Seeing and Being Seen: Eye Contact and Psychotherapy — Findings from a Hermeneutic Literature Review

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Abstract

This paper, based on a hermeneutic literature review, explores eye contact in psychotherapy from three different perspectives: mother-infant research, neurosciences and psychoanalytic psychotherapists' writing. The authors subsequently explore their own experiences and synthesise their findings to recommend the use of eye contact as an intentional and necessary psychotherapeutic tool.

Whakarāpopotonga

Ko tēnei tuhinga, whakapapahia nei i runga i te whakamāramatanga arotake tuhinga, he tūhuranga whakamau kanohi mai i ngā tirohanga e toru i roto i ngā whakaoranga hinengaro; te rangahau whāea-pēpi, pūtaiao mate ioio me ngā tuhinga tātarihanga hinengaro ā ngā kaiwhakaora hinengaro. Whai muri mai ka tūhurahia e ngā kaituhi ō rātau ake whēako ka hono i ngā hua ki te whakahau kia tautokohia te whakamau kanohi hai taumahi whakaora hinengaro mārire.

Keywords: eye contact; gaze; mother-infant research; neuropsychotherapy; psychoanalytic practitioners; authors' perspectives

> The soul, fortunately, has an interpreter — often an unconscious but still a faithful interpreter — in the eye. (Brontë, 1847/1994).

This quote is from the classic story of Jane Eyre, the orphaned girl raised in adverse circumstances by the archetypal wicked step-mother and step-sibling. She comes to know and rely on the eye as an expression of the soul and of what is hidden in the depth of the soul that needs translation and understanding.

This process of finding what can be hidden in the depth of the soul is not unlike the process of psychotherapy. In psychotherapy, we also often reach into the depth of the soul (*psyche*) to bring understanding and healing (*therapy* is derived from the Greek notion *therapeion*, to heal). In psychotherapy, too, we make eye contact, and we come to embrace what the eyes express and how eye contact comes to be lived between ourselves and our clients/patients. (We use the notion "patient" when referring to psychoanalytic literature. Brigitte has suggested a new notion to parallel that of analysand in psychoanalysis, which speaks to the core purpose of psychotherapy, to promote healing. When we introduce our own thoughts, we therefore speak about the healand, the one who is in the process of healing through psychotherapy). Phenomenological and hermeneutic questions arise out of this experience: How is the eye contact between us? What is the eye saying? How is eye contact maintained (or not)? What expressions and qualities are in the eye contact? How do these phenomena relate to the client's past and current relational experiences? And, who am I for this client within a particular relational constellation?

This article (and the dissertation it is based on) was written in Aotearoa New Zealand. While we specifically exclude other than Western academic writing on eye contact and gazing (see below), we want to acknowledge the traditional indigenous understanding on the link between the eye and the soul. Similar to our opening quote from a Western cultural context, the Māori world view assumes a close link between wairua (soul or spirit) and the eyes. Hirini Moko Mead (2016) wrote that wairua is present yet dormant in the embryo, and that it becomes "activated … when the eyes have formed" (p. 59).

This article draws on Outi Malcolm's hermeneutic "stand-alone literature review" (Boell & Cezez-Kecmanonovic, 2014, p. 259) which was undertaken as part of her Master's psychotherapy qualification (Malcolm, 2016). Hermeneutics highlights the art of interpretation within a dynamic and contextual way of understanding. It aims to provoke thinking by looking for the meaning beyond the obvious (Smythe & Spence, 2012). Approaching a literature review as a hermeneutic process allows for constant re-interpretation of texts leading to a deeper and more comprehensive understanding (Boell & Cecez-Kecmanovic, 2010). Further, reviewing literature hermeneutically is to embrace the process of a "dialogical interaction" (Boell & Cecez-Kecmanovic, 2014, p. 258) between the reader and the text.

