DISCUSSION ON

“Listening with a third ear” - is there a key to the archaic?¹⁴,

by Eike Hinze

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The unconscious, initially a psychic instance, later a quality of the psychic in Freud's terms, is often associated with, in current thinking, the psycho-mental contents that consciousness has forgotten or repressed. This is the so-called Repressed Unconscious, from the triad model proposed by J. and A.M. Sandler: Conscious – Repressed Unconscious – Present Unconscious (Sandler&Sandler, 1983).

1915 was when Freud first explicitly spoke of a „repressed part of the unconscious”, associating it with unbound energy, driven by chaotic forces and completely „divorced” from reality: primitive, fragmented, archaic contents populating formless and unstructured spaces of the unconscious, without ever having been in the conscious.

In the case of *repressed contents*, constitutive to the unconscious, as Freud said, they always remain a source for internal tension, and managing them requires the psyche to use up a great amount of energy to

¹⁴ see p.16, in this volume;

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control the repressed representations' attempts at returning to the consciousness. This dynamic, often very demanding and sometimes generating symptoms, justifies a psychoanalytical endeavour and an active preoccupation for an integrating understanding.

But how and why would the other part of the unconscious be of interest, the enigmatic part of contents free from any bond or structure? With an answer to this question, through what and how could the primitive archaic become cognoscible, never the represented, never the named?

In other words: psychoanalysis addresses the unconscious. The repressed unconscious is its main domain. Who does the archaic unconscious belong to then? Can psychoanalysis approach it, bind it, know it and integrate it? Does it have a purpose for doing so? If so, using what instruments? What techniques? Which theory? We can ask many questions, as the presentation Eike Hinze held opens up the way in a manner that mimics the work of a psychoanalyst: perking the ears up, (self) questioning, recounting, reflecting and inviting down a path together in search of a guideline to lead through an obscure yet lively labyrinth.

In his presentation, Eike Hinze proposes, on the backdrop provided by the discussion on the archaic, several major themes and a few explicit questions, alongside others implicit to the subject at hand: precocious infantile trauma, primary object relationship, creativity, enactment, countertransference, centring the search around these questions: *“Does the cure require us to access this preverbal archaic realm?”* and *“How can we accomplish this task?”*, questions which I will use to structure my discussion.

Therefore, prior to any investigative approach, says Eike Hinze, a clear first step would be needed: namely, if these unconscious contents, pre-cursory by definition, pre-defined, pre-existing, found in a proto-mental matrix in which there is a substantial lack of body / psyche and individual / group differentiation, would have anything significant to say in the psychic economy and, therefore, in someone's life. Remaining peripheral and abstruse, how would they interfere with consciousness, having never been in any way connected to it and to which they are completely foreign? Why and how could a reality so obscurely subjective that it would appear non-existent become translatable and capable of interaction, of exchange with another, let alone have some influence on one's life?

The presentation I heard provided me with some directions to discuss what was said. One of these directions for discussion, I could say, is about the classic, but always current, issue of the distinction between the *internal, subjective* reality and the *external, factual* reality, as well as the way in which the two negotiate their contribution to Truth; in addition, EH's text and the above-mentioned questions brought to my attention a relatively recent, modern discovery, that of "mirror neurons", a biological substrate and explanation for the so-called "magic" of communication between the unconscious and the conscious, but also for some other connections regarding the therapeutic relationship, the "analytical field" and the "narrative function of the psyche". Every direction is a subject in itself, but I will try to point out what I believe brings them together and links them to the questions Hinze asked.

Why a discussion on Reality and realities now?

I would not talk about the archaic and the primitive if they, with their entire non-verbal content, would not emerge in consciousness, infiltrated into predominantly corporal forms of expression, in fragments of gestures and mimics, in the prosodic elements of speech; generic, in the act. A subjective, even pre-subjective reality, that can be captured in small signs, the potential of which can be intuited, but that, far from being words, remains as difficult to communicate and decipher by the subject itself as well as by another - different, separate, exterior.

Early preverbal experiences, building blocks of later psychic development, are born at the interface and in the interaction between the internal and external environment, under the influence of the environment on the precursory rudiments at the base of the psychic construction, in an early time, situated on the temporal axis before the differentiation and separation of the external and the internal world. Therefore the identity and the coherence of the subject depend on the interactions and experiences with the environment, structured through the presence and permanence of the object. Or the archaic testifies to the existence of a basal deficit, more or less significant, in this early experience. A deficient primary infant environment generates a lack of connection, of structure, creating what Laurence Kahn called an “existential vacuum” on an affective level (2014).

