Professor R.D. Hinshelwood asked some four years ago whether we can 'embrace the depersonalisation of statistics' (2004, p. 187), while yet retaining the poetic mystery, the sense of something beyond or outside measurement, that arguably fuels much of our most effective work as clinicians. Stijn Vanheule discusses, from a European and Lacanian perspective, some of the contemporary issues around the call to research in relation to the profession. He critiques the use of the randomized controlled trial and evidence-based medicine model as a basis for research into effective psychotherapy and lends impassioned support to those who argue that the resulting treatment protocols run the risk of being forced upon clinical practice, in ways that ignore the necessary complexity of the therapeutic encounter. The result, Vanheule maintains, is the gathering of data which 'are neither inherently clinically valid, nor necessarily relevant' to the achievement of lasting psychological change. It could be argued that the recognition of the irreducibly unique specificity of each therapeutic dyad and the freedom to embrace and work within the ramifications of that is one of our finest resources as a profession. Many of us also feel concerned about the problematics that can be attached to the focus on immediate removal/reduction of symptoms which may have played an important defensive and perhaps binding role for the personality. This paper challenges the reader, in these uncertain times, to take up a position in an arena which can no longer to be ignored and left to others. In a scholarly personal view of what the priorities should be, the author gives detailed argument and support for the kind of systematic research which fundamentally respects the essential mystery behind the creative and therapeutic meeting of any two minds. This same research, he argues, can bring powerful positive influence to bear on clinical practice. It offers an effective source of relevant clinical data as well as empirical support and validation for our discipline within the wider context.

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Pluralistic Perspectives

THE ANALYTIC RELATIONSHIP: INTEGRATING JUNGIAN, ATTACHMENT THEORY AND DEVELOPMENTAL PERSPECTIVES

Jean Knox

ABSTRACT This paper highlights some key features of a Jungian approach to transference and countertransference and suggests that a Jungian model has crucial aspects in common with contemporary views in attachment theory on the nature of the analytic relationship. The analytic relationship is examined in terms of the fundamental processes of psychic development described in attachment theory and affective neuroscience, namely affect regulation and development of reflective function and of self-agency. The relative value of three analytic techniques, those of interpretation, new relational experience and regression, are discussed in relation to these processes. I suggest that each of the traditional psychoanalytic and Jungian analytic models concentrates on differing aspects of these psychic processes and analytic techniques. I construct a grid to illustrate this and to demonstrate how attachment theory and developmental neuroscience offer a theoretical basis on which we can develop an integrated model of the nature of the analytic relationship and tasks.

Key words: transference, countertransference, individuation, affect regulation, reflective function, self-agency

Introduction

Jung placed the relationship between analyst and patient at the heart of the analytic process. Jung's model of analysis is one in which both analyst and patient descend into mutual unconscious entanglements and projections, out of which individuation and understanding will eventually emerge. It requires the analyst to be drawn in at a deep unconscious level and to use his or her emotional responses as a countertransference guide to define the analytic task (Jung [1946]1954, p. 176). Jung was clear that analysis required the whole person of the analyst, who had therefore to guard against the danger of succumbing to the infection of the patient's condition (ibid.).

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In contrast, the early psychoanalytic model of analysis was one in which a thoroughly analysed analyst would cure the patient by carefully timed and accurate interpretations of unconscious drives, phantasies and defences. Countertransference phenomena were seen by early psychoanalysts (with notable exceptions such as Ferenczi) as unanalysed aspects of the analyst in question, and it was not until the work of Betty Joseph and Paula Heimann that they began to be more widely understood as containing important communicative potential for the analysis (Heimann 1952, p. 122).

Psychoanalysis has, of course, subsequently developed this approach as a central aspect of object relations theory; the work of Bion, Heimann, Joseph, Alvarez and others explores the role of projective identification as communication, the patient's need for the analyst to experience emotions 'that the patient needs the analyst to have on his or her behalf' (Alvarez 1997, p. 754). Their work is part of a paradigm shift in the approach of many psychoanalysts, who place an increasing emphasis on facilitating and understanding unconscious relational processes and less on the accurate identification of specific mental content.

Nevertheless, there remain sharp divisions between different groups in both psychoanalysis and analytical psychology about the relative importance of the relational and interpretative aspects of analytic work. These divisions partly reflect the differing perceptions of the nature of the unconscious. Analysts who consider unconscious content to be significantly influenced by objective processes such as instinctual drives or archetypes tend to a more interpretative stance, whereas those who view early relationships and subjective personal experience as the main contributor to the formation of unconscious content tend towards a more relational interpersonal approach (Eagle & Wakefield 2004).

