

Error in analytical psychology: shadow or light?

Áurea Afonso Caetano*

Abstract

The author rescues the notion of error in analytical psychology, revisiting Jung's early work on the word association test. She tries to understand what supports the analytical process, both from the point of view of psychodynamics and from the new models of brain functioning as proposed by neurosciences. She discusses, to what extent, the search for the right, the ideal model can inhibit development; proposes that our work as psychotherapists is to enable the formation of a field favorable to the (re) construction of the intrapsychic movement and not to correct "errors" introducing the important discrimination between "to cure" and "to heal". ■



Keywords
Analytical encounter, error, word association test, neurosciences, interrelation, symptom, cure.

* Áurea Afonso M. Caetano, psicóloga, filiada à SBPA, mestre em Psicologia Clínica, pela PUC-SP.
E-mail: <aureacaetano@uol.com.br>

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1. Introduction

We know the importance of the word association test for the Jungian psychology developing the concept of complex and we find in the complex the error as enabler and conductor in the psychic constitution. Whether errors or flaws, seen as irrelevant or disposable, in the initial analyses of association tests' results, they make way for Jung, in his ingenious curiosity, intuit what later he named as path or "via regia to the unconscious, architect of dreams and of symptoms" (JUNG, 1981, par. 210).

Just like geological fissures displaying the deepest inners of Earth, flaws in the word association tests also worked as entries for the understanding of the psyche's deepest expressions and allowed for the formulation of the concept of complex of affective tonality (CAETANO; MACHADO, 2018).

Jungian's attitude observes a number of phenomena without, though, establishing among them any hierarchy. This way, we can take on Jung to think that errors or defects have their space, place and that they are structuring. Deformities, defects and flaws are constituting elements of our psyches. They may be considered as "nodal points", "nuclear elements" which belong to the eternal matrix of every and each human psyche. Bringing those defects and flaws close to the concept of complex, with Jung, we think that they are "focal or nodal points of the psychical life, which we would not wish to do without and indeed should not be missing, for otherwise psychic activity would come to a fatal standstill" (JUNG, 1990, par. 925). Focal and nodal points are, as we shall see, important, as they provoke movement, transformation.

[...] I had learned that all the greatest and most important problems of life are fundamentally insoluble. They must be so,

for they express the necessary polarity inherent in every self-regulating system. They can never be solved, but only outgrown. I therefore asked myself whether this outgrowing, this possibility of further development, was not the normal thing and whether get stuck in a conflict was pathological (JUNG, 1973, par. 18).

Jacobi (1990, p. 31) states that: "Only an individually limited number of complexes can be made conscious. The rest continues to exist as "nodal points" or "nuclear elements". Jung, going beyond, states that: "I'm therefore inclined to think that autonomous complexes are among normal phenomena of life and that they make up the structure of the unconscious psyche" (JUNG, 1981, par. 218).

A Jungian analysis explores the processes which take place during the encounter of two individuals and, every encounter is a new one. As therapists, we are unique and equal. Diverse traits of our personality may constellate at every moment, each process is unique and single. And all we do is, through words, metaphors, analogies and parables, to expand our knowledge, create new possibilities of understanding. Circumambulation – going around the symbol so as to try to comprehend it increasingly better, expanding the network of meanings, this has been, indeed, our attempt.

Will we be able to use the current knowledge of neurosciences in order to enlarge knowledge of our field of work, seeking new symbols to talk about our enigmas?

2. Analytical Psychology and Neurosciences

Schore (2012) a scholar of neurobiology of psychotherapy states that therapeutic interven-

tions are based on dynamic and implicit relationship processes. The information from the non-verbal unconscious communication has an essential role; implicit communications in the therapist-patient relationships, transmit more than conscious verbalization. Psychotherapy is able to promote changes both in the psychic **functions** as well as in its **structures**, even in further stages of development.

Schore agrees with the idea that the more the therapist facilitates the affective experience/expression of patients in psychotherapy, the more the patients demonstrate positive changes and that this affective facilitation is a powerful predictor of the treatment success. The essential role of the right brain [his terminology] in the “nonconscious processing of the emotional stimuli” and in the “affective communication” is directly relevant to recent clinical models of “affective unconscious” and “relational unconscious” where “an unconscious mind communicates to another unconscious mind” (SCHORE, 2012).

