# "Heard with the Eyes": Personal Equation and Fluid Self-State Communication in the Therapeutic Relationship

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Dear Colleagues,

Before reading my paper, I would like to introduce myself. My name is Cinzia Bressi and I am a doctor, a professor of psychiatry and psychotherapy at the University of Milan. I am Chair of psychotherapy hospital services at Milan's university hospital where I work, and I also have private practice as a Jungian analyst. I am currently member of the British Jungian Analytic Association, BJAA, one of the four associations of the British Psychotherapy Foundation, of London.

The considerations I shall outline here extend from suggestions in the paper presented by Nadia Fina, which I found extremely interesting and rich in content. In the wake of these considerations, I would like to begin by asking a question: how does the analyst's personal equation "act" in the transference/countertransference dynamics that develop in the analytic relationship?

Jung saw the analyst's personal equation as being subjective prejudice that risked not being subjected to transformative criticism (CW16). On this basis, he postulated types of personal equation that are based on the predominance of one function of conscious orientation or the other.

But what did Jung understand by "subjective prejudice"? He maintained that it was a product of an individual's accumulated self-experience, which could be refined to a greater or lesser extent. It was an encounter, or better still, Jung (ibid.) described the personal equation in psychotherapeutic practice as a collision between an individual mind and environmental conditions, thus representing a subjective edition of general experience.

The encounter between an individual and his self-experience makes him unique, but also subject to acting according to his subjective prejudice when interacting with another individual. Out of this derives the need to observe both oneself and the world, the relationship both with one's own inner experience and that of the other, after having worked on the self at length and on the development of subjectivizing and individuative thought.

Jung wrote that a therapist could be totally unable to perceive in a patient what he did not see in himself, or alternatively, that his perceptions could be amplified, thus either encouraging the patient towards objectives that are actually his own or else condemning the patient for what he rejected about himself (CW16).

It was Jung, once again, who observed that each therapy was a single "dialectic process" in which the analyst as a person was involved just as much as the patient. And, if the analyst feels a hit or is tripped up by the patient, it need not be a bad thing, as he can heal to the extent that he himself has been injured – and here we can recall the mythologem of the "Wounded Healer".

As I was writing these lines, it came to mind that in the Adult Attachment Interview by Mary Main, R. Goldwin and Erik Hesse (2003), which I frequently use given that I work with adolescents and their parents, there are several questions that are extremely important when assessing what the wounded child did during his childhood, who he sought out and how he behaved when he was emotionally or physically hurt or ill. "What would usually happen?" "How did you react to the pain?" "And your parents, how did they respond?"

This helps us to observe what today's adults, who are unable to "maintain" a relationship with their adolescent child, were like as children: they would shut themselves in their bedrooms and put a sticking plaster on by themselves, thus "protecting" themselves twice over, by going somewhere they held was safe and by providing their wounds with "protection", crying alone, not asking anyone for help, except, perhaps, their brothers or sisters, on occasion.

It is during the times of physical or mental pain that a child seeks his/her attachment figures, a parent who ought to nurse, care for and "hold" the child. These experiences, which are essential to strengthening, developing and giving direction to the child's nuclear Self, call for support, closeness, comfort and help from attachment figures.

The experiences that belong to today's mothers and fathers were, and still are, being dismissed and excluded. Or rather, these children, who are now parents, would look to *their* parents for some concrete care, a bandage, or hospital, and would then idealize help and salvific treatments, which perpetuates the sustenance only of the split-off parts of the Self, the parts that could not be penetrated by thought. States of mind which distance pain through dismissiveness, or states of mind that were witness to these individuals' anger and confusion, or even to their being overwhelmed at times by traumas and their own parents' shortcomings, were thus confirmed, rendering adequate parenting less achievable. In response to the question: "In your opinion, why did your parents behave as they did during your childhood?" the answers are banal, *jargon, psychobabble, or canned statements,* as they have come to be known.