Jung's Study of Alchemy

Before describing the developments in attachment theory that are most relevant for our understanding of the analytic relationship, I shall briefly discuss Jung's detailed study of alchemy, which he used to explore the conscious and unconscious processes at work between analyst and patient. This work will be largely unfamiliar to non-Jungian readers of this Journal; it can only adequately be understood by reading Jung's own extensive discussion (Jung 1953, 1954).

Jung argued that the alchemists knew that they were not practising ordinary chemistry, but that, while exploring the nature of matter through his experiments, the alchemist 'had certain psychic experiences which appeared to him as the particular behaviour of the chemical process' (Jung 1953, p. 244). Jung suggested that these experiences were projections, that the alchemist 'experienced his projection as a property of matter; but what he was in reality experiencing was his own unconscious' (ibid.). Jung concluded that

'alchemy had a double face: on the one hand, the practical chemical work in the laboratory, on the other a psychological process, in part consciously psychic, in part unconsciously projected and seen in the various transformations of matter' (Jung 1953, p. 270). An essential condition of alchemical work was that the mind of the alchemist must be in harmony with the work and that he 'must keep the eyes of the mind and soul well open' (ibid.).

It was this emphasis on the psychic condition and mental attitude of the alchemist that led Jung to draw on alchemy as a historical and philosophical framework for understanding the changing stages in the analytic process and in the relationship between analyst and patient at each stage. Jung thought that the sixteenth series of alchemical pictures, the *Rosarium philosophorum*, demonstrated the stages of the analytic relationship and that 'everything the doctor experiences when analysing the unconscious of his patient coincides in the most remarkable way with the content of these pictures' (Jung [1946]1954, p. 200). For example, he wrote:

> The alchemical image of the coniunctio . . . is equally valuable from the psychological point of view; that is to say, it plays the same role in the exploration of the darkness of the psyche as it played in the investigation of the riddle of matter. (ibid., p. 169)

For the purposes of this discussion of the analytic relationship, the main point I would highlight is Jung's emphasis on the 'mutual unconsciousness' that develops in the analytic relationship. He wrote:

> The patient, by bringing an activated unconscious content to bear upon the doctor, constellates the corresponding unconscious material in him, owing to the inductive effect which always emanates from projections to greater or lesser degree. Doctor and patient thus find themselves in a relationship founded on mutual unconsciousness. (ibid., p. 176)

The Relational Aspects of Analysis

In analytical psychology, Michael Fordham extended Jung's study of transference and countertransference by exploring these in relation to the work of Klein, Bion and others on projective identification. 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' (Fordham 1979, p. 165). He suggested that 'something of the same nature might be contained in countertransference illusions' and concluded that 'the whole analytic situation is a mass of illusions, delusions, displacements, projections and introjections' (ibid., p. 172). I think what Fordham was outlining here was that an essentially relational process is the necessary basis for understanding and interpretation.

In this article, I want to explore this fundamental Jungian approach to the analytic relationship in the light of recent research in attachment theory, neuroscience and developmental psychology. I suggest that much of this research supports Jung's view of analysis as a process in which the conscious and unconscious relationship with the analyst provides the essential foundation for individuation, which he described as the process of development of each person's individual unique identity in relationship with the collective aspects of the human psyche (Jung 1921, p. 448).

The empirical research and theoretical developments within these new disciplines are also accelerating the shift in psychoanalytic theory towards facilitating and understanding unconscious relational processes (Boston Change Process Study Group 2007). It may be argued that many of these developments in psychoanalysis emerged quite separately from and do not depend on the research in the newer and more empirically based disciplines. Bion, Meltzer, Joseph, Winnicott, Fairbairn, Balint and Guntrip are some of the key figures who developed a relational model of psychoanalysis. But, of these, only Fairbairn, Balint and Guntrip clearly rejected the theory that instinctual drive is the major determinant of the internal object world, and instead placed object-seeking as the infant's primary motivation. And even Fairbairn conceived of analysis as a struggle to overcome the patient's attachment to his internal bad objects through interpretation (Fairbairn 1952, p. 74). The idea that the unconscious and the self contribute actively to psychic recovery originates with Jung, who argued that 'the collaboration of the unconscious is intelligent and purposive, and even when it acts in opposition to consciousness its expression is still compensatory in an intelligent way, as if it were trying to restore a lost balance' (Jung 1939, p. 282). This view of the unconscious has re-emerged more recently in the relational, attachment theory and developmental schools, which highlight, for example, the importance of the infant and the adult patient's unconscious but active contribution to the interactive dynamic process of disruption and repair in relationships (Beebe & Lachmann 2002). I have argued elsewhere that this changing perspective means that psychoanalysis will eventually have to come to terms with Jung's understanding of the analytic relationship, which anticipated many of these insights in contemporary attachment-based psychoanalysis (Knox 2007).

