

**Reading the Language of the Right Brain:  
Fine-tuning the Analyst's Capacity for Creatively Attuned Empathic  
Resonance  
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"...several things dovetailed in my mind, and at once it struck me, what quality went to form a Man of Achievement... - I mean *Negative Capability*, that is when man is capable of being in uncertainties, Mysteries, doubts, without any irritable reaching after fact and reason".

Keats, 1817, Letters of John Keats

"To put it in a formula: he must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient".

Freud, 1915, Recommendations to  
Physicians Practising Psycho-

Analysis

## **Introduction**

The connection between empathic attunement on the part of a healer toward a subject has a long history spanning the shamanistic and mystical traditions of various cultures to psychoanalytic technique where it informs and undergirds many aspects of the analytic relationship including transference, projective identification, "holding", "containment" and "mutative interpretations".

This empathic attunement is generally discussed as an intermediate state of consciousness or a state of consciously active reverie in which the person opens themselves to sensory and emotional input from outside and inside of themselves, as well as to all information stored in implicit memory, and is able to allow whatever emerges from a given interaction from moment to moment to play in that intermediate space of imagination. This kind of marriage between an active discerning intellect and free-floating associative drifting combinatory play is also discussed as essential to mathematical, scientific and artistic creativity.

The faculty that turned sensations into forms has been called "fantasy" and in more modern times "imagination". The imagination is a dominant activity of the mind while it is in the state of free-floating consciousness. The creative function of imagination involves the ability to discern relations between ideas, objects, feelings or forms; the ability to see patterns within disparate elements; the ability to see both similarities and differences analogically between elements and the ability to unite these linkages into new combinations that (in concert with the laws of the unconscious and dreams articulated by Freud) include asymmetries, contradictions, condensed symbols linked by contiguity, spatial and temporal arrangement, and emotional and narrative meaning.

In the psychoanalytic literature, this state of mind has been called many things, including: "evenly suspended attention" (Freud); "primary maternal preoccupation" and "potential space", as well as the "unresolved paradox of the transitional object/phenomena" (Winnicott); "faith", "reverie"; "alpha function" and the "eschewing of memory and desire" (Bion); the "intersubjective analytic third" (Ogden); and the "transcendent position" (Grotstein).

Current interdisciplinary research is emphasizing the importance of an analyst's capacity to enter into and hold this state of mind/body in terms of his or her ability to tune into a patient's mind/body state and understand what the patient is communicating as to what their subjective experience feels like. Schore (2002) elucidates the similarities between the early relationship between infant and caregiver and the relationship between therapist and patient by highlighting the importance of the right hemispheres of both participants in both dyads. He states that,

"Early preverbal maternal-infant emotional communications that occur before the maturation of the left hemisphere and the onset of verbal-linguistic capacities represent contingently responsive affective transactions between right hemispheres of the members of the dyad" ...[and] "non-verbal transference-countertransference interactions that take place at preconscious-unconscious levels represent right-hemisphere-to-right-hemisphere communications of fast-acting, automatic, regulated, and unregulated emotional states of patient and therapist" (p.26, 27).

The capacity for the analyst to receive communications from the patient's unconscious involves a right-hemisphere state of receptivity that allows the analyst to empathically attune to the affective and body states of the patient, which then creates the possibility of resonances or moments of synchrony between the analyst and the patient at an unconscious, preconscious or conscious level.

Current research then calls for a reexamination of the emphasis placed on verbal and historical thinking, understanding and interpretations in analytic technique in light of our growing knowledge of the importance of the ability to receive and "read" the essentially non-verbal language of the right brain. This has important implications for the training and on-going development of analysts and psychotherapists of all theoretical orientations and techniques.

### **"In One's Bones"**

Fine-tuning the analytic "receiver" or instrument begins with two basic preliminary stages comparable to Poincare's first stage of creative thinking called "preparation". The first is that knowledge of all aspects of development, theoretical models, differential diagnoses, the history of the patient, the history of the analytic sessions and the analyst's own history and personality development (including both transference and countertransference tendencies or

vulnerabilities and defensive default modes) need to be so well-known to the analyst that they are in "one's bones" as Winnicott put it.

Once that information is learned and practiced well-enough, the analyst can consciously "forget" it in order to be fully present to the patient's communications at all levels. This involves what Bion called the "eschewing of memory and desire". Deliberate "forgetting" allows not only for the right brain unconscious to "tune in" to the patient, but it also creates space for the analyst to imaginatively play with the sensations, feelings, actions and words in a way that enables them to understand the particular logic and meaning of the subjective experience of the patient. Once analytical "knowledge" and conscious memory and desire are let go of, the encounter with the patient moment-by-moment will evoke sensations, ideas, fantasies, memories, desires, impulses, daydreams and associations that, if allowed to be stimulated and present, act as important signals that play in the analyst's preconscious.