Schuster (2013) highlighted the importance of including nonverbal phenomena within the hermeneutic process of understanding. Following the phenomenologists Husserl and Marcel, Schuster suggested that including the embodied subjectivity of the researcher aids in unveiling hidden fore-meanings and challenges that would be missed in a hermeneutic process that only focusses on verbal understanding. She extended this overcoming of the mind-body split to include it in the research process itself, by including the researcher's own embodied experiences. Following this methodology, the current article is therefore not only of an "intellectual nature" (Boell & Cecez-Kecmanovic, 2014, p. 261). Instead, the researchers interact with the texts and the topic area with their intellects, emotions and bodily resonances and aim to make meaning of these.

As a way to contextualise findings and explain their subjectivity, while holding on to the meaningfulness of the findings, hermeneutics acknowledges the researcher's inherent personal biases (Smythe, 2012). As we are always limited by our own hermeneutic situation, we must remain open to the inevitable limitations of our interpretations (Coltman, 1998).

The following section therefore explains some of the researchers' personal biases in regard to our topic area of eye contact.

Both of us were born and raised in Europe, so we embody and were socialised within European ways of eye contacting, Outi within the Finnish context, Brigitte within the then Western German one. We are both accustomed to eye contact as permitted and sought between different gender identifications and ages. Within the context of psychotherapy, we declare our bias for including neuroscientific and neuropsychotherapeutic principles into psychotherapy practice.

Since our immigration to Aotearoa New Zealand, we have both learnt about the different place that eye contact can have in Maori and Pasifika cultures. Because of the subtle but powerful cultural differences concerning eye contact, and because of our relative unfamiliarity with other than Western ways of embodying eye contact, this paper covers Western publications on eye contact only. Also, we name as further exclusion criteria that we have only drawn on psychoanalytic and neuroscientific literature that was published in English.

We seek to understand eye contact within three contexts: eye contact within mother-infant research, neuroscientific understandings of eye contact, and the relevance of eye contact for psychotherapy practice. These topics are covered in turn before we discuss the areas of overlap between them.

Perspectives from Mother-Infant Research

Coinciding with the advent of attachment theory (Bowlby, 1969) and the advancement of technology to study human relationships on a microscale (for example, through microseconds of eye contact and withdrawal), there has been a plethora of research findings that highlight the infant's ability to be in relationship from and even before birth (see for example, Stern, 1998). One of the primary vessels of regulating being with each other is through connecting, maintaining and discontinuing eye contact within the dyad.

Researchers have suggested that infants have an innate motivation to gaze into their mother's (or other caregivers') eyes from birth (Wright, 2009), and their field of vision is approximately the distance required to make eye contact when held by an adult (Stern, Hover, Haft & Dore, 1985). This disposition is very different from earlier perceptions of the newborn as undergoing a phase of "normal autism" (Mahler, Pine, & Berman, 1975, as cited in St Clair, 2004) or as only interested in instinctual gratification of its hunger through the breast. Rather, babies look for interfacial communication with the eyes of the mother from the beginning. Mutual eye contact and gazing become part of maternal holding — or the lack of it.

We draw on two pieces of visual art to capture two very different experiences of mother-infant relationships symbolised and lived through two very different kinds of eye contact. These artistic expressions are included here because they convey experiences of relationship and eye contact beyond the spoken word and thus deepen the reader's understanding of the qualitative difference in and effect of eye contact experiences. Due to image quality and copyright, we are unfortunately unable to reproduce the artworks here. For the first discussion, we direct readers to Mary Cassatt's (1898) work, *Louise Nursing Her Child*. In this

painting, the viewer experiences a sense of embodied togetherness, connection and safety between mother and baby; both are looking intently at each other, captivated by and sinking into each other's gaze, while the baby seems safely and naturally held, resting in its mother's lap. Within this mutual gaze, the mother's life-(milk)giving breast, their shared warmth and the intimate embodiment they have in this shared moment enters them into a fountain of life. The baby gazes into the relaxed, smiling eyes (and embodied holding) of his or her mother and is able to develop a coherent sense of self (Stern, 1985).