This increasing body of research helps us to take a truly developmental approach to the analytic process itself and to define more clearly the different ways in which the analytic relationship can be used in the service of individuation. Attachment theory research gives new depth and precision to the concept of individuation, clarifying the self-organizing nature of the psyche and the developmental processes that contribute to psychological and emotional maturity. It supports the view that the analytic relationship needs to be more flexible than either the classical psychoanalytic interpretative or the classical Jungian archetypal models would allow; in place of the uncovering of specific mental content (e.g. repressed oedipal material or archetypes), an attachment-orientated analyst accompanies the patient on a developmental journey, one that will sometimes require interpretation of such material but will also allow for new experiences to emerge in the analytic relationship.

This developmental approach therefore demands that the analyst's use of technique needs to be attuned to the analysand's current unconscious developmental tasks. Joseph Sandler (1976, p. 44) coined the phrase 'role responsiveness' to describe the way in which an analyst allows the patient to project a particular role onto him or her, a view that resonates with Fordham's, outlined above, that projective identification is not a force to be resisted by the analyst, but one that provides a useful source of information via the analyst's countertransference reactions. I would extend this idea by suggesting that 'developmental attunement' requires the analyst to use his or her countertransference reactions to identify the particular nature of developmental inhibition that the patient brings to the analysis and to use the appropriate analytic techniques in response. This does not mean a total identification with a particular projective identification. It sometimes requires an attuned affective response or sometimes a countertransference feeling from which an interpretation will be made.

So what does attachment-based research tell us about the processes that contribute to individuation, which include both the capacity to function as an independent differentiated individual and also to relate to the collective aspects of our humanity and of the particular society we live in? There is already a vast literature, with authors focusing variously on different aspects of neurophysiology, interpersonal relationship and self-development. But all seem essentially to agree that there are three fundamental developmental tasks involved in the achievement of what Winnicott identified as 'unit status' (Winnicott 1960, p. 44). These are the development of affect regulation, of the capacity for mentalization, and of a secure sense of self. But it seems to me that the last of these is rather less precise a concept than the other two. In my view, it is the development of self-agency that more accurately describes this particular developmental task. I suggest, therefore, that the analytic relationship can provide the context for the development of:

- affect regulation
- the capacity for mentalization (the basis for reflective function)
- a sense of self-agency

In practice, these developmental tasks are mutually interdependent in their trajectories, so that progress in one area depends critically on progress in the other two. It is also the case that analytic work in each of these three areas will make different demands on the analytic relationship at different stages

of the analysis, sometimes requiring a state of unconscious entanglement between analyst and analysand and sometimes a process of increasing separation and differentiation.

Affect Regulation

One of the functions of any therapy is to help the patient develop the capacity for affect regulation in the context of an intense relationship. Allan Schore has summarized much interdisciplinary research evidence, which indicates that therapist–patient transference–countertransference communications, occurring at levels beneath awareness, represent rapid right hemisphere-to-right hemisphere nonverbal 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).

In other words, change in therapy crucially depends on the affect regulation that gradually develops from relational interaction; the emotional regulation offered by the relationship creates the conditions necessary for the neural development in the orbitofrontal cortex and other areas, on which affect regulation depends. From a different theoretical perspective, Ferrari and Lombardi suggest that this is not a transference issue as such, but one which involves the infant's/individual's relation with himself rather than the 'other', with the 'other' playing a facilitating role (Lombardi 2002, pp. 363–81). This view has some similarities with that of attachment theorists who suggest that the infant does not internalize an object but rather that what is internalized is the particular repeated relational dynamic between self and other (Beebe & Lachmann 2002).

In practice, a great many aspects of the analytic relationship can therefore help to promote the process of affect regulation. When the patient's emotions are out of control, consciousness becomes flooded with inchoate emotions and bodily experiences, and at this moment the analyst's attempts to create a process of self-reflection through interpretation, including interpretation of the transference, will be unlikely to succeed. Interpretation depends upon 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. The patient needs to discover that the analyst is not afraid of the patient's need for close attunement, and that this need will not destroy the analyst and his or her analytic function.