This notion about the analytic stance implies an ability on the part of the analyst to tolerate frustration, disruption and ambiguity, as well as the concomitant capacity to play with bodily sensations, feelings, images, sounds and ideas without needing to prematurely "understand" what is going on. These abilities are the result of right-hemisphere self-regulatory capacities that allow the analyst to temporarily allow the preconscious/unconscious cues to be taken in, experienced and processed. This "work" provides essential information for attunement at a non-verbal level and can lead to understanding and the ability to formulate interpretations utilizing language when the timing feels appropriate.



All of these kinds of communications have their own affective meaning depending upon where and how they emerge within the ongoing narrative of any given session. The essentially right brain thinking needed to translate this emotional language corresponds to the "incubation" stage in Poincare's theory where the analyst observes, takes in and holds unexplained sensations, feelings and ideas and lets them play until a pattern emerges. It is vertical in the sense that while the patient is providing the melody (horizontal) with the narrative and behavior of the session, the analyst is resonating vertically with a chordal structure throughout all levels of their being and providing both orchestration and accompaniment. This corresponds to Schore's (2003) discussion of the vertical structure of the right brain.

## **Conclusion**

Far from being a passive, trance-like state - the state of right-brain dominant reverie and empathically attuned play is highly active and takes a great deal of discipline and attention on multiple levels simultaneously. It is a way of "thinking" and a technique that can be learned, practiced and honed and one that is critical for both the art and the science of therapeutic work.

This interanimation of subjects and consciousness through moment-to-moment attunement opens up dimensions of a lived experience where two separate beings are united in synthetic moments of imaginatively engendered unity. Self-regulation, self-containment, self-awareness and imagination become vehicles for the empathic opening of the analyst to the experience of others and their interpretations of the world. We cannot underestimate the importance of

repeated experiences of being seen and heard by an-other in terms of the effect these experiences have on the development of a sense of being-in-the world. The transformations that occur within the dynamically changing intersubjective space between human beings, facilitated by creatively attuned empathic resonance occur then at all levels: physiologically, emotionally, psychically and perhaps most importantly - ontologically.

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## **PSYCHOANALYTIC RESEARCH: PROGRESS AND PROCESS**

### **NOTES FROM ALLAN SCHORE'S GROUPS IN DEVELOPMENTAL AFFECTIVE NEUROSCIENCE AND CLINICAL PRACTICE**

**ALLAN N. SCHORE, PhD EDITOR**

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This month's column contains further elaborations of previous contributions from 2 members of the Los Angeles groups. In the first Vicki Stevens offers continuing explorations of her work extrapolating models of nonconscious right brain processes within the psychoanalytic dyad to the problem of how interpretations are incorporated into deeper psychic structure. Using an interdisciplinary

approach, she deftly weaves together recent cognitive models of the unconscious that portray the mind as inherently embodied, thought as primarily occurring at levels beneath conscious awareness, and abstract concepts as fundamentally metaphorical, with neuropsychanalytic models of right brain psychic structural processing of bodily-based subjective and intersubjective information. She argues that not only does the analyst's state of right brain reverie enhance the reception of unconscious communications from the patient's embodied mind, but this right lateralized system which processes patient-driven external and internal external stimuli also allows for metaphor generation embedded in "critical-semiotic" (vs. "semantic-literal") interpretations.

Steven's proposal is echoed in very recent clinical psychoanalytic writings as well as in current neuroscience data. To give but one example, Marcus has recently concluded "The analyst, by means of reverie and intuition, listens with the right brain directly to the analysand's right brain" (1997, p. 238). In these columns and other contributions I have reviewed a body of studies from neuroscience which clearly demonstrates that not only the left but also the right hemisphere is involved in both communication and certain essential affect related aspects of language processing. In fact, the idea that only the left hemisphere is involved in language functions is a fallacy shared by many clinicians and researchers.

For example, it is now well established that the processing of metaphor is a right hemispheric function (Sotillo 2005; Winner & Gardner, 1977). The right hemisphere is also dominant not only for prosody (Pell, 1998) and the processing

of emotional words (Bowers, Bauer, & Heilman, 1993), but also for humor (Borod et al., 2000), the detection of one's first name (Perrin et al., 2005), social discourse (Bryan & Hale, 2001), and the organization of information at the pragmatic-communicative level as well as in the generation and modification of mental models that fit a text (Marini et al., 2005). The strategy of thinking of the right hemisphere is manifest when information is complex, internally contradictory, and basically irreducible to an unambiguous context (Rotenberg, 2003). These data are relevant to psychoanalysis' interest in interpretation, as well as in the unique affectively charged language that occurs in the therapeutic intersubjective context.

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