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A METAPSYCHOLOGY OF THE UNREPRESENTED

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The terms unrepresented and unrepresented states are increasingly being referred to in psychoanalytic discourse, without our having established a generally agreed upon consensus about their definition, use or meaning. While these particular designations were never used by Freud, a careful reading of his work reveals them to be qualities that characterize the initial state of both the drive and perception. This paper attempts to place these terms in a clinically useful, metapsychological perspective by reviewing their conceptual origin in Freud and examining their elaboration and clinical relevance in the work of Bion, Winnicott, and Green. These concepts should prove especially useful for understanding and addressing problems presented by non-neurotic patients and psychic organizations and will help expand the reach and efficacy of psychoanalytic understanding and technique to increasing numbers of contemporary patients.

Keywords: Unrepresented states, representation, metapsychology, unstructured unconscious, fear of breakdown, Freud, Winnicott, Bion, Green.

I

The challenge in trying to speak or write about *the unrepresented* is how to find words to describe and talk about something that in a sense both

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does and does not “exist” and that to the extent to which it may exist, is not fully comprehensible or conveyable by thought or language. The strategy that I will attempt to use in this paper is to try to approach the subject from a few selected vertices—principally those of Bion, Winnicott, Freud, and Green—in the hope that readers will come away with an impression or experience that will allow them to grasp something of the meaning of the term *unrepresented* and its potential utility in the psychoanalytic clinical situation.

To begin, I wish to briefly remind readers of Bion’s (1965) insistence that there is a limit to our capacity to directly know the psychic experience of ourselves and our patients:

No one can ever know what happens in the analytic session, the thing-in-itself, O; we can only speak of what the analyst or patient *feels* happens, know what the participants *say* happens, or the emotional state engendered by the verbalization of analyst or patient in the listener. [p. 33, original italics]

But even the attempt to “know” an emotional state is fraught with enigma and uncertainty. The problem, as Bion (1965, 1970) states it, is that the fullness of mental “space” and the phenomena of raw existential Experience¹ are overwhelmingly infinite, while that “part” of the psyche that contains the set of representations² we

¹ I use the convention of writing the word Experience, with a capital E, to indicate raw, not yet psychically processed existential Experience, something that cannot by definition be fully known. The word experience with a small e is used to indicate ‘experience’ in its colloquial sense: that portion or derivative of Experience that can come to be known or known about. An analogy in philosophy would be that Experience refers to the noumenon (Kant) or the thing-in-itself, while experience refers to the phenomenon (Kant) or the shadow on the wall of the cave (Plato).

² In psychoanalysis, the term *representation*, refers to “the culmination of a process through which impulse and content and in favorable circumstances, disguised versions of that part of the content that is unconscious, must all be linked. It is a term with historical roots in Freud’s metapsychology, and its psychoanalytic usage refers back to that tradition and theoretical domain. It should not be confused with the way it or similar terms are used in other disciplines—e.g., child development or neuroscience—nor should references to its absence be misunderstood to necessarily imply the total absence of some kind of registration or inscription in ‘the being,’ i.e., the psyche or the soma, of the individual” (Levine, Reed & Scarfone, 2013, p. 4).

speak of colloquially as our “mind” and its “thoughts” is three-dimensional.³

Bion (e.g., 1962) often categorized emotions as beta elements, but although these may produce “sensations” that can be “felt,” they do not yet qualify as being *psychic*. Beta elements are ephemeral, unrepeatable, and need to be transformed into another form or register—that is, they must first be converted into alpha elements—if they are to be stored in the psyche and used in the process of recollection. In their native form, beta elements cannot be used to think with or be thought about. Only that which is felt and captured through one of the five senses—e.g., alpha elements—can be stored, thought with, thought about, and remembered.

“One can remember songs or movies or cities or perfumes that bring back evocations of moments, person or situations; and this memory awakens an emotional experience, but this [emotional experience] is not remembered, it is *activated*” (Grimalt 2004, italics added).

Activation implies *presentation*, while “memory” implies and requires *representation*.