Aligned with Eric Erikson (1964), who highlighted the "identity giving power of the eyes … which first recognise you" (p. 95), Winnicott (1971) famously noted how when nursing, the baby looks around and sees the mother's face reflecting her vision of the baby and the satisfaction it contains, so the baby knows that, "When I look I am seen, so I exist" (p. 114). Winnicott's equally well-known notion of the holding environment (Winnicott, 1965) is, according to Wright (2009), also closely linked to being held in the mother's loving gaze. Both authors are highlighting the importance and the power of the infant coming to know itself — it initially knows itself as others see it. Kohut's (1971) theory of the baby needing to use the mother (and others) as selfobjects also highlights the importance of the eyes, physically and symbolically. He noted the significance of the mother-infant visual interactions, observing that "the child's bodily display is responded to by the gleam in the mother's eye" (Kohut, 1971, p. 117). It is through this process of mirroring (recognising, seeing) that the baby comes to develop a solid sense of self.

Writing from an attachment perspective, Bowlby (1969) suggested that the baby forms a bond to his or her primary caregivers in the first few months of life, mediated by bodily interaction, including visual communication through smiling and eye-to-eye communication. The baby's world is literally interpreted through the eyes of the mother (Music, 2011); for example, when the baby gets a fright, the eyes of the mother (reassuring or alarmed herself) will let the baby know if they are safe.

In more recent years, the importance of shared embodiment (and, as part of this, mutual eye contact) was also emphasised by Benjamin (2004), who noted that, "in my view of thirdness, recognition is not first constituted by verbal speech: rather it begins with the early nonverbal experience of sharing a pattern, a dance with another person" (p. 15). The mother and baby establish a co-created rhythm, responding symmetrically to this third by matching and mirroring each other through an innate tendency to relate in this way. She suggested that this mutual accommodation includes the joy of reaching a mutual understanding with the other. Similarly, Stern (1990) suggested that "gazing back and forth, rather than talking back and forth, is the action" (p. 49) as in the beginnings of object relating, eye contact has a central role in forming a template for how the baby will eventually relate to the world. The impactfulness of gazing is reminding us that in those moments of gazing nothing else exists in the baby's world. Consequently, he understood mutual gazing as, in these moments, being the whole world for each other, and therefore this connection having such a lasting impact.

Equally, gazing reinforces the baby's experience of self-agency. Stern's (1974) studies of mutual gaze interactions between mothers and four-month-old babies suggested that when the infant initiates the gaze, the mother will continue gazing and the baby is more likely to turn away first. Within the first three to five months, infants start to self-regulate social

stimulation and learn to assert their independence by averting their gaze, shutting their eyes, staring past or becoming glassy-eyed, and to reinitiate engagement through smiling, vocalising and gazing (Stern, 1985, 1998).

So far, we have experienced through Cassat's (1898) painting and the literature we have cited, mother-infant interactions with benign, life-giving eye contact and comfort, and, through different theoretical lenses, have conceptualised the baby as able to experience itself as existing with a sense (embodied knowing) that "being alive is pretty okay, I'm okay and I am part of the human race; I am not alone".

The second drawing, *Mother and Child I,* by Louise Bourgeois (2007) illustrates that without the face of the other, one cannot know oneself (Holmes, 2012). It shows a very different experience for both mother and baby, an experience more likely to contribute to a need for psychotherapy to heal and repair what went wrong. There is no connected and holding eye contact, the baby's face is somewhat distorted and shows displeasure, and its body position looks strained in order for it to breastfeed. Its body hangs limply in its mother's arms and lacks tone and vitality. The mother conveys a sense of disembodiment and ungroundedness without safe, containing body boundaries herself (symbolised by her spinning head or hair and her unprotected nakedness to the viewer's eye). There seems little affect synchrony (Feldman et al., 1999) between them.

As the child learns to know his or her own emotions through the face of the mother, they also become cut off from their emotional self if that mirror-face is unreflecting (Searles, 1965). Some babies experience this as if they were being reflected in a fairground's distorting mirror, leading to warped self-understandings and a lack of empathy towards themselves and others (Music, 2014). The baby's world can become populated with "cold, intrusive, envious, hateful, paralyzing, unloving eyes" (Ayers, 2004, p. 79).