In these situations, the analyst's tone of voice, body language and facial expression play a crucial part in affect regulation. Sometimes an attuned

response, a Kohutian mirroring, may create a new experience of object relationship and offer containment through the analyst's instinctive downward modulation of affect. This would be largely an intuitive and unconscious response by the analyst, the equivalent in analysis of the parent's attuned response to a baby's cues (Beebe & Lachmann 2002). Attachment theory and neuroscience lend strong support to the 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 (Schore 2003, pp. 52–7). It was Jung who first recognized that it is the experienced analyst's countertransference which can guide his or her judgement about how much close attunement or interpretation is appropriate at any moment in the analysis (Jung [1931]1954, pp. 71–2). 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 (Fordham 1957, p. 36).

But affect regulation also develops out of containment created in other ways in the analytic relationship. This includes the clear structure and boundaries of the analytic setting, the analyst's consistency and reliability, and his or her focus on symbolic meaning rather than concrete enactment. When the patient's capacity for affect regulation is highly unstable, the simple act of naming emotions, identifying the cues that trigger them, and helping the analysand to anticipate their impact on him/herself and on others all contribute to the capacity for affect regulation. The ability to self-regulate in analysis is inextricably bound up with the interactive regulation offered by a consistent, empathic, but also boundaried and reflective analyst. When affect regulation is already more firmly established, the task of understanding and interpreting the patient's unconscious internal world contributes to the development of reflective function and so to further affect regulation. The direct interpretation of transference then becomes the main focus for this work.

Clinical Illustration

A female patient arrived for a session slightly late and in a flustered state. She exhaled deeply and launched into a rapid description of how pressured she felt and how much was going on in her life. Her husband had bought her a new phone but she could not make it work and thinks she broke it, as well as wasting precious time trying to get it to work. At this point I made an interpretation that my offering her new ways to communicate in the therapy were not working for her and made her more anxious because she did not feel she knew how to use them. I wondered if people who try to help seem to her to make things worse not better.

She scarcely heard me but went straight on to say that she fears she gives off so much anxiety that it might actually affect a machine, such as a phone, and

make it break down. She went into a long account of all the things she has to do and how she almost dreads going on holiday because she will have nothing to do except read and think and she was not sure how she would cope with that. I responded by saying, 'You are afraid of what will happen if you have time to stop and think here', attempting to shift from her focus on the concrete external reality of her holiday, to the current, more symbolic fear of her own internal processes.

She reacted by talking about fragile parents, hers and her husband's, who need to be looked after. She constantly worries that one of them will collapse, especially when she tries to contact them and does not immediately get a reply. Once again, I interpreted her immediate fear in the room, saying, 'You are afraid that you might put too much pressure on me and make me break down, and it makes you especially anxious if I do not respond immediately'. At this point she became calmer and more reflective and acknowledged both her anxiety that she might overwhelm me and her sense that she needs to protect me from the pressure she might put me under.

The analyst must, of course, have developed the capacity to self-regulate, to manage his or her own affective responses to the patient. This includes paying careful attention to his or her countertransference reactions since attunement also involves the countertransference experience from which interpretation is drawn. Jung's own example of his dream about a female patient in a tower on a high hill, whom he had come to find rather irritating and boring, revealed to him the unconscious contempt he had felt for her, and he recognized the compensatory function of the dream, that he should 'look up' to her more. This demonstrated his capacity to reflect on and to use his own emotional reactions to understand the unconscious aspects of the analytic relationship (Jung [1937]1954, p. 332). His exploration of alchemy was the earliest detailed research into the transference–countertransference dynamics and the way these aspects of the analytic relationship contribute to the analytic task of individuation (Jung [1946]1954).

Mentalization and Reflective Function

One of the main tools for developing affect regulation is the analyst's use of his or her reflective function, by which he/she makes sense of the patient's conscious and unconscious experience through interpretation. The simple act of identifying and naming feelings is containing in itself, just as is a parent's naming of the infant's sensations. Analysis provides a framework for the development of the capacity for mentalization and reflective function, the ability to relate to and make sense of ourselves and each other in mental and emotional, not just behavioural, terms (Fonagy 1991). This depends both on transference experience and also on the detailed exploration of personal history and the gradual construction of analytic narratives, which depend on an understanding of one's own and other people's desires, needs and beliefs.

The capacity to link experiences in a meaningful way is a crucial part of human psychological development and is intuitively nurtured by parents in the early development of their children. Stories are crucial vehicles for the development of mentalization. One of the defining features of any bed-time story is that it links events in a meaningful way through the desires and intentions of the people who play the various roles in the story, whether fictional or not. In any narrative, it is minds that are the agents of change, giving rise to decisions, choices and actions that produce effects and link events into a coherent structure. Without mental agency, there would be no story, no meaningful thread tying events together, and those events would appear random and meaningless.