Schore concludes that the right brain is dominant in the treatment and that psychotherapy is not the cure through speech, but cure through affection. The “right brain-right brain” communication represents the enabling of interactions between the primary unconscious systems of the patient and the therapist, and the “primary process cognition” is the most important communicative mechanism of the relational unconscious. More than emphatic affection, being attuned and in deep contact are necessary for a more comprehensive therapeutic progression. Likewise, Jung asserts that:

By no device can the treatment be anything but the product of mutual influence, in which the whole being of the doctor as well as that of his patient plays its part. In the treatment there is an encounter between two irrational factors, that is to say, between two persons who are not fixed and determinable quantities but

who bring with them, besides their more or less clearly defined fields of consciousness, an indefinitely extended sphere of non-consciousness. Hence, the personalities of the doctor and patient are often infinitely more important for the outcome of the treatment than what the doctor says or thinks... (1985, p. 163).

Cozolino (2006, 2010, 2013, 2016) has been researching neurosciences of psychotherapy and says that in the core of the interface between these two areas lies the fact that human experience is mediated by two processes which interact with each other. The first is the expression of our evolutionary past through organization, development and functioning of our nervous system – a process that resulted in billions of neurons arranging themselves in neural networks, each one having its own timing and needs for growth. The second process is the contemporary arrangement of our neural architecture within the human relationships context. The brain is a “social adaptation body”, stimulating to grow through positive and negative interactions with others (COZOLINO, 2006). Thinking the evolutionary past is also to be able to think with Jung when he affirms:

The psyche is not of today; its ancestry goes back many millions of years. Beneath the individual consciousness is only the flower and the fruit of a season, sprung from the perennial rhizome beneath the earth; and it would find itself in better accord with the truth if it took the existence of the rhizome into its calculations. For the root matter is the mother of all things (1990, p. xxiv).

According to Cozolino, “at the heart of psychotherapy lies the understanding of the intertwined forces of nature and creation, what goes right or wrong in its development and unfolding, and how to reestablish a healthy neural func-

tioning” (COZOLINO, 2010, p. 12). According to the author, genes enable the organization of the brain’s uniform structures. Uniform structures and functions are inherited through our DNA and shared among all healthy members of our species, a key feature of the genetic inheritance traditionally thought as “nature” (COZOLINO, 2010). But it is through the translation of experiences into neurobiological structures that nature and creation become one in a process which he then names “biochemical alchemy”:

[...] the experience shapes the architecture of our neural systems, making each brain a unique mixture of our evolutionary shared history and our individual experiences. Thus, our brains are built in the interface of experiences and genetics, where nature and education turn into one (COZOLINO, 2013, p. 15, 16).

Still according to Cozolino: as the affection is repeatedly brought into the therapeutic relationship, the patient gradually internalize such skills by carving the neural structures needed for self-regulation. In a neurological level, this equals to the integration and communication of neural networks dedicated to emotions, cognition, sensations and behavior and an adequate balance between stimulus and inhibition. We, psychotherapists, stimulate the neuroplasticity and neural integration; we guide our patients among thoughts and feelings, trying to assist them to set new connections between them, as well as we assist them in changing their accounts of the self and the world and a new consciousness, and encouraging a better decision making; allowing for the creation of new narratives (COZOLINO, 2016).

Wilkinson substantiates and expands those ideas (2006, 2010), suggesting that the psychotherapeutic process is like a double helix, whereby the interactions between the two sides of the brain intertwine so as to make a whole. She states that:

“One aspect of therapy deals with the implicit, arising from the right hemisphere; it is predominantly affective, composed of the affective encounter between therapist and patient. The other deals with the explicit, arising from the left hemisphere; it is predominantly cognitive, manifest in interpretation” (Wilkinson, 2010, p. 85). “Interpretation alone, however, is not enough to redress damages to implicit structures in the mind” (WILKINSON, 2010, p. 86); the affective attunement based on the empathic countertransference is the only agent to provide the therapist with understanding and can lead to changes in the patient’s mind.