Perspectives from Neuroscience

We appreciate the recent findings of the neurosciences (neurobiology, neuropsychiatry and neuro-psychotherapy) as providing a critical link in explaining how our early experiences, including visual experiences, impact our later relationships and mental health. We agree with Cozolino (2006), Lewis, Amini and Lannon (2000), Music (2011, 2014), Schore (2012), Siegel (2012) and many others that bringing science into the art of psychotherapy, or indeed the art of eye contact into psychotherapy, better equips us to help our healands, and to give our work direction and credence. The research in this area is vast. We have chosen and limited the amount of potentially relevant material through our own hermeneutic process. We have allowed our gaze to be drawn to what seemed like particularly relevant publications to the topic area, and we have omitted those that our eyes, figuratively, were not naturally drawn to.

Neuroscientific researchers have confirmed the previously noted ability of the infant to be in relationship from birth and before (Stern, 1998). Colloms (2013) noted the ability of neonates (20 minutes old) to observe their mother poking out her tongue, and then to imitate this behaviour by poking out their own tongue.

Siegel (2012) commented that the baby's "motivational drive to seek proximity to a caregiver and attain face-to-face communication with eye gaze contact [is] … hardwired

into the brain from birth. It is not learned" (p. 163). Siegel also noted the baby's ability and tendency to adjust their eye contact-seeking behaviour according to previous experiences; the baby will begin to avoid eye contact if their previous attempts have led to experiences of over- or under-stimulation in the brain, as may happen in experiences of intrusion or not being responded to.

Researchers have found the limbic system is centrally involved in the processing of facial impressions without the need for conscious awareness (Critchley et al., 2000). Lewis et al. (2000) described a capacity called *limbic resonance,* which makes looking into the eyes of another mammal (not just another human) a multilayered relational experience. They suggested that when two nervous systems meet in a gaze they experience a palpable, intimate connection through limbic resonance, and also point to the mammalian ability to recognise the other's emotion and to resonate with it. Interestingly, Cozolino (2006) elaborated further on the limbic resonance between mammals and pointed out that the human eye is uniquely suited to being read by the other in its emotional expression and focus. Because the human eye has a white section around the iris and pupil, this makes it easier to be seen than the eye of even highly evolved mammals, who all have more uniformly dark-coloured eyes without striking contrasts. This evolution of the human eye can be understood as beneficial in fostering the development of the self through being in visual relationship with others.

One of the most generative and highly regarded researchers in the field of psychoanalysis and neurosciences, Alan Schore, affirmed in many of his works (for example, 2002, 2003, 2012, 2014) the differences between the two brain hemispheres in the infant's development and made pertinent recommendations for psychotherapy practice (see the next section). He cited Yamada et al. (2000; in Schore, 2012), who asserted that visual experiences are crucial for modifying synaptic connections. Schore (2012) suggested that attachment is formed within the early months based on right-hemisphere-to-right-hemisphere brain interactions and affective nonverbal body communications such as "prosodic vocalizations, tactile-gestural and *coordinated visual eye-to-eye messages*" (p. 34, emphasis added). He argued that the mother's face is "by far, the most potent visual stimulus in the child's world" (Schore, 2001, p. 303). The baby's interest in the mother's face invites the mother's gazing response and leads them to engage in periods of intense mutual gazing, which becomes a channel for transmitting "reciprocal mutual influences" (Schore, 2001, p. 303). These interactions within an intimate affective relationship are vital for the growth of the baby's brain.

Relational trauma during this period is created through the visual, auditory or tactile attachment communications. It alters essential right-brain structure and functions (Schore, 2012). For example, if a mother is depressed or overwhelmed by her own distress, the baby may, through the mirror neuron system (Iacobini, 2008), resonate with their mother's disorganised state and may themselves develop similar synaptic connections in their brain. Further, the mother, in her own hypo- or hyperarousal, may not be able to tolerate being seen in her distress by the infant and further reduce eye contact, making her less available to regulate her baby's distress (Schore, 2012). The effects of abruptly broken togetherness and communication have been stirringly demonstrated in the still-face attachment studies (as reported in, for example, Tronick, 2004). Schore (2012) agreed with Kohut's (1971) notion that the mother's failures in empathic mirroring can lead to enduring defects in the infant's emerging self.

