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Response to 'Report from borderland'

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'K' s powerful and moving account of his personal experience of analysis is a generous gift to the analytic profession. It raises a number of crucial questions and challenges some of the basic assumptions of analytic theory and practice in a way which gives us a rare opportunity for a more public dialogue between analysts and analysands than is usually possible. In this paper, 'K' does not question the commitment or competence of his previous analysts, but rather, the analytic method itself when it is applied to those, like himself, whose sense of self cannot, at least to begin with, bear the insight which analysis brings. He vividly highlights the danger that premature insight 'may all too readily—because of the fragility of the sense of self and of identity—be experienced as a pain laid on pain, and if it continues, a terrible and sundering process of loss' (p. 24), leading inevitably to a 'slow motion, hypnagogic (my only recourse was to watch it from the outside) disintegration' (p. 22). He describes the way in which even the lightest interpretation may 'inadvertently be taking away a whole world' (p. 25).

Sometimes people in analysis describe this kind of feeling as one of falling for ever or of a black hole at the centre of their being. Many analysts have recognized this phenomenon and that its roots lie in the experience in infancy of extreme failures of parental attunement and reflective function. From a developmental perspective, these descriptions reflect the activation of infantile experiences of being related to as a self-object, not as a subject. Bion (1962) described this as 'nameless dread', Ogden (1989) as an intense anxiety deriving from the autistic-contiguous condition. Stern (1985) described the acute aloneness which comes from this experience and suggests that it reflects cumulative failures of containment at several crucial stages in the infant's development of self-in-relationship—those of core, intersubjective and verbal relatedness.

The charge 'K' lays on the analytic method is that for people such as himself, whose sense of self has not been nurtured by loving and attuned parenting, the classical analytic method can be re-traumatizing and, as the comment about watching from the outside suggests, may reinforce dissociative defences, actively impairing the integrative processes of the transcendent function and so hindering

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individuation. This echoes the approach of the contemporary relational school, whose members suggest that attunement and mirroring are as crucial a part of analytic work as interpretation (Beebe & Lachmann 2002). But this leads straight to a fault-line in the analytic world, between those analysts who accept and explore the need for analysis to include a range of relational approaches, not only purely interpretative methods and those who regard such modifications as unhelpful, even dangerous. The debate on these topics has already created an extensive literature but, sadly, one which is often rather polarized and does not take the form of a creative dialogue.

To differing degrees, the relational school suggests the need for modifications of analytic technique when working with the devastating damage done to the infant's development when he or she has not been loved, nor attuned to by his or her primary caregivers. Stern suggests that when failures have occurred in the domain of intersubjective relatedness, it is vital for the patient to discover 'that someone is available who is capable and desirous of knowing what it feels like to be him or her' (Stern 1985, p. 266), a view which lends support to 'K''s agreement with James Astor's view that 'he did not wish to be translated, he wished to be received' or in his later words 'to be welcomed' (p. 20). Lichtenberg, Lachmann and Fosshage suggest that the experience of 'intersubjective relatedness' is often necessary in psychotherapy and at these moments:

> a patient desires to encounter more fully the analyst's subjectivity. The analyst must disclose in a broader, less circumscribed manner his subjectivity that enables patient and analyst to recognize one another, the sameness and difference.
>
> (Lichtenberg, Lachmann & Fosshage 2002, p. 95).

Lachmann goes further in describing how his phoning a patient prior to sessions, to remind her to come to them, reflected his countertransference experience of unbearable anxiety; in his view, it was a pre-symbolic enactment which acted as a form of interpretation that she was wanted and was 'a critical part of the regulatory process and therapeutic action in this case' (Beebe & Lachmann 2002, p. 59). Fosshage describes the value of his affective disclosure, which allowed his patient to realize that he had an emotional impact on his therapist, that there really was an emotional relationship between them (2004).

