefs they have consequences. Beliefs may be conscious or unconscious, but they cannot be tested or relinquished without becoming conscious. Beliefs require reality testing to become knowledge. Reality testing occurs through perception of the external world or through internal correlation with already known facts and other beliefs. If subsequent experience and knowledge discredit a belief it needs to be relinquished; this requires a process of mourning if it is an important or precious belief.

Disorders of the belief function

In addition to disorders arising from the content or denial of particular beliefs, there are disorders of the belief function itself that give rise to psychic impairments.

The annihilation of the function of belief

This is a drastic measure. It can be found in severe psychoses, in which ordinary belief systems are lost and normal thinking unavailable. Belief,

conscious and unconscious, is necessary for a sense of psychic reality. If this function is annihilated the ordinary unthought sense of certainty of self-continuity and the everydayness of the perceived world is lost. The individual is then detached, not simply from external reality, but also from psychic reality. Everything is possible and nothing is probable. Delusional certainty may be substituted to fill the void in some cases, as Freud suggested in the Schreber case (Freud 1911a). In such cases belief is asserted to be knowledge and it may also be imposed on perception, resulting in hallucination. In other psychotic states an arbitrary—sometimes capricious—kaleidoscope of ideas floats freely, untethered by belief, giving a facile, often foolish quality to thinking.

Presumably the belief function may be undeveloped or impaired because its basis in brain function is not intact; in other words, the ‘hardware’ may be defective. In other instances the ‘software’ may have been deleted; that is, the mental apparatus of belief may have been dismantled or destroyed to abolish any attachment to ideas. I think this dismantling is analogous to abolishing emotional ties to all objects, thereby producing a loss of a sense of reality; similarly, abolition of the capacity to believe produces a loss of a sense of psychic reality.

The suspension of belief

In a footnote to *Studies in Hysteria* Freud drew attention to a state of mind which he described as the ‘blindness of the seeing eye’, in which ‘one knows and does not know a thing at the same time’ (Freud 1893–5:117). Later he was to use the noun ‘*Verleugnung*’ to describe this non-psychotic form of denial, which Strachey translated as ‘disavowal’ (Freud 1924b, 1927b, 1938). I am suggesting that the *suspension of belief* is a non-psychotic form of disavowal in which one believes and does not believe a thing at the same time. Coleridge suggested that in order to be enthralled by drama we *willingly suspend disbelief*, thus conferring a sense of reality on what we know to be unreal (Shawcross 1968, vol. II: 6). I suggest that in certain psychic states of everyday life and analysis the reverse takes place. Belief is willingly suspended to avoid the emotional consequences, and the resultant state is one of *psychic unreality*. This may be an intermittent phenomenon temporarily arising in analysis to deal with emerging beliefs, or it may be persistent and pervasive.

If disavowal is all-pervasive it manifests itself in the state of *inconsequentiality* that is found clinically in the *as-if personality*. In this state all beliefs are treated as is recommended for religious beliefs in the *as-if philosophy*. Vaithinger suggested that although religious beliefs were now untenable in a scientific age they could be maintained on an *as-if*

basis—that is, ‘they perish only as theoretical truths; as practical fictions we leave them all intact’ (Vaihinger 1912; quoted in Freud 1927a:29, fn). Therefore, in the analysis of a patient in such a state interpretation (the analyst’s belief) or insight (the patient’s belief) can be treated as only practical fictions, useful but not truthful. Belief as a function is thereby suspended along with disbelief, and phantasies are treated as neither true nor untrue—or, more accurately, *true and untrue*. It is the *either/and* state of mind evading either/or. Not only is belief suspended, but so are its emotional consequences, and calmness is purchased at the price of a prevailing sense of unreality. Ambiguity is used as a defence against ambivalence. The place in the mind sought or created by this suspension of belief is, I think, related to Winnicott’s notion of *transitional space*, which he described as ‘an intermediate area of experience which is not challenged (arts, religion, etc.)’ (Winnicott 1951:240). It is not challenged with a question as to whether its contents were conceived or found. This, I think, is a space where the question ‘Do you believe it?’ is not to be asked. An individual who spends his life in such an area could be described as an *as-if personality*; a clinical discussion of this is the subject of Chapter 5 (‘The suspension of belief and the “as-if” syndrome’).

Counter-belief

Counter-beliefs may be produced as a defence against the unconscious beliefs that constitute the individual’s psychic reality. As Winnicott said in his paper on the ‘Manic defence’, ‘Omnipotent fantasies are not so much the inner reality itself as a defence against the acceptance of it’ (Winnicott 1935:130). If wish-fulfilling beliefs are used to serve the defensive purpose of denying psychic reality, anxiety increases the tenacity with which they are held. Considerable violence may be used to enforce such beliefs and to prevent their being challenged and discredited. Many political and religious beliefs fall into this category. Such counter-beliefs are at the heart of pathological organisations. I find very convincing Freud’s definition from ‘The future of an illusion’, quoted at the head of this chapter: ‘Thus we call a belief an illusion when a wish-fulfilment is a prominent factor in its motivation, and in doing so we disregard its relations to reality, just as the illusion itself sets no store by verification’ (Freud 1927a:31). To this I would add that an illusionary belief sets no store by psychic reality and thus creates psychic unreality.