Early infancy is the period in life when we have the greatest brain plasticity, that is, the greatest flexibility to change and grow in interaction within sensual relationships with others (Schore, 2012; Stern, 1998). However, neuroscientists have also repeatedly affirmed that the brain remains, to some degree, plastic and open to change throughout the life cycle (Doidge, 2008; Music, 2011; Schore, 2012). MRIs have shown that psychotherapy can result in detectable positive changes in brain function and structure (Glass, 2008).

In the following section, we turn to a highly individual, subjective and hermeneutic stance in drawing on some psychoanalytic authors' struggles with, and reflections on, individual cases and the different qualities and meanings of eye contact inherent in these relationships.

Perspectives from Psychoanalytic Psychotherapists

It is interesting to note that Outi's searching of the Psychoanalytic Electronic Publishing (PEP) database found very few articles by psychoanalytically orientated authors that mentioned eye contact (Malcolm, 2016). No article had the phrase *eye contact* in the title. The notion *eye* was found in 95 titles; however, most of these were not relevant in the context of gazing and physical eye contact. Instead, the eye was used more abstractly as a metaphor to symbolise being recognised and understood. *Gazing* returned three articles, of which one was relevant, and *gaze* 29 articles, some of which were relevant. *Mutual gaze* returned three articles, which were all relevant although only two of these referred to the mutual gaze between the therapist and the patient. Although the importance of gaze in mother-infant relationships is now addressed in neurosciences and mother-infant research, it appears there is a gap in relating these findings to adult psychotherapist-client dyads, at least amongst psychoanalytically orientated authors. Within this paradigm, the therapeutic relationship with its transference and countertransference dynamics may therefore be seen as somewhat disembodied. Verbal communication is emphasised as central to treatment, and the use of the couch prevents eye contact between the therapist and the client.

This stance of placing very little importance on real (rather than symbolic) eye contact and gazing makes sense within the history of psychoanalysis. Freud (1913) placed his patients on the couch, famously stating that he "cannot put up with being stared at by other people for eight hours a day" (p. 134). Reis (2004) suggested that Freud associated vision with sadistic and voyeuristic aims; thus, seeing became shameful. Holmes (2012) noted that ever since, "the face has not had much of a look-in in psychoanalysis" (p. 2). Outi's research found similar predominant themes of therapists' struggles with eye contact in two of the three more contemporary case studies that she accessed.

Jorstad (1988), a male psychotherapist, described psychoanalytic psychotherapy with a young woman, conducted initially face-to-face and later with the client lying on the couch but able to see the therapist. Jorstad's article focused on a one-year period in early therapy when his patient started to look at him silently and almost without blinking for the greater part of the sessions. Jorstad gradually noted two contrasting aspects to her intense gaze: regressive sinking into a place where the therapist did not exist and intense longing for closeness with him. It was as if the client was needing to find herself in the mirror of Jorstad's eyes. Furthermore, she also seemed to have a need to take him into herself as a good object

by taking in the impression of his interested, safe and kind eyes.

Jorstad understood this as her searching for mirroring (Winnicott, 1971) from him — a need insufficiently met by either her mother or her father. Jorstad suspected that the client had had an early narcissistic relationship with her mother, who placed unrealistic expectations on the daughter based on her own narcissistic needs and projective identifications. The client's mother may have *looked* but she did not *see* her daughter; instead she saw herself, and her eyes thus became a false mirror. Jorstad saw the woman's desire for fusion and merger with a mirroring, idealised selfobject (Kohut, 1971) also enacted in her belief that she did not have to talk in sessions, as she fantasised the therapist understood her anyway.