On the other hand, in classical analysis, any modification has been defined as a 'parameter', a term which connotes a regrettable failure, either of the method, or of the therapist or the patient to maintain the analytic process (Hamilton 1996). In contemporary writing, the language is that of 'boundary crossing' and the 'slippery slope' argument that this inevitably leads to boundary violations (Gabbard 2003; Fonagy & Bateman 2004). They suggest that rule of abstinence not only addesses the danger of analysts who exploit their patients for their own purposes, but also, in their view, creates the essential analytic/symbolic

space in which the patient can focus on self-exploration and understanding and not become diverted into enactments which foster dependence on an idealized analyst rather than enabling autonomy. In the view of Gabbard, any significant divergence from the analytic stance is likely to be a form of dis-identification with the aggressor. Fonagy describes it as the analyst's introjection of the alien other.

The interpretative and the relational positions are not, of course entirely at odds with each other, especially in relation to work with borderline patients. Psychoanalytic authors such as Gabbard and Fonagy and Bateman emphasize the need for flexibility, while Lichtenberg, Lachmann and Fosshage are clear that modifications in therapeutic technique must never be imposed on a patient and must always be carefully discussed.

Although 'K' is careful to point out that his work with James Astor is not analysis and has never been agreed as such, his description of some of the content of the sessions offers a theoretical and clinical challenge to the traditional analytic position. 'K' argues that, from the patient's point of view, there is an implicit puritanism in this analytic attitude to emotional expression. He implies that the fear of love may apply to analysts as well as patients: 'Haven't analysts always been a little afraid of the spontaneous expression of feeling?' (p. 23), so that 'thought has taken precedence over the intelligence of feeling' (p. 24), and notes that this attitude is reflected in analysts' writing, which he feels often fail to convey the emotional truth of a particular analytic encounter, as though the reader's judgement might be clouded by too much feeling.

He states simply and precisely that his experience has taught him that 'it is out of emotional engagement that mind comes'. The pride he felt on being entrusted with some personal information was, like the experience that his presence could be enjoyed, crucial to the development of his self-esteem 'the feeling I needed to have about myself' (p. 28). He is absolutely clear that it was this emotional relationship which was beneficial and which eventually enabled him to begin to face the negative aspects of his own personality, the identification with his father's destructiveness. This contradicts the classical analytic view that this kind of emotional support can offer false comfort and undermine the painful but necessary task for the patient of acknowledging his or her own hate.

An increasing and impressive body of literature lends support to 'K''s view that a 'confirming relationship' must be the basis for any analytic work with an analysand whose early experiences have not provided the foundation for a secure sense of self. Neuroscience and attachment theory tell us that the sense of self is fundamentally relational, requiring an internalization of the mirroring other for a secure sense of self and self-agency to develop and that this is based on right brain to right brain communication from the earliest moments of infancy (Schore 1994). Siegel (1998, p. 28) states that 'human relationships shape the brain structure from which mind emerges' and suggests that unresolved trauma involves the impairment of integration of representational processes within the

brain. The representations which need to be integrated may be sensory and visual, as well as verbal, so Siegel argues that

> the interpersonal sharing of the internal experience in words alone may not be the core curative factor within therapy. The sense of safety and the emotional 'holding environment' of a secure attachment within the therapeutic relationship . . .may be essential for these integrative processes to (finally) occur within the traumatized person's mind.
>
> (ibid., p. 29)