“Mental space [i.e., the human psyche] is a thing-in-itself, that is infinite and unknowable, but... [nevertheless] can be represented by thoughts” (Bion 1970, p. 11).

While thought and emotions might come to be known or perhaps only known about, we must ask: if so, by what means and how fully? A good deal of that which psychoanalysis must deal with is only indirectly discernible, never fully knowable, and can only be approached via intuition and conjecture (construction).

“The realizations with which a psycho-analyst deals cannot be seen or touched; anxiety has no shape or colour, smell or sound” (Bion 1970, p. 7).

As for psychic reality, what was once believed to be exactly and fully “knowable” via empirical observation is now recognized to be only “represented” or indicated—i.e., partially intuited and constructed—by unconscious intra- and intersubjective processes; and it is these processes

³ Readers may notice—and perhaps will forgive—my use of a spatial metaphor here to try to convey this thought. That I have to resort to something that I know is too concrete, potentially misleading, and literally *false*—the mind is not a “place”—is an example of the limitations of language that I am trying to speak about! For an extended discussion of this problem see Bergstein (2019).

that partially determine the terms in which that representation is given shape and comes to be known (or, more correctly, *known about*).

If the psyche, with its attributes for thinking thoughts and using language, is our “instrument” for discerning and coming to know and make sense of our Experience, then the limitations and distorting effects of that instrument will color our sense of what we come to know in the same way that the most powerful optical telescope fails us in regard to discerning the totality of what light is, because it never gives us access to the ultra violet or infrared portions of the spectrum. Consequently, while we may not be able to “know” the psyche and its contents completely or with certainty, our psychoanalytic theories may help us via conjecture or intuition to “approach a mental life unmapped by the theories elaborated for the understanding of neurosis” (Bion 1962, p. 37).

In terms of making sense of our psychic and emotional worlds—what we come to know and how we come to know it—Freud (1920, 1924) implied and Bion (1962, 1965, 1970) described at length that while perception, drive movements, and somatic sensations produced or were often associated with some kind of feeling, they were initially “senseless” in that they were devoid of meaning. Meaning may be assigned to them only after they undergo a transformation that allows for notation and psychical storage and retrieval. This implies that, in addition to assumptions about the existence of a dynamic or repressed unconscious that contains fully formed (represented) ideational elements that are being barred from consciousness because of their unacceptable and anxiety-inducing content, we must now speak of an *unstructured unconscious* that consists of forces, unqualified sensations, and turbulences that are unrepresented or unrepresentable (Levine et al., 2013; Levine 2022a).

An important implication of this recognition is that it may become very useful—even at times clinically essential—to distinguish between neurotic and non-neurotic organizations and states of mind, as these have somewhat different implications for psychoanalytic technique.⁴ In regard to interpretation, not all thoughts, feelings, and actions—that is, *what the subject says and does*—are necessarily imbued with and linked to latent meanings that can be uncovered or discovered and then put into words. In certain patients and at certain times, speech may be unconsciously used more as a means of action intended

⁴ See Levine 2022a for an extended discussion of this point.

to rid the psyche of *accretions of stimuli* (Freud 1920; Bion 1965, 1970) or in an attempt to evoke contact with and emotions in an object, rather than in an attempt to convey meaning through the expression of words (Bion 1962; Levine, forthcoming).

“Talking ... must be considered as potentially two different kinds of activities, one as a mode of communicating thoughts and the other as an employment of *musculature* to disencumber the personality of thoughts” (Bion 1962, p. 83).

This caution challenges “the fundamental credo of psychoanalysis that psychological states are full of meaning” (Alvarez 2019, p. 867). Repressed, neurotic structures are replete (saturated) with fixed, albeit unacceptable, ideational meanings—wishes, desires, fantasies, memories of unpleasant experiences—but comprise only a small portion of the unconscious (Freud 1915, 1923). Thus, when dealing with non-neurotic structures and states of mind, Cesar Botella (2005) talks of the analyst’s need to employ a form of construction that “does not reveal a repressed content that is already there, but it gives it form; it attempts to name what is a negative of a trauma, an experience prior to language which it has never been possible to think about and which, consequently, disorganizes psychic life” (pp. 7-8). That is, in many important instances, *meaning is something that is absent, potential, or emergent—yet to be created*—rather than uncovered or discovered.