Jorstad also described a strong erotic element in the client's gaze, which he linked to her attempts to possess and control him. However, we wondered if her intense gazing (also see Stern, 2004) could instead be understood as her need to feel adored by him and to experience herself as lovable. From the patient's history, it seems that her father had not been able to sufficiently meet her needs for reflecting back to her (in the mirror of his eyes and being) that she was worthy of his adoration as his daughter (Lemma, 2010).

Yariv (1993) reflected on her work with a young man, Dave, in once-weekly face-to-face therapy. In his first session, Dave could not look at her at all, but eventually blurted, "I need a person to see me as I am". Many months later, he eventually dared to glance at the therapist and then one day locked his eyes on hers with a "desperate glare" (p. 143).

Yariv came to understand Dave's shame as linked to his difficult relationship with his mother. Dave, like Jorstad's client, was brought up by a largely narcissistically-relating mother who did not sufficiently provide him with the attention and regard he needed. This gap left him feeling unworthy, abandoned and empty, as if he were somehow wrong in his need to be seen. Ayers (2004) linked the origins of shame with internalised early eye interactions creating the need to hide from the eyes of others. Yariv noted Dave's dilemma between his need to be mirrored and really seen and his fear of exposing to view his very vulnerable and easily shamed self (that has relational needs). As he had split off his dangerous emotions from his rational mind, Dave could use his intellect to discuss interpretations, but he could not allow the therapist to be emotionally important for him. We agree with Wright's (2009) suggestion that without attendance to the preverbal elements, attending to the verbal can reinforce the false self-structure, leaving the healand stuck in intellectualisation and false self-adaptation.

Yariv used the metaphor of the eyes of Medusa to illuminate Dave's early relationship with his mother. In Greek mythology, Medusa was a beautiful woman turned into a terrible monster whose gaze turned people to stone. Yariv suggested that Dave had a sense of having been killed in his identification with the deathly seeing of his mother. Now, in psychotherapy, looking into the eyes of another, the benign eyes of the therapist, brought up his fears of annihilation (Bonomi, 2008). Dave felt that his only option was to hide, but hiding does not meet his need to be seen and recognised in his uniqueness. To make an impact Yariv had to relate to him as one real person to another, thus enabling Dave to eventually take back his projections. This meant for a long time focusing on nonverbal aspects of their relationship, including the gaze, instead of interpretations.

The third author, Beebe (2004) described her client Dolores, who, at the commencement

of treatment, was preoccupied with faces due to her early relational trauma. Therefore, the caring confrontation with her own face, those of her early attachment figures and her therapist's face became a central theme in her treatment. Beebe noted initially that although Dolores wanted to find her face in the therapist's face, she could not look at her and would shut her own face down.

Enabling Dolores to replace *archaic face representations* with more benign ones was slow work. Brigitte created this notion in reference to the widely used and very broad term of replacing archaic object representations with more benign ones (for example, Ilan, 1977). By introducing the notion of archaic face representations, we want to break down the broad concept of object representations and highlight that "objects" are partly replaced through changing clients' memories of faces. Previous internalisations of disapproving, angry or chaotic faces are replaced by the calming internalisation of kind faces with their warm and engaged eyes. In neuroscientific terms, the replacement of archaic face representations with more benign ones equates to the internalisation of regulated facial expressions.

This was, as Beebe (2004) stated, a real difficulty for her patient. However, Dolores became able over time to find in herself someone who recognised her. Benjamin (1999) discussed infant development as occurring through the gradual and imperfectly acquired capacity for mutual intersubjective recognition. Although she did not make the explicit link to visually recognising the other in psychotherapy, we agree that being able to physically see oneself recognised in the eyes of the other can be more powerful, and indeed necessary, for some clients than metaphoric seeing. Only much later in therapy was Dolores ready for the explicit, verbal psychoanalytic technique, which was also necessary to achieve a shift.

All three psychotherapists in the cases described above found that it was necessary for them to attend to their patients' need to be seen as a result of their early relational trauma, and in the last two cases, this need was concealed beneath desperate attempts to hide from vision. And perhaps even more importantly, they all noted how their patients needed to see the therapist as a real person, able to engage in real face-to-face interactions.