Van der Hart, Nijenhuis and Steele (2006, p. 265) suggest that 'change in therapy flows from relational interaction' and Cozolino (2002, p. 53) suggests that the therapist's empathic mirroring and 'the emotional regulation offered by the relationship may provide an optimal environment for neural change'. Cozolino further supports 'K's argument that interpretation may actually inhibit the patient's developing self-awareness, stating that 'providing clients with a supportive relationship where defenses were unnecessary led to insights on their part that mirrored the interpretations I struggled to keep to myself' (ibid., p. 52). Allan Schore has summarized the interdisciplinary research evidence which indicates that 'therapist-patient transference-countertransference communications, occurring at levels beneath awareness, represent rapid right hemisphere-to-right hemisphere non-verbal affective transactions' and that the therapist's facial expression, spontaneous gestures and emotional tone of voice play a key part in that unconscious emotional interaction. These 'affective transactions within the working alliance co-create an intersubjective context that allows for the structural expansion of the patient's orbito-frontal system and its cortical and subcortical connections' (Schore 2003, p. 264). Schore (2003, p. 94) describes projective identification as a form of mutual right brain activation in therapist and patient and argues that 'in those central moments of the treatment of developmentally disordered patients, holding the right-brain to right-brain context of emotional communication is essential'.

Nevertheless it remains the case that there are fundamentally divergent views about the nature of therapy and the effectiveness of a range of clinical approaches and the jury is still out on these differences. This presents a particular challenge to Jungian analysts in clarifying the conceptual and clinical understanding of the relational and interpretative aspects of analytic work, since one of the most significant differences from psychoanalytic theory is that we view the unconscious as a creative contributor to recovery. Jung's model of analysis requires the analyst to be drawn in at a deep unconscious level and to use his or her emotional response as a countertransference guide to define the analytic task (Jung 1946). Fordham finally came to consider countertransference as an expression of projective identification and as a useful source of information about the patient's state of mind, if the analyst accepts that

> an analyst 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 [and that] something of the same nature might be contained in countertransference illusions.
>
> (Fordham 1996 [1979], p. 165)

Fordham came to view 'the whole analytic situation as a mass of illusions, delusions, displacements, projections and introjections' (ibid., p. 172) and this is an essentially relational stance, out of which understanding and interpretation can gradually emerge.

The descriptive terms 'relational' and 'interpretative' therefore seem to have become polarized positions which do not really help us to advance our theory or clinical approach when working with analysands whose early experiences have profoundly impaired the development of healthy narcissism. The key issue for all models of psychotherapy seems to be to define the conditions under which a purely interpretative approach is likely to hinder the patient's individuation process because it demands more self-awareness than the analysand can bear and, on the other hand, the conditions under which well-meaning attempts to adopt a relational approach based on attunement may lead to the kind of disastrous boundary violations which Gabbard has so vividly described.

My own 'spin' on this, to borrow 'K''s ironic phrase, is that the key is an understanding of the developmental stages of self-agency in infancy, described in detail by Fonagy et al. (2002). I have explored some of the lifelong consequences when the development of self-agency has been impaired in infancy and have suggested that the most serious problems arise when a child grows up with the fear that to have any emotional impact on another person is bad and destructive, based on the experience of parents who could not bear any awareness of the child's own emotional needs and, hence, cannot relate to him or her as someone with his or her separate identity. The child comes to fear that to love is to drive the other person away (Knox 2005, 2007).

It seems that this might be exactly the situation in which 'reculer pour mieux sauter' would be the most helpful approach. The analysis needs to re-create the highly attuned, as-near perfectly contingent mirroring which was lacking in that person's infancy, not as a simplistic attempt to provide a corrective emotional experience, but in order to allow regression to a developmental stage which provides the secure sense of self-agency which is the essential foundation for separation and the individuation process. Separation and loss must occur at the pace the infant or adult patient can manage. If they are forced or imposed too early, they lead, not to cycles of deintegration and reintegration but to disintegration, dissociation and encapsulated autistic states of mind, which become more and more impenetrable. Interpretation is about words which, by the very fact that we need to use them, convey the separateness of one mind from another and so may be unbearable to someone who cannot yet be sure that he or she can be allowed to have a much more direct emotional impact on the analyst, that the analyst is not afraid of the patient's need for close attunement.

Attachment theory and neuroscience lend strong support to 'K''s argument that this attuned, empathic attitude from the analyst is a necessary precondition for the mourning process which is an integral part of analytic understanding.

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