So the patient comes to the analyst, filled with his/her own subjectivity and, even more, with his/her own domestic, sometimes chaotic world, which he/she wants to be heard, ordered, psychalised, validated. Relationships and impressions play a fundamental role in the construction of subjectivity. If patient history and *repressed experiences*

lead us into the territory of free association that generates the meanings and the purpose intermediated by an analyst through interpretation, the *non-verbal experience* is difficult to access unmediated, directly, through a process of identifying the analyst with the patient and / or the roles conferred by it through transference. The pre-verbal experience, before the first 18-24 months of life (when language begins to appear) is one that is directed towards the other, which is searched for and invested in as a “messenger” (Gallese, Eager, Miglone, 2007), also revealing meaning, since primary modes of communication – which are a form of proto-symbolisation (called “primary symbolism” by R. Roussillon, 2011, p. 114) – depend on the environment to be understood. Their symbolic potential depends on another subject. To the extent that the receiver, the analyst, is capable of primitive interaction and simultaneously possesses symbolic capabilities, *a posteriori*, in the *après coup* the archaic can be received, and later bound and organized into symbols and words. The reception by the analyst of the indistinct body-psyche transmitted by the patient has a biological substrate: the newly identified *mirror neurons* of the receptor’s mind, i.e. the analyst (Rizzolatti, Gallese, 1996).

So, to the extent that the analyst can resonate with the archaic of the patient through mirroring, he or she can respond in the same register, converting the received motor elements symbolically and verbally; and to the extent that this can contribute to the reconstruction of the permanence of the object, the analyst can pave the way for a (new) psychic reality, a *version* of the patient’s past, obtained contextually, in the *here and now* of the transference-countertransference relationship.

**(Re)construction in the analysis of the repressed, archaic unconscious.
The analytical field and the narrative function of the psyche**

Most of the time the patient enters the cure claiming a psychological disorganization under the effect of the power of unsymbolized affective movements.

Unlike the classical, “archaeological” approach, modern psychoanalysis, dyadic, proposes the freshness and immediateness of the subjective experience, in which the very context defined by the saying “here and now” produces a metamorphosis of the psychic material and in which the *(co-)narrative construction*, often takes the place of interpretation, especially for the patient who cannot communicate his or her experiences explicitly. “Analytical Dialogue” (through the proposed private trajectory and by freeing the repressed) will seek to reconstruct a version of the patient’s past, built in the context of the relationship between the analyst and the patient, in a “here and now”, by generating a coherent narrative.

In the analysis of “The Wolf Man”, Freud first developed a narrative construction of psychic experiences that were not recovered from the patient, in order to later, in “Constructions in Analysis”, assert that, and I quote, “the meaning of a construction implies the simultaneous presence of the real and fantastic aspects of personal childhood: the patient cannot remember any traumatic situation and then the analyst constructs what is missing”.

Spence, in 1982, in the article “Narrative Truth and Theoretical Truth”, speaks of the fact that the psychic reality contains elements that in fact reveal two types of truth: a historical truth, corresponding to the reality of facts directly experienced; and a narrative, aesthetic truth,

resulting from the organization of a coherent story of psychic events that take place during an analysis. “The power of persuasion of narration in the cure is independent of the type of truth represented”, writes Spence. He also talks about the “elasticity” of the co-constructed narration, which allows for many “good arrangements”, able to confirm the truth of the analyst’s interpretation in the clinic and able to become attuned to the truth of the underlying theoretical corpus. The power conferred by the analyst to the construction / reconstruction in the transference-countertransference relationship finds its support and correspondence in the power of psychoanalytic theory. Particularly with this type of patients, the theory in turn supports the analyst by providing him/her with internal objects that are structuring for the patient and an objective coherence, necessary to counteract the drastic lack of coherence and to maximize the subjectivity presented by the patient.

Speaking of reconstruction in the analytical relationship, Peter Fonagy says that it has the function of bringing the patient in contact with what was previously intolerable to him/her, generating a “*self-narrative*” that “determines a historical continuity of the *self* and can, by itself, have therapeutic value”. “What memory conquers in the course of the treatment is a shift in the meaning that applies to the recaptured experience, which thus becomes a memory in feeling (“*memory feelings*”), validated by the analyst through listening, recognition and sharing (the so-called “consensual validation” of Donnel Stern), in a way different than direct, empathic validation” (Fonagy, 2000).

When, in 2008, Silva formulated the phrase “mental factory”, referring to construction, the same author wrote, 10 years later (2017), that “construction in analysis facilitates work on traumatic situations through the ability to share representations”.

The psychic labour of the cure, balancing between “contextualization” and “understanding”, oscillating between the so-called “material realism”, factual and narrative fiction. In the session where the archaic appears on stage, what is expressed are the *mise-en-scène* and the story, the narrative, both mimicking the fundamentals of structure, disparate. “Narration, including the theoretical meta-narrative, is therefore never self-referential” (Scahfer, Spence), in the session combining the so-called “given” of the world (mnestic traces, various forces, mechanisms, laws), with the “narrative fiction”. The resulting psychic reality (distorted compared to the true reality with which it is in correspondence) becomes coherent both by transference-countertransference mirroring, as well as by mirroring the narrative itself, including within it the interactions and responses, reflections and inner transformations offered by the analyst’s involvement. The analyst imaginatively and mutually creates a world with the patient, while being the messenger of true reality, shared with others, outside of the clinic; thus, independent of the patient’s imagination, the analyst adjusts, recovers and attunes the patient’s vision.