II

Winnicott (1974) defined the clinical fear of breakdown as the *fear of a breakdown that has already happened, but has not yet been ‘experienced’* by an integrated and adequately functioning sense of self. It is a fear of the return or recurrence of an original, primal agony that may have been sensorially “felt” but was not “known,” precipitating the setting up of a defense organization that allowed for some sort of survival at the expense of creating an overly rigid false self, ego distortion, or split. It is often some aspect of or reaction to the defense organization that the patient displays as their illness. Symptomatically, patients may present with narcissistic disturbances, panic attacks, impulse disorders, addictions, perversions, somatic discharges, hypochondria, psychoses, autistic

presentations, etc.⁵—any of which may reflect: (1) the results of the original breakdown; (2) defenses against its recurrence; (3) unconscious attempts to communicate about and seek help for the damage that has taken place and threatens to recur.

Since it is often assumed to have occurred very early in life during the infantile (pre-verbal) period at or near the stage of “Absolute Dependence,” the seeming paradox of the original breakdown is that while its occurrence and impact have left “an impression”—“somewhere,” “somehow”—that impression has not been “taken into the patient’s ego” and does not become consciously or unconsciously part of the knowable “I” of the patient. Alternatively, the breakdown may have occurred in a later period of life due to events that cause a breakdown in psychic registration and functioning—i.e., regulatory processes of the psyche are disrupted or immobilized and the self is temporarily “taken offline.” In either case, the events and their emotional sequelae are not yet registered as psychic or elaborated in associational chains or with symbolic resonance with other “knowable” psychic elements in the same way as the more familiar (neurotically organized) repressed, unacceptable, and anxiety-arousing thoughts, wishes, phantasies, or traumatic memories. The original breakdown produces a kind of “furor,” “storm,” or overload of tension, stimuli, or excitation—a kind of “emotional force field”; but this does not yet achieve the level of being qualifiable as *psychically represented* in Freud’s sense of the term (see also, Freud’s [1920] description of trauma). It is for that reason that I am suggesting that we may speak of that “force field” as being part of *the unstructured unconscious* in contrast to the dynamic or repressed unconscious (Levine 2019, 2022a).

Notice the many terms I have used in the previous paragraphs that appear within quotation marks. I have chosen to set them aside in this way to indicate that they partake in some sense of the ineffable. They may be intuited, inferred, assumed, alluded to, but not known directly via the senses (Bion 1970). Winnicott (1974) described the primitive agony of the initial breakdown as *unthinkable*. In so doing, he not only attempted to characterize the unbearable quality of horror, pain, and

⁵ Of course, any of these may have other aetiologies and reflect other forms of pathological organizations.

terror of an annihilation anxiety, but he also made a very important metapsychological statement: *the agony that precipitates the breakdown is ‘unthinkable’ in the sense that it cannot be thought: i.e., contained in the mind, psychically represented and made potentially verbalizable*. It has not yet achieved the status of being recorded or retrievable in forms that we colloquially think of as a *thought*, consciously or unconsciously.⁶

Recall that in describing the pre-conditions for memory, storage, and possible subsequent recollection and retrieval of personal experience, Freud (1911) spoke of the need for attention, inscription, and notation. Winnicott (1974) is talking about events that are undergone in the absence of an integrated, functionally operative, attending, and noting psychic self. Consequently, although from an external perspective the events—often failures of vital environmental provision—that contributed to or produced the breakdown have been “undergone” and have perhaps somehow, somewhere been “registered,” they, too, remain *unrepresented, not yet mentalized*, and require transformational work and/or construction *après coup* in order to become so. They are an “Experience” that one has “undergone” but has not yet been “experienced.” Prior to transformation, such experiences are part of what Scarfone (2015) calls *the unpast* and what Ogden (2014) calls *unlived experience*. How are we to understand this condition and situation?