Holmes has coined the term 'narrative competence' to describe this ability to make sense of experiences and has linked deficits in the development of narrative capacity to differing patterns of insecure attachment. Holmes also highlights the fact that narrative is a dialogue: 'There is always another to whom the Self is telling his or her story, even if in adults this takes the form of an internal dialogue' (Holmes 2001, p. 85). This dialogue is also itself a constructive process of increasing complexity in which a story is created first by one person and then taken over and re-told on a new level by the other.

This process, wherein the narrative, initially belonging to the parent, is then taken over by the child, is also mirrored in the analytic dialogue. Analytic theories are narratives of a sort which we construct so that we can provide an analytic reverie that allows us to find meaning in our patient's verbal and nonverbal communications, often when the patient herself cannot yet do so. A successful analytic narrative is one that can become meaningful to the patient so that she can take it over, use it for herself and adapt it to establish her own sense of psychic causality, the links between intrapsychic experiences and the external world.

Clinical Illustration

A supervisee has been seeing a female patient who presented with a psychotic belief that she had a devil or demon inside her, who controlled her like a puppet, and that this demon was so powerful and dangerous that it could destroy anyone who tried to rescue her, including her therapist.

The patient was contemptuous of any of her friends, family or her doctors who did not believe in the reality of the demon. She could not think about the demon in psychological terms, as a symbolic expression of some aspect of her mental state, her belief that her thoughts were evil and destructive, but was convinced that the demon really existed. She believed that she could therefore never have children herself, that the demon inside her meant that she would not even be able to give birth to a healthy child or to be a good enough mother if she did. At one point she then told her therapist that her mother had had several abortions before she herself was born and the patient felt that her mother had always been strongly ambivalent towards her and might not even have wanted her to be born.

My supervisee was then able to make a link in relation to the patient's experience of her mother's murderousness and to suggest that this had been internalized by the patient and experienced as a murderous demon. In this way, he was able to create a narrative which accepted the reality of the demon as an internalization of a real murderous parent. The patient could make sense of her experience of a demon inside her by seeing it as an image of her mother's unconscious hostility towards her and her implicit awareness of that hostility.

Following these sessions, the patient tried to talk to her mother about her past. Her mother avoided any discussion of the abortions, but did describe her own mother's indifference towards her, including one occasion when she was sent to school while suffering from acute appendicitis, which resulted in a ruptured appendix and emergency surgery. The patient could see that her mother had also been the object of murderousness from the patient's grandmother, and this again helped to lessen her delusional beliefs by recognizing them as a reflection of parental anxiety, abuse and neglect handed on from one generation to another.

Holmes describes the psychotherapist's role in this respect as that of an 'assistant autobiographer', whose role is to find stories that correspond to experience. This role starts in the assessment interview, where the therapist will 'use her narrative competence to help the patient shape the story into a more coherent pattern' (Holmes 2001, p. 86). He suggests that the patient then gradually 'learns to build up a "story-telling function", which takes experience from "below" and, in the light of overall meanings "from above" (which can be seen as themselves stored or condensed stories) supplied by the therapist, fashions a new narrative about her self and her world' (ibid., p. 85).

This aspect of the analytic relationship is very familiar to Jungians across the spectrum of our theoretical orientations. The active and creative role of the unconscious, shown through dreams, fantasies, paintings, sand-play and other forms of symbolic expression, has regularly been given careful attention in Jungian clinical practice. A 'developmental' Jungian analysis may result in analyst and patient co-constructing a different kind of narrative from that which emerges in a more 'classical' Jungian analysis, but in both approaches the patient's unconscious is seen as playing an active and creative role in the emergence of a meaningful analytic story, as the 'demon' did in the clinical example above.

A Sense of Self-Agency

Analysis is also a context in which the inhibited development of self-agency can be overcome. An increasingly complex and psychic self-agency can emerge, in which the sense of self does not depend on the direct physical or emotional impact one has on another person but on the capacity for self-reflection and awareness of the mental and emotional separateness of self and other.