This author affirms that the focus of therapy should be “on facilitating a coordinated integration of explicit and implicit relational memory” (WILKINSON, 2010, p. 85) and to know how they manifest into images, dreams, stories, and narratives, as well as into the analytic relationship.

3. About the analytical work

Since psyche and matter are contained in one and the same world, and moreover are in continuous contact with one another and ultimately rest on irrepresentable, transcendent factors, it is not only possible but fairly probable, even, that psyche and matter are two different aspects of one and the same thing (JUNG, 1981, par. 418).

What happens at the “frontiers” of the border, or in the transition between poles of the specter? Space of creation of symbols and of culture; space of encounter with others. Bridging? “A bridge presupposes the presence of the ‘other’, of a ‘here’ and a ‘there’, a ‘now’ and a ‘then’, a ‘this side’ and ‘an Other side” (GORDON, 1993, p. 4); it separates and divides and acts as a boundary; it presupposes separateness and uniqueness, without isolation or rupture; it symbolizes contact and communication between that which remains always separate, distinct and apart. There

are boundaries, but no barriers. There is always the possibility of change, movement and also tension, uncertainty, dialectics. Wherever there is a bridge there is the possibility of a third (GORDON, 1993, p. 7).

The third area, the area of illusion, area of experience which, according to Winnicott, can be found in the existing potential space between the individual and the environment, the one which, at first, separates as well as unites, the baby and the mother. Area that develops from the baby's experience with the transitional object, "first creative act", source of playing, of creativity, of symbolism, of the symbolic.

And, restating with Gordon, we can say that "it is within that Winnicott's 'area of illusion' that the hybrids, the archetypical processes interact with those psychological functions through which we come to know reality" (GORDON, 1993, p. 112). Potential space as a space for transition, for occupation, for creating the new, the different and the singular; space where the original and the current, the tradition and the modernity, the archetype, hybrid between nature and culture, can be "updated", space for creation of the new and the culture, possibility of emergence of the symbolic function.

Creating everything, he got into all
Getting into all things, he became the
One who has form but who is shapeless;
became
He who can be defined and who cannot
be defined;
Became what is rough and what is subtle.
Became all sorts of things: for this the
wise call him the real
(Upanishads).

And how do we exercise our subjectivity?

Winnicott states that:

"psychotherapy takes place in the overlap of two areas of playing, that of the patient and that of the therapist. Psychotherapy has to do with two people playing together. The corollary of this

is that where playing is not possible then the work done by the therapist is directed towards bringing the patient from a state of not being able to play into a state of being able to play". If the therapist cannot play, then he or she is not adequate to work (WINNICOTT, 1991, p. 80).

And what would this "playing" be for us, Jungian therapists?

It would be the possibility of "being off" in our own subjectivity exercising in fullness our personal equation putting it to the service of the analytical encounter. For the analytical psychology, the working pair is made of two human beings in constant conscious, but also unconscious interaction (idea which has been endorsed by neurosciences' studies). The therapist's identity or personality has as much importance as the patient's in this work.

In the relational analysis, there is the concept of a reality built in the relationship, that is, there is not a truth to be discovered or understood in the analytical process. The past is revised and rebuilt in the therapist-patient relationship transforming present and enabling new possibilities for the future. In Jung the truth emerges from the resolution of the dialectics of opposites, an unceasing and natural psychic process that takes place in the relationships of the individual with the self and the world, therefore, also with the therapist. As per Jung, "A truth is a truth whenever it works".

Thus, thinking about what is real, in different cultures, in different periods of time, such as Upanishads proposed, we suggest that it is in the true analytic encounter, at the moment of the encounter, in the third analytic, through the creative apperception, according to Winnicott, that the individual feels that life is worth living (WINNICOTT, 1991, p. 71) and that the real can be "constructed". This potential space can be seen as sacred for an individual, for it is there where one experiences the creative living. And what would be the errors or defects, or, following Winnicott's questioning: What is the meaning of life? He asserts that "you may cure

your patient and not know what it is that makes him or her go on living” (WINNICOT, 1991, p. 100). And then, how can we be facilitators on the path to seeking meaning?