Psychotherapists' Responses to Eye Contact

We noticed a major difference in these therapists' attitudes to eye contact. Jorstad (1988) and Yariv (1993), trained in the psychoanalytic tradition, both felt that they had to somewhat reluctantly engage with their clients' gazing, as *dictated* by the client. This hesitancy may be because they follow traditional psychoanalytic theory that implies that the *sine qua non* of psychoanalytic technique is the use of the couch. However, this belief does not seem to be based on theoretical knowledge and research. Friedberg & Linn (2012) reviewed over 400 PEP papers and concluded that the use of the couch as a central concept has not been rigorously studied.

Beebe (2004), on the other hand, had done extensive research into mother-infant face-to-face interactions and the importance of these findings for adult psychotherapy. This became evident in her intentional, active attempts to use her face and gaze as tools. She additionally called for therapists to make eye contact a conscious technique.

So why may there be a reluctance to see and be seen through direct eye contact and facial communication? Could it be that some psychotherapists struggle with the potential

intimacy and personal visibility that seeing and being seen through direct eye contact can evoke? May this be more difficult for psychoanalytically trained psychotherapists, who may not have had the experience of direct eye contact themselves, because, in their training analyses, they are likely to have experienced a lying on the couch setting?

Our Experiences

Outi noticed how important it was for her as a client that her therapist held her in his gaze even when she let her eyes wander around the room; this gave her a sense of being valued and accepted. As a therapist, she realised that she had to see eye-to-eye not only with her clients but also with herself, accepting the shameful parts of herself that she wanted to hide. Ayers (2004) suggested that shame is very caught up in vision and hence can be brought into therapy most naturally through connecting eye-to-eye. She took it as far as to say that the therapist's face needs to read like an open book, requiring the therapist to be present to her own humility. H. B. Lewis (1971) argued that if the therapist has not efficiently acknowledged and dealt with her own shame she cannot understand and work with the shame in her client. Hammond (2016) too encouraged therapists to face into their own shame, while noting that when working with shame in the therapeutic relationship "there is an inherent vulnerability to both parties in this process" (p. 122).

Schore (2012) reminded us of the reciprocity in being with our healands and encouraged us to be prepared for changes in our own body, mind and brain, not just the client's. Benjamin (2004) highlighted the need for the analyst's transparency of her own working process, modelling to the client what an internal struggle looks like in a therapeutic way. It requires courage to allow the client to read our difficulties through our eyes.

Brigitte has experienced both intensive psychoanalytically oriented psychotherapy on the couch and in a psychotherapeutic setting with a conscious, active inclusion of bodies (including eyes) in the relationship. She values the engaged seeing and being seen that she experienced in her training psychotherapy more than the free association experiences on the couch. She recalls the intense moments of meeting and letting go of her desperate attempts to hold onto her emotions, once again on her own. In those times, it was her training psychotherapist's true compassion (in her face and eyes) and the calm solidity of her voice that enabled letting go of prior defences and stepping into new spaces of intimate sharing of her pain, knowing through the truthfulness of two bodies relating that this was safe. In those moments, it was the solid increased and intimate relational support that "melted" (Petzold, personal communication, 1999) previously necessary protective ways. Many other flavours and relational themes, including themes of sexuality with a male psychotherapist, were worked through within a paradigm of relational embodiment that consciously draws on eyes, voice and rhythm for healing. Now as a psychotherapist herself, Brigitte includes eye contact as a conscious element within relational psychotherapy.