A sense of self-agency develops in a series of predictable stages, summarized by Fonagy and colleagues:

1. PHYSICAL AGENCY 0–6 months.
Awareness that actions produce changes in the physical environment (perfect contingency).
2. SOCIAL AGENCY 3–9 months
Actions produce behavioural and emotional mirroring (imperfectly contingent) responses in other people – action at a distance.
3. TELEOLOGICAL AGENCY 9–24 months
Sense of purpose; actions seen as goal-directed. Capacity to choose action to bring about desired outcome. Intention not yet recognized as separate from action.
4. INTENTIONAL AGENCY 2 years
Recognition of intentions as distinct from action. Actions are seen as caused by prior intentions and desires. Actions can change mental states.
5. REPRESENTATIONAL AGENCY 3–4 years
Actions seen as caused by intentions that are also recognized as mental processes. Mind is represented to itself, so intentions are not just means to an end but mental states in themselves.
6. AUTOBIOGRAPHICAL SELF
Organization of memories as personally experienced – linked to self-representations and awareness of personal history. (Fonagy *et al.* 2002, pp. 204–7)

These stages of self-agency are levels of psychic organization, non-conscious implicit internal working models that structure experience while themselves remaining outside awareness. The earlier stages in the development of self-agency are not fully replaced or erased by later developmental stages but remain hidden behind them until some psychic breakdown allows them to predominate again if later stages of self-agency – the stages of reflective and autobiographical self – are insecurely established or fail to develop. Jung recognized the importance of this process of '*reculer pour mieux sauter*' – regression which Jung defined as a purposive backward movement of libido in order to access and activate unconscious contents and processes that are essential to the process of individuation (Jung [1935]1954, p. 15).

I suggest that the patient's level of self-agency will profoundly influence the effectiveness of the analyst's approach, requiring the developmental attunement I referred to earlier in this article. The analyst needs to focus intuitively on the analytic technique that is most appropriate to the level of self-agency that unconsciously predominates, and this is a complex and constantly shifting skill developed during many years of analytic practice. If a person's sense of self-agency is functioning at the teleological level, in which they only feel real when they are controlling the actions or feelings of another person, then interpretations which rely on that person's reflective function will be doomed to failure. This is frequently the case with borderline patients. Frank Lachmann describes a situation with a suicidal patient

who induced such intense anxiety in him that he decided to ring her two hours before each session to remind her of her appointment. He argues that his 'enactment exactly matched the presymbolic quality' of her communications and it seems to have enabled her to begin to engage in the therapy in a way she had not done before (Beebe & Lachmann 2002). I think his description is of a patient functioning at the teleological level, at which the only evidence she felt she had of her own agency was his concrete behavioural response. This needed to be accepted and worked with before she could feel that her self-agency did not depend on coercive behaviour but could be effective through words. A clinical example from my own practice illustrates this.

Clinical Illustration

This example concerns a patient who gets migraines when he looks at bright lights. On many occasions when he came into a session, he would wait until I sat down and then ask me to switch a light off or to close the Venetian blinds to keep the sun from shining in his face. Each time this happened, I realized that I had forgotten to adjust the lighting before the start of the session and I felt compelled to get up and deal with the light – but then when I thought about it I realized that to adjust the light before the session would also mean that he was controlling me. What I recognized was my intense irritation at being manipulated in this way and the fact that I seemed for a while to have been unable to interpret his difficulty in 'seeing' at a symbolic level, for example, in seeing meaning in my interpretations. His apparently innocuous requests were, in effect, coercing me into 'not seeing' as well, making me respond to him in a concrete and behavioural way, rather than reflect on what was happening between us. His self-agency was operating at a social and teleological level, in that I felt strangely compelled to do as he asked, unable to reflect on his fear that I would want to cause him pain, not just giving him a migraine because of the light in my room, but emotional pain by looking at things he did not want to see.

Jung spelt out the need for an alchemical process to take place in analysis in which the analyst is changed as well as the patient, and the analysis of self-agency really does require the analyst to be prepared to take something of the patient inside his or her self and to be changed inside by it. This is really the only way the patient can experience agency, through the same kind of unconscious communication that a baby experiences with his or her mother.

This has considerable implications for analytic theory and practice; the analyst needs to tune in to, reflect on and analyse the patient's unconscious sense of agency. Otherwise we risk seeing the patient purely as the object of unconscious forces, which have him or her at their mercy until rescued by the analyst's interpretations. I think that, when the analytic task centres on self-agency, it is vital for the analyst not to fall into the trap of trying to find the 'correct' interpretation, which imposes the analyst's agency at the risk of denying the patient's. I think my patient needed me to respond concretely to begin with, to allow him to regress to and explore his teleological self-agency.

At the intentional level, forbidden desires or wishes may feel dangerously powerful, able to create wishes and desires in the other – for example, in the analyst. In this case, interpretations of incestuous wishes, for example, may be vehemently resisted because the patient's unconscious belief is that if the analyst knows about those wishes he or she may be seduced by them.