Gordon (1993) shows us an important etymological difference between two words used in the English language, “to cure” and “to heal” – which are translated into Portuguese, my mother tongue, as the same word. According to Gordon, their origin, though, is rather distinct: “to cure” comes from the Latin word *curare* and means “to take care of” as well as “a successful medical treatment”. As for ‘to heal’, it is an ancient word in the English language and closely related to the word “Holy” or “sacred” and also “whole”. The author then proposes the use of the word ‘cure’ to refer to the process of “taking care of” specific symptoms and inadequate functioning of, and use “to heal” with an organism’s evolution process towards a more complex wholeness.

Part of our work is related to removing symptoms, usually signs that something in that person is not doing well, and the subsequent release of psychic energy facilitating a more adequate psychological functioning. Jung offers a new look at the meaning of symptoms, stating that such symptoms may have a stabilizing function in the sense of trying to keep a prior homeostasis; prior to being seen as something to be removed or cured, the symptom can be seen as a symbol, as a creative possibility of that specific psyche. He asserted that not necessarily they should be resolved, but understood, expanded and seen as essential in the individuation process for that individual. We believe that errors or defects, comprehended from this perspective, may open room for the acceptance of the crisis and for getting in contact to whatever such crisis

may represent and/or the path which may be indicated through it.

4. Conclusion

We, therefore, propose that the acceptance of errors and defects, upon finding room for them in our patient’s psyches (and foremost in our own psyches), may favor the “healing” process in the sense of the individuation process or the path towards the being’s wholeness. We are still developing on Jung’s revolutionary idea of the need for creating a culturally-sensitive psychology; the hardest part might be, accepting the fact that each period of time has its own “understanding of the world”; and one understanding is not better than any other. Samuels (2014) speaks about the need for abandoning a colonial psychology where there is a “one size fits all” psychology (SAMUELS, 2014, p. 652) or, an only truth.

Only through the unconscious-conscious dialectical relation, through the bridging, through the occupation of the “third area”, transitional space, the being may bear meaning to the world, her or his own world and live a life that may have, for them, a whole meaning.

You Sr... look, see: the most beautiful and important, in the world, is this: people are not always the same, they haven’t been finished yet – but they keep changing. They attune or disarrange, this is the highest truth. That is what life taught me. That has me fully contented
(Guimarães Rosa). ■

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Resumo

O erro na psicologia analítica: sombra ou luz?

A autora resgata a noção do erro na psicologia analítica, revisitando o trabalho inicial de Jung no teste de associação. Busca compreender o que sustenta o processo analítico, tanto do ponto de vista da psicodinâmica quando dos novos modelos de funcionamento cerebral como propostos pelas neurociências. Discute em que

medida a busca do certo, do modelo ideal, pode impedir o desenvolvimento propondo que nosso trabalho enquanto psicoterapeutas seria possibilitar a formação de um campo favorável à (re) construção do movimento intrapsíquico, e não corrigir “erros” introduzindo a importante discriminação entre to cure e to heal. ■

Palavras-chave: encontro analítico, erro, teste de associações, neurociências, inter-relação, sintoma e cura.

Resumen

¿El error en la psicología analítica: sombra o luz?

La autora rescata la noción del error en la psicología analítica, revisitando el trabajo inicial de Jung en la prueba de asociación. Se busca comprender lo que sostiene el proceso analítico, tanto desde el punto de vista de la psicodinámica cuando de los nuevos modelos de funcionamiento cerebral como propuestos por las neurociencias. Analiza, en

qué medida, la búsqueda de lo cierto, del modelo ideal puede impedir el desarrollo proponiendo que nuestro trabajo como psicoterapeutas es possibilitar la formación de un campo favorable a la (re) construcción del movimiento intrapsíquico y no corregir errores introduciendo la importante discriminación entre to cure y to heal. ■

Palabras clave: encuentro analítico, error, prueba de asociaciones, neurociencias, interrelación, síntoma y cura.

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