According to Winnicott, in the earliest stages of the infant’s development, the *potential* for an integrated ego and a rudimentary sense of a “unit self”—an “I”—exists, but the degree to which and the states in which this integrated ego is functional will depend upon provision of adequate external support from the objects in the infant’s environment. Think of there being bits that have the potential to come together to form the ego that are scattered (*unintegration*) and then come together (*integration*) through the provision of a kind of maternal response (*primary maternal pre-occupation*) that matches the infant’s need at the very instant that this need is about to appear. Failure to provide or sustain the necessary response may result in a momentarily integrated ego falling apart

⁶ See also Ferenczi (1949c): “It is unjustifiable to demand in analysis that something should be *recollected consciously* which has never been conscious. Only *repetition* is possible with subsequent objectivation for the first time in the analysis.” (p. 261, original italics).

(*disintegration*). We might characterize the less traumatic forms of this process as "disruption." Too frequent or too disruptive a failure to provide what is needed may go beyond disruption and precipitate a traumatic primitive agony marked by annihilation anxiety or what Bion (1970) called *nameless dread*.

Absence of ego integration may imply absence of the capacity to notice and/or *psychically* record (i.e., *represent*) what one is experiencing. Winnicott (1974) asks us to imagine that the infant may undergo events that produce painful feelings that become somehow, somewhere *inscribed* but escape being noticed because there is no "I" there to notice them. This all takes place at a point in development where it is assumed that self-object differentiation mostly does not yet exist.⁷

If there is adequate provision of maternal care in this early stage, then the infant acquires some degree of capacity to integrate and maintain cohesion of the ego and a partially autonomously maintained sense of "I" within which impressions of events may be registered and noticed. However, throughout infancy and much of early childhood, ego integration is not fully autonomous and will need ongoing, intermittent support from the environment. Integration also requires slowly introduced, intuitive, carefully, and spontaneously calibrated delay in provision (*good-enough mothering*), so that reality testing, frustration tolerance, and expectation of eventual relief can develop along with an increasing self-reliance, which is supported by a sense of faith that good and helpful objects can and do exist and can help one to learn to self-regulate and make sense of one's being-in-the world.

For Winnicott (1963), being an "I," a unit self, is "a state in which the infant is a unit, a whole person, with an inside and an outside, and a person living in a body, and more or less bounded by the skin" (p. 91). If the catastrophic event (breakdown) occurs too early in the development of the individual or if the being or *going-on-being* of the unit self is disrupted, then there will be no "I" there to experience in a first-person sense what has happened. In the fear of breakdown situation, the patient repeatedly worries about all of this—which to an external observer belongs to the past—because the original experience of primitive agony

⁷ Additionally, it may take place in later development at moments of what will be qualified as massive psychic trauma.

cannot "get into the past tense" unless the ego can first gather it into its own present-time experience under a sense of its omnipotent control in the present. The latter will usually require the auxiliary ego-supporting function of the object (mother, analyst). The logic of Winnicott's assertion seems to be that there has been a registration of "bad experience" (consequence of traumatic failure of provision) that can be noted from an outside, third-party perspective but has not yet been noted by an "I" (first person experience), because the nature of that experience or the time of its occurrence was such that there was no integrated "I" there to perceive and note it.

Winnicott (1974) writes:

There are moments, according to my experience, when a patient needs to be told that the breakdown, a fear of which destroys his or her life, has already been. It is a fact that is carried round hidden away in the unconscious. The unconscious here is not exactly the repressed [dynamic] unconscious of psychoneurosis, nor is it the unconscious of Freud's formulation of the part of the psyche that is very close to neurophysiological functioning ... *In this special context the unconscious means that the ego integration is not able to encompass something. The ego is too immature to gather all the phenomena into the area of personal omnipotence.* [p. 104, italics added]

He goes on:

If the patient is ready for some kind of acceptance of this queer kind of truth, that what is not yet experienced did nevertheless happen in the past, then the way is open for the agony to be experienced in the transference, in reaction to the analyst's failures and mistakes. These latter can be dealt with by the patient in doses that are not excessive, and the patient can account for each technical failure of the analyst as countertransference. In other words, gradually the patient gathers the original failure of the facilitating environment into the area of his or her omnipotence and the experience of omnipotence which belongs to the state of dependence (transference fact). [p. 105]