I have explored elsewhere (Knox 2005, 2007) some of the life-long consequences when the development of self-agency has been impaired in infancy. There I 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. This is 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.

It seems that this might be exactly the situation in which the analytic relationship needs to re-create the highly attuned, as near perfectly contingent, mirroring that was lacking in that person's infancy. This is not a simplistic tactic to provide a corrective emotional experience. It is a form of analytic containment necessary to allow regression to a developmental stage that provides the secure sense of self-agency that is the essential foundation for separation and the individuation process. 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. This lends support to the 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. In Jung's alchemical model, this kind of close attunement might be thought of as the stage of immersion (Jung 1954, p. 241).

Later stages of self-agency require a different approach, in which the emphasis is on separation rather than close attunement. It was Winnicott who recognized the crucial role of destructiveness in the 'subject's placing of the object outside the area of the subject's omnipotent control' (Winnicott 1971, p. 89). Winnicott argued that the object's repeated survival of destruction enables the subject to recognize the object as an independent entity in its own right. Winnicott suggested that for many patients the main analytic task is to help the patient to acquire the capacity to use the analyst:

> The analyst, the analytic technique, and the analytic setting all come in as surviving or not surviving the patient's destructive attacks. This destructive activity is the patient's attempt to place the analyst outside the area of omnipotent control, that is, out in the world. (Winnicott 1971, p. 91)

There is an equally important reverse side to this coin. Viewed from the perspective of self-development, the repeated destruction in fantasy of the object and the gradual recognition that the object survives such attacks and goes on being is not only the basis for the sense of object constancy. It is also the means by which the infant becomes increasingly secure in the knowledge that he or she also exists separately and independently of his or her effect on the object. If the object survives the attack, the subject can discover that being is separate from doing and that existence is independent of one's physical actions. The child goes on existing and knowing he or she exists even when having to recognize the continuing and independent physical and psychic survival of the other person whom he or she has just tried to destroy. The object's survival of destructive attacks drives the move from the teleological and intentional level of self-agency, in which one knows one exists only through the physical or emotional impact one has on the other, to the true psychic autonomy of the representational level, at which mind can reflect on its own processes rather than automatically convert them into physical or emotional action. *In this sense, true psychic separateness and autonomy directly depend on the recognition of one's powerlessness to control or coerce others.*

In infancy, narcissistic grandiosity – the sense of omnipotent and magical control over the object world – is essential as a form of psychic protection against the terrifying awareness of helplessness. However, in order to move from the teleological level, its gradual erosion is also essential, even though the painfulness of the accompanying disillusionment contributes to the tantrums and rage of toddlerhood. For many people who come to analysis, it is also necessary to go through a similar experience of rage in adult life, as analysts know especially from work with patients with a history of severe trauma. The analytic relationship needs to be one that allows for the patient's repeated destructive attacks on the analyst, which both analyst and patient can survive.

It is this intensive work with the negative transference that enables the patient gradually to relinquish the coercive control of the analyst, which accompanies the teleological and intentional levels, and to allow the experience of separation and difference, which reflect truly psychological and symbolic self-agency.

The Analytic Relationship and the Process of Individuation

At the heart of all these aspects of analysis is the relational dynamic that Jung called the 'transcendent function'. Jung's view was that in symbols 'the union of conscious and unconscious is consummated' (Jung 1939, p. 289). In attachment theory terms, the transcendent function can be understood as a constant dynamic process of comparison and integration of explicit conscious information and memories with the more generalized knowledge which we accumulate unconsciously in the internal working models of implicit memory, a key part of which constitutes the sense of self. This process of 'compare and contrast' – in attachment theory called 'appraisal' – is an unconscious process by which experiences are constantly screened and evaluated to determine their meaning and significance. Bowlby wrote:

> Sensory inflow goes through many stages of selection, interpretation and appraisal before it can have any influence on behavior, either immediately or later. This processing occurs in a succession of stages, all but the preliminary of which require that the inflow be related to matching information already stored in long-term memory. (Bowlby 1980, p. 45)

New experience is therefore constantly being organized by unconscious internal working models, and unconscious implicit patterns are constantly being identified in conscious language. Jung's theories about self-regulation and compensation thus anticipated the contemporary concept of appraisal, in that he considered self-regulation to be a process in which unconscious compensation is a balancing or supplementing of the conscious orientation. From a relational perspective, James Fosshage has described psychoanalytic therapy as an 'implicit–explicit dance', in which there is a constant two-way flow of information between explicit and implicit memory systems (Fosshage 2004). Siegel offers neuroscientific support for the central role of emotion in this process, suggesting that 'Such an *integrative process* may be at the core of what emotion *does* and indeed what emotion *is*' (Siegel 1998, p. 7).