But how does this attunement, this adjustment come to be? How does the therapeutic relationship act within the analytical cure? Dreams, free association, reverie and mirror neurons.

“The analyst must turn their own unconscious, like a receptor organ, towards the unconscious transmission of the patient”, Galese and Rizzolatti wrote in 1985.

In 2016, Mauro Manica said that the unrepressed unconscious can be surfaced in analysis through the “*musical dimension*” of transference, characterised by the voice and prosody of language.

It was also Manica, in the same article, who mentioned the *dream* as a possible instrument in approaching the contents of the unrepressed unconsciousness, in that it symbolically transforms pre-symbolic and pre-verbal experiences that can thus be “put into words and thought, even without being recovered, capable of filling the gaps left by the absence of representation, which characterises the unrepressed unconsciousness”.

Primary relatedness is un-internalised, explaining why the patient is engaged in the analytical relationship with their entire self, with his/her life and death. The connexion and separation are not differentiated, ante-differentiated, which turns the archaic problematic in the clinic into a sensible and profoundly demanding one. Enactments become/are primitive forms of expression and communication; nothing is on the outside, more so as “outside” and “inside” are being built here, now, in the practice, more than in other situations in the clinic.

“To listen to the traces of experiences that animate psychic life, to open up to the voice of what cannot be transmitted representationally, *free association*” is necessary, as B.B. Barratt said one year later (2017), adding that *listening* and *free association* produce an “ontic modification”, a transmutation in the subject’s existence.

The primitive, as an early traumatic experience, is inaccessible to representation. In such a field, Maria Cecilia Pereira da Silva thinks that what remains for the analyst is *reverie*, in order to distance the unbearable, unrepresentative reality, characterized by brute, psychically encrypted experiences. Thus, the analyst finds and confers meaning in an “interference with the subjectivity of the patient, but gradually introducing a notion of alterity” (2017).

The search for a biological foundation for unconscious communication between the analyst and the patient, in the analytical situation, has been one of Freud’s concerns since 1895, as he mentions in his “Project for a Scientific Psychology”. The question has existed since then.

By addressing the subject of communication from the unconscious to the unconscious, one century later, Gallese and Rizzolatti (1996, 2001, 2003, 2005, 2006, 2011) speak for the first time about “*mirror neurons*”, about “*embodied stimulation*” and the ability to read the mind of another, as manifested in early relationships between mother and baby or small child.

Going along the line of Gallese’s research, Ferrari, in turn, furthers the study of mirror neurons and their functions, in 2003 describing the so-called “*communicative mirror neurons*” as a result of emphasizing the relationship between the motor system – embodied stimulation – understanding and language . A year later, in 2004, Sripada and Goldman launched the statement that incorporated, or corporalised stimulation creates an unmediated resonance between the observer and the observed, producing, through a response mechanism, a shared corporal state that generates representational content, which provides a basis for understanding the other in a direct manner, at an unconscious level, through a “deliberate attunement”, as Goldman (2004) calls it, close in meaning to the “concordant identification” described by Racker back in 1968. And the congruent response, far from being a mere mirroring or contagion, includes *complementary and modulated* responses to the messages transmitted by the patient, filtered by the analyst’s past and attitude. “Attuned but different enough”, says Gallese, so as to help the listener develop into his/her own mind.

A final word on courage to work on archaic

At the end of the discussion, I would recall what Anne Alvarez called “reclamation capacity” in 1992, referring to the mother’s ability to stimulate, through her presence and interventions, the connection of the baby’s vitality her and to reality, so that emotional development occurs. In the same sense, Ferro (2000, 2001), dedicated to the concept of the analytical field in which the conscious-unconscious communications flow, talked about an “emotional theatre” in which the analyst and the patient communicate in a “cooperative dialogue”, similar to “the

language permeated in the affect” that Anzieu (1985, p. 79) spoke of, designed to draw a line between the minds of the analyst and the patient, generating new and open meanings (Ferro, 2002, p. 589). For such a dialogue, the patient must have the *courage* to communicate, while the analyst must have the *courage* to identify and live the non-verbal content emotionally in the analytical relationship, and to put into words, creatively, by reciprocity and micro-attuning, in a *a posteriori* re-elaboration. For, as Silva says, “the role of the analyst is to facilitate the patient’s ability to create images and then to translate them into a story (2017), in a coherent and shared version of reality”.

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