The conclusion I come to differs in one regard from that of Freud on the subject of religion. Some religious beliefs are illusionary in the sense that they are the products of wish-fulfilling beliefs running counter to psychic reality, but others, even though based on psychic and not external reality, seek the

truth. As I discuss at greater length in Chapter 9, this is also the case with fiction; some fiction is true and some is false.

Some counter-beliefs form the basis of transference illusions, which defend the patient from the psychic reality of transference fears, conflicts or pain. For example, the following typical counter-belief was found in the analysis of a young woman patient. The patient believed that she (as daughter) shared a special analytic understanding (secret relationship) with her analyst (as father) which his wife (as mother) and other patients (as her siblings) did not possess. This wish-fulfilling *counter-belief* defended the patient from *believing* her existing phantasies associated with exclusion from the parental relationship. It produced complacency and stasis; her relinquishment of this counter-belief was followed by the emotional flux one hopes to meet in analysis. This sort of transference situation is described in Chapter 7 ('Complacency in analysis and everyday life').

The failure to relinquish belief

Relinquishing beliefs involves mourning; I have found that those who are unable to relinquish their discredited beliefs are the same people who cannot relinquish their lost objects.¹ The relinquishment of the lost object is linked with realising *and* tolerating the distinction between what is mental and what is material. The maintenance of the differentiation between belief and knowledge is also linked with realising *and* tolerating this distinction. Thus, the person who cannot make a distinction between belief and knowledge is unable to give up beliefs. To conclude, therefore, I will briefly describe a patient who could have been said to suffer from a surfeit of beliefs that were immune to the experience of reality.

The patient, Miss A, could not hold to the distinction between belief and knowledge. She could not derive any security from belief unless she regarded it as knowledge; *probability* did not exist for her, only *possibility* or *certainty*. Unless, therefore, she believed she *knew* her object's exact whereabouts she was in a panic. For this reason she developed elaborate strategies to avoid any occasion that would prompt her to doubt for a moment that she knew the whereabouts of her primary object. This meant manipulating not only her environment but also her mind. Her ultimate weapon against uncertainty was a system of counter-beliefs which she treated as knowledge. These counter-beliefs, in turn, plagued her as they had dire consequences. One such counter-belief was that she would go blind. From childhood her greatest fear was the fate of her mother if she was 'out of sight'. Her mother's continuing existence 'out of sight' meant she was 'in the other room'. The 'other room' was her parent's room, the setting of the primal scene, which for this patient was a murderous scenario.

The counter-belief she mounted as protection from her own phantasy was that her mother was not out of sight but that she herself was blind. This then became the belief that unless she saw her mother she would go blind. Finally it took the form 'if my mother dies I will go blind'. This was the form in which it emerged in the transference, when she believed that my disappearance would cause her blindness. The only means of ridding herself of this belief was to take a number of physical actions representing evacuation of her mind symbolically, such as flushing the toilet repeatedly.

There was compelling evidence that this inability to relinquish a belief was parallel with an inability to relinquish her object. Following the death of her mother, while she accepted the external reality of this event, she could not accept it psychically. She perceived her mother's absence, she knew of her death, but she did not believe it. Her fearful delusion soon returned; once more she believed that *if* she did not see her mother she would go blind. This counter-belief was now a means of denying the reality of her mother's death.

My patient's pathological mourning resembled a situation described by Hanna Segal (1994:397); her idea of her mother was like a dead concrete object inside her, not a symbolic presence, and therefore could only be revived in the flesh and not in spirit. Freud wrote: 'the distinction between imagination and reality is effaced...when the symbol takes over the full functions of the thing it symbolises' (Freud 1919:244). He went on to link this with 'the over-accentuation of psychical reality in comparison with material reality—a feature closely allied to the belief in the omnipotence of thoughts' (*ibid.*). Hanna Segal's (1957) work on the failure of symbolisation clarified this phenomenon when she linked it to a failure to work through the depressive position, and hence an inability to achieve normal mourning.

I think there are complex reasons why particular individuals have problems distinguishing material from psychic reality, symbol from object and belief from knowledge. By relinquishing objects I do not mean simply accepting the fact of their loss but, rather, accepting all the necessary changes in beliefs about the world that follow from that loss. One such belief which has to be relinquished is that the lost object is indispensable to life. In that sense, some people have the same difficulty with beliefs as they do with objects: they cannot accept that their beliefs are not indispensable to them.

Note

- 1 I prefer 'relinquish' to Strachey's 'renounce' for Freud's '*nicht aufgeben will*' (Freud 1916a).