For some time now, I have been reflecting upon the extent to which patients' attachment styles and mental states are at the core of their projective identifications, and the extent to which an analyst's responses featuring projective counteridentifications depend on his/hers attachment style.

Fordham considered countertransference as projective identification that was a useful source of information about the patient's state of mind if the analyst accepted that he "might find himself behaving in ways that were out of line with what he knew of himself, but syntonic with what he knew of his patient" (1996:165). He then went on to explain that "the whole analytic situation is a mass of illusions, delusions, displacements, projections and introjections" (1996:172, also referred to by J. Knox, 2011).

As observed by Jung and developed by contemporary psychoanalytic thought, the analytic process features verbal actions, non-verbal actions and interactions. Levenson (1983) places *the language of speech and the language of action* together, to the point that one is a transformation of the other. So the analyst's inevitable continuous participation is thus further confirmed. And we are already aware that the observer is inevitably part of what is observed.

For example, Levine (1994) has pointed out that the analyst's interpretations always hold some performance or action-like qualities, in that the analyst's words are a kind of an unintentional action. I would like to highlight this, as enactment belongs to the analyst's subjective responses that are intrinsically related to his or her psychology, which, as I stress, is *not personalistic* but personal. And, dynamic interaction processes of destruction and reparation in the analytic relationship are the result of the analyst's, as well as the patient's, active unconscious contribution (Beebe & Lachmann, 2002).

We know that the analyst's reflective or mentalization function is compromised during mutual enactments. As Donnel B. Stern (2008) has observed, when the analyst is blindly involved in the relationship with the patient because of an unconscious motivation, he can mentalize neither his own experience nor that of the patient. In such situations, I believe that in addition to the analyst's personal equation, the timing of the reflective mental space, where the analyst can "hold" the content of the reflective identification, that is, a dissociated and non-representable part of the patient's mind, is also of extreme importance.

During an enactment, if the analyst reacts directly to the patient's projective identification, the belief that the inner and outer worlds are the same is consolidated (psychic equivalence). But if the analyst accepts the patient's projective identification, and is not immediately provoked into reacting to it, as has already been pointed out by Nadia Fina using different words, and if this experience can be transformed,

mentalized and given back to the patient, then enactment will not occur. The analysand can then begin to take his or her first steps away from psychic equivalence and towards the first signs of reflective functioning. And the sensitivity and empathy coming from the analyst, when shared meaning is being constructed with the patient. will boost the therapeutic alliance.

Since enactments are the only form of representable dissociated material, they are, nevertheless, a tremendous source of information about the patient. I therefore agree with Donnel Stern that understanding and insight are not essential when responding to projective identification. In order to grasp and accommodate the inedited, split off and unthought aspects of the patient's experience that he/she is totally unable to express in words, working solidly on the unconscious influence that the patient has on the analyst and the crisis the patient has provoked is indeed preferable. Much of this experience is not verbalized, it is dissociated and it is laden with affect.

Jean Knox has extended this idea with her suggestion of "developmental attunement" (Knox, 2011:166), which requires the analyst to use his or her own countertransference reactions to identify the specific nature and developmental content that was inhibited during the patient's development and used in the projective identification. From countless studies, we are aware that non-verbal affective transactions, such as the analyst's facial expressions, posture, movement, and emotional tone of voice, play a fundamental role in unconscious emotional interactions. According to Schore, these "co-create an intersubjective context that allows for the structural expansion of the patient's orbitofrontal system and its cortical and subcortical connection" (2003: 264).

This observation takes us back to attachment theory, which claims that the infant does not interiorize the object but the specific relational dynamics between the Self and the other (Beebe & Lachmann, 2002).