One constant, mostly non-verbal, stream in both Outi and Brigitte's ways of being with (Stern, 1985, 1998) is the element of regulating closeness and distance with self and other. Relationships are lived within the continuum of aloneness, being able to be in one's own space without this being experienced as abandonment and leading to fragmentation, and experiencing such levels of intimacy that can even entail elements of merger and temporary

loss of self. In between these two, we regulate closeness and distance in our everyday lives — with family, friends, colleagues and acquaintances. Many of our healands suffer because they only have a very narrow band of this continuum available to them because of their past relational experiences or lack of certain qualities on this spectrum. Therefore, Brigitte considers eye contacting in psychotherapy — with its dimensions of entering, regulating and withdrawal — as essential. She understands this dimension as being very much in line with Stern's vitality affects (1985, 1998, 2010) and, from neuroscientific angles, the subtle co-regulating of relationships that form part of human and mammalian life. Emotions and their underpinning needs are lived in embodied relationships, so this relating needs to happen in the therapeutic relationship — emotions of joy, anger, rage and tenderness need to find resonances in each other's faces and bodies. Brigitte agrees with Rentoul (2010), who said that mutual eye contact can lay us bare; we cannot avoid being scrutinised nor conceal our deeper feelings. However, this is also what gives richness and different flavours to our lives.

We both understand and have encountered this sense of exposure and of meeting our own limits of visibility. We find that rather than question the wisdom of going to this edge, we need to monitor workload and composition of our caseloads carefully in order to be able to be present and authentic for each one of our healands, so that we do not wish to avoid visibility.

Being Intentional About Looking

The research into mother-infant relationships and the findings of neuroscience emphasise that eye contact plays a crucial role in early development and that this "first relationship acts as a template to all later relationships" (Schore, 2012, p. 361). It is common knowledge that babies read their mother through gaze and touch, yet psychotherapists sometimes try to attend to early deficiencies through verbal interpretations. As touch is not commonly used in psychoanalytically informed psychotherapy, we are left with fewer tools to "touch" our clients. In this paper, we promote the use of eye contact and gaze to touch our clients — emotionally, physically (through the mirror neuron system) and metaphorically. We see eye contact as a powerful technique, and concur with many forms of body psychotherapy that have been using eye contact as a reflected upon, potent technique for many years. As stated above, the scope of this paper did not allow exploration from other than psychoanalytic and neuroscientific perspectives. We believe that across the range of psychotherapeutic approaches it may be helpful to pay closer intentional attention to how and why we use eye contact and gazing, rather than relying on this intuitively. We need to relate to our healands in ways that research has shown to create a secure base in infants; this includes, as we have reported, right-brain-to-right-brain tracking of facial expressions and body language (Schore, 2012).

As uncomfortable and exposing as mutual gazing may feel at times, we consider that it is this kind of authentic, embodied connection that can be helpful for healands to come face to face with their shame and emptiness, as well as with potentially unfamiliar emotions such as joy, pride or a sense of safety. Ayers (2004) suggested that we need "eyes of love" to counteract "eyes of shame" from the past (p. 194). Through loving connection with our eyes,

we may be able to foster experiences of being deeply known and recognised. We remember the powerful impact a mother's eyes has on building pathways in her baby's brain and know that psychotherapy (which includes right-brain-to-right brain communication) also effects changes in the brain — in part brought about by attuned eye contact. We agree with Ayers (2004) that it may be the psychotherapists' inability to tolerate this kind of mutual intimacy that has led to them not giving enough attention to the power of eye contact. We notice, in agreement with Totton (2015), that the embodied therapeutic relationship (which would naturally entail eye contact) is frequently treated as an "exotic optional extra" (p. xviii), rather than the vessel through which we live, relate and heal. In concluding, we wonder if the lack of using eye contact consciously in psychotherapy is partly caused by underpinning anxieties and suspicion of body — still reminiscent of traditional religious beliefs and the mind-body split.

However, we have both reached a place of promoting a psychotherapeutic paradigm of trust that includes trust in eye contact and gaze within psychotherapy. There is much room for further investigation into how to potentially extend this intuitive dimension of relating into specific psychotherapy techniques. Eye contact also is not always loving and friendly — it can include the whole range of human affect, including hatred and envy, as well as expressions of human aliveness and joy. Our wish is to extend Donna Orange's (2011) hermeneutics of trust to include eye contact. We concur with her encouragement "to trust the emergence of emotional truthfulness in therapeutic dialogue (including the nonverbal)" (Orange, 2011, p. 43), which we specifically mean to include eye contact and gazing.

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