Meaningful experience, therefore, depends on the transcendent function, a process which compares and integrates the following:

- internal objects (the internalized 'other') and the self
- a new event and past experience
- explicit and implicit knowledge
- cognition and emotion
- left brain and right brain
- orbito-frontal cortex and subcortical networks

Consciousness or unconsciousness are not fixed attributes of either pole of these dyads but are distributed in varying degrees between the two poles, reflecting the variety of ways in which mental content may be processed and stored.

The essence of the mechanism underlying self-organization, from an attachment perspective, is one of 'compare and contrast', the constant evaluation of similarity and difference between new information and existing knowledge. The alchemical metaphor highlights the fact that some patients need to regress to a state of merger, a mutual descent into unconsciousness. This analytic experience is focussed on regression to infantile experiences of

perfect contingency', when similarities rather than differences are discovered and explored, and when the illusion of fusion is not challenged but allowed to run its course (Gergely & Watson 1996). Marcus West (2007) has drawn on Matte Blanco's model to suggest that an affective appraisal mechanism is predominantly an unconscious preference for sameness, so that too much difference is at first ignored (giving the impression of primary narcissism) but then gradually sought/allowed.

Gergely and Watson suggest that this stage is followed by increasing separation, as the infant begins to be more interested in 'imperfect contingency', which means that their interest shifts from similarity to difference. Others, such as Tronick and Beebe, differ somewhat from Gergely and Watson, in suggesting that disruption and repair are as essential to the unconscious attachment dynamics of mother and infant as regularity and predictability, even in the earliest weeks of infancy, as part of the process of unconscious categorization which is fundamental to the development of meaning.

In both models, however, these developmental processes eventually lead to the achievement of 'unit status', the recognition of the complex and ever shifting similarity and difference between self and other, which forms the basis for the capacity to have deep emotional relationships without fearing a catastrophic loss of self. Similarly, in adult analysis the unconscious exploration of similarity and difference are inseparable from each other and also from affect regulation. For example, emotional stress seems to lead to a position of preferring sameness and resisting change. Exploration, the curiosity about difference, gives way to the retreat to a secure base – that which is safe and familiar – because stress indicates danger.

An Integrated View of the Tasks of the Analytic Relationship

I suggest that the wealth of information from other disciplines does, for the first time, put us in the position where we can attune the analytic process and the analytic relationship to the developmental task a patient is struggling with at any point in the process. We can construct a table in which the three main analytic goals I described at the start of this paper:

- the development of affect regulation
- developing the capacity for mentalization and reflective function
- facilitating the development of self-agency

can be correlated with three main therapeutic approaches:

- interpretation, allowing conscious awareness of repressed or dissociated mental contents
- new relational experiences, in which the analyst is a new object for the patient
- facilitating regression (*reculer pour mieux sauter*).

This table then allows us to place a variety of specific analytic techniques in the context of the particular task and the particular broad analytic approach that the analyst feels most closely corresponds to the task (see Table 1).

With this kind of multi-vectored model, different analytic theories can be seen to reflect differing emphases among analytic groups on their own particular view of the analytic relationship. But these tasks and techniques are not mutually exclusive, so that in any psychotherapy process, all these links and techniques may be in action simultaneously. This is why a developmental, process-based model becomes essential in order to improve our understanding of the analytic relationship because it can encompass a range of analytic approaches. It also places a responsibility on the analyst to give up the 'secure base', the safe territory of his or her own familiar analytic model, and to explore difference and the ideas generated by other analytic approaches and other disciplines, including neuroscience and attachment theory. We need to be able to adapt our analytic approach to each patient and not to impose a 'one size fits all' model of the analytic relationship in our clinical practices. Just as infants guide their parents' responses to attune to their developmental needs, so our analytic patients can guide us in the analytic relationship.

Table 1.

	Interpretation (narrative linking)	*New experience (analyst as new object)*	*Facilitating regression*
Developing affect regulation	Transference interpretation in the here and now	Empathic mirroring attunement containment	Enabling projection – experiencing the past in the present
Developing reflective function	Transference interpretation linking past and present	Analyst's focus on symbolic rather than concrete	Recalling and working through painful past experience
Development of self-agency	Interpretation of dreams fantasies, symptoms as intentional/creative	Analyst's survival of destructive attacks	Active imagination art, sandplay

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