In order to modulate affect regulation, the analyst's tone of voice, body language, facial expressions and gestures are all extremely important. As opposed to causing the analyst's reflective function to collapse, projective counteridentification can be used effectively as containment right from the look in the analyst's eyes, before he/she even utters a word, and then from their tone of voice: in essence, from everything the *analyst is*. The personal equation thus becomes not just an encounter between the Self and life experience (as Jung puts it), but also the ability to *be with* the patient regardless of aggressive content, fear or terror with no name that the analysand may have transferred into the analyst's Self. Negotiation between isolated subjectivities can thus take place and gradually begin to replace the patient's dissociative shell (Bromberg, 2008). Conditions can thus be created so that the little girl who has violently knocked her head against the glass table

in the living room, recognizing only the blood that is gushing out of the deep wound on her temple, will not, while crying and terrified, go to seek "protection" in her bedroom, but will be able to obtain "recognition". According to Ronald Laing (1962), confirmation of our identity does not depend so much on others' approval but on others' *recognition*, that is, on the accurate perception they bear of the way in which we experience ourselves (Bromberg, 2008).

As analysts, if we receive our analysand's pain and terror without reacting or without seeking to change them, then these islands of affective reality, these parts of the Self that were initially dissociated, can be recognized, perceived and guided towards self-reflection through symbolic ability and verbal forms that are expressed within a relational context.

When one of my analysands, as I was showing him into my consulting room just a few minutes after the scheduled time of our session, said: "I thought you had forgotten about me"; or when another, after one of her sessions had been rescheduled, became visibly agitated and said in a disturbed voice, "so it's true that you are leaving … and what about me …?", I cannot but think, given that I know their life stories, about the extent to which a developmental trauma is still active in their lives as it is in the *here and now* of our relationship.

During the early stages of life, if some parts of the Self are systematically disavowed, *then continuing to exist in another's mind – and therefore in one's own eyes – like the child Self in front of his parents*, is a lot more difficult. In order to achieve its top priority of maintaining stability, the nuclear Self, which underpins procedural memory, will continue to employ early models of attachment based on how much it saw reflected in the mother's eyes. If, however, the parents denied the relational existence of several aspects of the nuclear Self, then these are what will make up the core of the projective identification.

I believe that in the analyst's personal equation, the development of his own nuclear Self, that is, when the analyst was "his parents' child", cannot be overlooked. This image generally continues to evolve throughout life though reshaping itself so that the Self can change and become integrated into an individual pattern, which, for the most part, is not dissociated.

It is for this reason that the pain and terror passed on to the analyst's Self by the patient needs to create the real danger of the person's destruction. The analyst must leave some time and mental space where these terrifying conditions will not be modified, and ask himself, also according to what he can see in his patient's eyes – a child in front of his parents – what are these dissociated parts that are asking to be born *out of and in the relationship*.

For this reason, the communication between the analyst and the analysand cannot be fluid at the start of the analytic journey. Each will

be isolated, even within the relationship, and this will lead to repeated collisions between the patient's and the analyst's subjectivity. This repetition itself means that a relational process will be generated out of these collisions, where the "new" will create a space between the two players. Bromberg referred to these collisions as "safe surprises", since the new that emerges in projective identification, projective counteridentification and enactments, is the result of "the fear circuitry" being activated in *not-too-safe* conditions, according to LeDoux (1996). Under these conditions, the failures of the past are repeated in the analytic relationship with "something extra" that belongs to the patient's developmental drive. And it is out of these emotional storms that the analyst's Self has taken upon it, that the *new* can suddenly emerge. And using Jung's words, the new will emerge in the therapeutic relationship out of the old that has been either dismantled or surmounted.

The heart of these analytical aspects is the dynamic relationship that Jung called the transcendent function, where the "union of conscious and unconscious is consummated" (Jung, CW9). In other words, the transcendent function can be interpreted as a constant, dynamic confrontation and "integration of explicit conscious information and memories with the more generalized knowledge that we accumulate uncounsciously in the internal working models of implicit memory, a key part of which constitutes the sense of Self" (Knox, 2011, p. 179). This process attributes meaning and significance to inner experience as well as to relational experience, which will then go on to contribute to the patient's process of individuation.

Until the individual shall authentically and entirely perceive him/herself in the eyes of the other.

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