If the treatment goes well, a rhythm becomes established of dependence—based upon the patient's need for and the analyst's offering

the patient intersubjective assistance in emotional regulation—micro-failures (Levine 2022c)—spontaneously, unconsciously, and inevitably failing to sufficiently provide that assistance due to separations, vacations, disappointments and other frustrations and empathic failures—and repairs. While these sequences may be disruptive and extremely painful to both patient and analyst, unlike the original breakdown, they nevertheless can prove to be remediable and ultimately tolerable. As Winnicott (1974) noted: “All this is very difficult, time-consuming and painful, but it at any rate is not futile. What is futile is the alternative” (p. 105).

III

Although the term unrepresented is not used as such by Freud, it would seem that the concept of the unrepresented was never far from his thinking. It is inherent in the notion of drive (*Trieb*). The latter is a word of German origin that:

... has long been in use and retains overtones suggestive of pressure (*Treiben* = to push); the use of ‘*Trieb*’ accentuates not so much a precise goal as general orientation, and draws attention to the irresistible nature of the pressure rather than the stability of its aim and object. [Laplanche & Pontalis 1973, p. 214]

It is the instability—i.e., non-specifiability—and potential variability of aim and object that imply that until attached to and contained by a specific idea (a psychic representation), the drive is an unrepresented force or pressure, an “accretion of stimuli” or “endosomatic excitation.”

Strachey made an unfortunate choice when he translated *Instinkt* and *Trieb* with the same English word, instinct, because for Freud, the two terms allude to a different set of connotations. Instincts produce “a hereditary behavioral pattern peculiar to an animal species, varying little from one member of this species to another and unfolding in accordance with a temporal scheme which is generally resistant to change and apparently geared to a purpose” (Laplanche & Pontalis 1973, p. 214).

Instincts have a relatively stable aim and object. (Think here of salmon returning to the specific waters in which they hatched in order to spawn.)

In contrast, *Trieb*, is meant to convey “the relatively undetermined nature of the emotive force in question and the notions of *contingence of object and variability of aim*” (Laplanche & Pontalis 1973, pp. 214-215, italics added).

The drive is initially somatic and unrepresented, a non-specific pressure, a *force without meaning* (Levine 2012, 2022a). Only later, as it becomes, produces, and/or unites with an ideational derivative that is psychic does it get attached to a specific object and/or set of aims. But in its somatic form, that is before it is linked to a derivative that becomes its ideational representative in the psyche, it is *unrepresented*. Consequently, Eros and Thanatos are perhaps better thought of as metapsychological hypotheses about something in the soma that moves towards discharge in a general and non-specified sense as they “bind” and “unbind,” rather than as inherent sources of specific desires (love, hate, etc.). The specificity of aim and/or object of desire are attributes of the drive *derivative* and not inherent to the drive itself. The latter furnishes the drive force or pressure to these derivatives, which may then be transformed and become qualified as erotic or destructive in aim.

The latter is not how Freud’s drive theory has been traditionally interpreted and taught, but I think there is justification for this reading in Freud’s original texts. In contrast to the ego psychologists’ view of Freud’s introduction of the structural theory that focused on adaptation and defensive activity, Green (2005) noted that Freud’s (1923) theoretical shift marked a change from a theory centered on psychic *contents* (ideational *representations*) to a theory about *process* and the movements needed to tame the unstructured, not-yet-represented aspects of *the drive*—that is, emotion, impulse, and somatic discharge—within the psychic apparatus. According to Green (2005), the major development in Freud’s revision of theory was the change from

... one model, at the centre of which one finds a form of thinking (desire, hope, wish), to another model based on the act (impulse as internal action, automatism, acting) ... the analyst now not only has to deal with unconscious desire but with the drive itself, whose force (constant pressure) is undoubtedly its principal characteristic, capable of subverting both desire and thinking. [p. 47]

For Green, “desire” (which implies a specificity of intent; “I want to do this to or get that from you”) is not inherent to the drive but is a product of transformation that can come into being only after the drive derivative achieves the status of becoming psychic. Consequently, certain drive-related “movements” of what we might call the primordial mind (Green 1998) may not be organized around ideational representations and so may not deserve to be designated as “wish” or “desire,” but should be seen instead as non-specific “sensorial tensions or stimulus overloads” in search of reduction via discharge and/or a form within which to contain and direct them. Green (1998) cautions us that it can, therefore, be misleading to “speak of desire ... [when] it is legitimate to ask ... if this category is really present, ... [R]aw and barely nuanced forms [of action], expressions of imperious instinctual demands, throw a doubt over the relevance of this qualification” (p. 102).

From this perspective, we can better understand Freud’s (1933) characterizing the Id as:

... the dark, inaccessible part of our personality ... something that we must approach ... with analogies: we call it chaos, a cauldron full of seething excitations ... It is filled with energy reaching it from the instincts, but *it has no organization, produces no collective will, but only a striving to bring about the satisfaction of the instinctual needs subject to the observance of the pleasure principle ... Instinctual cathexes seeking discharge—that, in our view, is all there is in the id.* [pp. 73-74, italics added]

Adding to these statements, Freud’s (1933) assertion that the quality of the cathexes of the id differs so completely from those of the ego that we cannot speak of or expect to find in the id “what in the ego we should call an idea” (p.75) leaves little doubt that he is talking about forces that in their initial state are not yet represented.

As I have described elsewhere (Levine 2022a):

Rather than being a “seething cauldron” of ideationally saturated wishes and desires, *Id impulses are force without fully saturated ideational content.* Thus, Freud left open the question of whether or not the ultimate form of the ideational content of the drive derivative was singular, fixed and fully pre-determined by its

[somatic] origins or whether there was some potential flexibility in its ultimate form. [p. 54, original italics]

IV

Western philosophy has a long and time-honored tradition of viewing our sense of trying to come to know the external world as only partially and indirectly possible. That sense is not directly and fully knowable and known via perception. It is intuited, constructed, and/or limited by the psychic apparatus through which we perceive the world. (Think here of Plato’s Cave, Kant’s noumenon and phenomenon, Hume’s skepticism, etc.). This epistemological situation may be illustrated by an old baseball joke:

Three umpires are discussing the calling of balls and strikes in the locker room before the game. The youngest says modestly: “I calls ‘em as I sees ‘em.” The more experienced umpire, perhaps like Lacan’s *le sujet supposer savoir*, says confidently: “I calls ‘em as they are!” But the most senior of the three simply says: “They ain’t nothing, till I calls ‘em.”

So, too, it is with the “excitations,” “accretions of stimuli,” “turbulence,” etc. of the unrepresented. These are disturbing “presences” that lack nomination unless and until they are joined to ideational representations in the psyche autonomously as part of the ongoing work of psychic regulation or intersubjectively, often *après coup*, in a process of construction and co-construction.

Stanicke et al. (2020) located Freud’s epistemology in the line of descent from Kant, who had argued that what we perceive (phenomena) is never identical to that which is (the thing-in-itself, noumena). Recent findings in neuroscience (e.g., Edelman 1989) have begun to suggest an analogous view. As psychoanalysts—and as sensate beings!—we are in a position akin to atomic scientists and quantum physicists. We can never directly know the essential nature of the subject matter of our investigations—i.e., our Experience—but can only infer it from what we can make of what our senses tell us. What that is and what we observe is subject to the reorganization, adumbration, and limitations—sometimes distortion—of our observational methods and instruments (i.e., the psyche). From this perspective,

only a portion or analogue of that which *is* may be represented and representable. The rest is ... unrepresented. This means that psychoanalytic theory, at least as created by Freud, is not and does not aim to be a complete and fully accurate replica of the external world and psychic functioning built up through careful observation. Instead, it is a series of interlocking models, theories, postulates, and conjectures that, if applied as a pragmatic set of assumptions in the clinical situation, allows us to listen, make a kind of psychoanalytic sense of, and interpret in such a way that enables a process that can prove to be of enormous help to our patients.

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