

## REVIEW

### WHAT IS THE MATTER?

*Coming into Mind: The Mind-Brain Relationship: A Jungian Clinical Perspective.* By Margaret Wilkinson. New York: Routledge, 2006; 217pp., £19.99.

*Coming into Mind* puts the case for integrating knowledge gained from neuroscience with therapeutic understanding of the relationship between patient and therapist. The book offers a good foundation in these two paradigms but is not successful in integrating them. Integrating neuroscience with psychotherapy is not just a problem for this book, it is a difficulty inherent in the attempt to integrate these two paradigms. Wilkinson shows that early childhood trauma and emotional deprivation make it very difficult for those who have endured these experiences to use therapeutic (or any) relationships in a constructive developmental way. The underlying assumption is that pathological development is hard wired in neural structures and is manifest in self-defeating or self-destructive intrapsychic and interpersonal disturbance. This early developmental psychological disturbance has a physical correlate, neuronally embedded in the brain and it therefore requires brain-to-brain communication to unlock it to foster individuation and allow the person to emerge and to 'come into mind'.

In the first chapter 'Why Neuroscience?' (pp. 1–12) the justification for the coming together of brain science and psychotherapy is given. The author writes from a Jungian analytic perspective. Allan Schore,

a leading analytic proponent of the analytic-neuroscience interface is quoted: 'Affectively focused treatment can literally alter the orbito-frontal system (of the brain and suggests that the) non-verbal transference-countertransference interactions that take place at pre-conscious-unconscious levels represent right hemisphere communications of fast acting, automatic regulated and dysregulated emotional states between patient and therapist' (Schore 2001). Wilkinson concludes: 'Perhaps as yet speculative, nevertheless it may be inferred that the therapeutic process and the evolving symbolizations associated with it can develop new neural pathways in the brain, and in particular can develop the fibre tract known as the corpus callosum that is the major highway between the two hemispheres, shown to be reduced through the effects of trauma (Teicher 2000).'

The centrality of affective engagement in the therapeutic relationship is argued well and the descriptions of basic aspects of brain anatomy and functioning (Chapter 2, pp. 13–32) are clearly written. I found a problem in the way vivid case histories had what seemed to be bits of the brain bolted on.

This problem in the book reflects a problem in the joining of these disparate ways of thinking. For those interested in the mind it is important to have knowledge of the brain.

The fact that all psychological phenomena require a biological substrate and that biology sets limits on psychological experience is also, pardon the pun, a no brainer. The question is whether the study of neuroscience

adds value to the clinical practice of psychoanalytic psychotherapy. Does knowledge of the brain help therapy?

I do not think it does have a clinical value for reasons I will outline but I think there is a political motivation in invoking neuroscience in the service of defending psychotherapy. It is felt to be necessary to invoke the tangible (the brain) to give credibility to the intangible (the mind). The credibility of psychoanalytic psychotherapy is in question in the scientific discourse of the evidence base and some of its practitioners seek to respond to its critics by forging a therapeutic alliance with the seemingly secure base of neuroscience. Biological explanations will not shield the psychoanalytic world view from its detractors because they will not deepen our understanding of latent meanings or psychic truths, which are the domain of psychoanalysis. It is important to recognize the strength of the dominant trend of biologism in Western culture, which holds the view that only the biological is real. Thoughts and emotional experiences are seen as ephemeral and secondary to the primary source, the concrete reality of tangible neural structures.

Thoughts, memories, dreams and experiences, the arena of the psychoanalytic discourse, are to be put forward to be proven or refuted with the physical evidence emerging from brain studies. It is as if psychoanalysis has had to wait for investigation of the brain to demonstrate its validity as a method of investigating the mind. This equation of the concrete with an experience is itself a subject of psychoanalytic investigation.

Hannah Segal (1957) described the loss of distinction between the symbol and the objects they symbolized. There is a loss of an 'as if' quality, so that something is not like something it *is* that something. There is no distinction between the representation of the thing and the thing itself. Segal termed this collapse of the concrete with the symbol

symbolic equation. Thoughts and words become things, words and thoughts become actions on bodies. The equation of brain parts with feeling states (e.g. the patient was in an amygdaloidal state of tension) or of describing brain parts communicating with someone else's brain parts is a symbolic equation of the thing represented, for example a feeling, with a concrete structure, a part of the brain involved in feeling. One of the problems of trying to explain symbolic experience through concrete structures is that the symbolic equation leads to a loss of the symbol and therein a loss of the reflective position which is central to the psychoanalytic process and method. The phantasy that the intangible can be equated with the tangible (mind with brain) denudes meaning, which is the heartland of psychotherapy.

Alongside her advocacy of brain science, Wilkinson is very creatively engaged with the heartland of meaning in psychotherapy and the use of symbols. She ends her book with a description of psychological development shown in a painting by one of her patients. The painting shows:

Not a woman with clenched hands, locked in the sarcophagus of her persecutory childhood, but a relaxed woman, just about to wake from sleep, under a coverlet decorated with her own personal symbols of hope. There are snowdrops, which early in her analysis were a powerful symbol of the dawning of hope, the beginning of the thaw from the frozen winter of her childhood, and daisies had burgeoned everywhere as she painted, symbols of the coming to flower of a more abundant summertime within.

Despite this richly symbolic excursion, Wilkinson returns to conclude her book with an insistence that insights from contemporary neuroscience can assist us: 'As we travel with our patients on their journeys to deeper self knowledge, deeper self-fulfillment, the journey that for me is one of "coming into mind"' (postscript, p. 186). Using a meta-

phor comparing psychotherapy with art, the patient's painting, which is full of irreducible symbolic significance, can no more be understood in terms of the chemical components of the paints or canvas used than can the patient's experiential change be appraised with a PET or MRI scan of her brain.

Wilkinson's book is a clinical book first and foremost, about what a psychotherapist perceives the aims of her work to be. The therapeutic relationship emerges for her as absolutely central to the change process. I would agree. The fact that the two human organisms striving to find a shared understanding of what it is to be human both have right hemispheres is a fact but not a fact that particularly helps with the problem of their relating with one another. As a psychiatrist and a psychoanalytic psychotherapist I would see the relationship between the biological and the psychological as more of a political than a clinical concern. Political concerns about the status of the biological relative to the psychological is a leitmotif in British psychiatry. In Britain the biological models of mind retain phallic priority and psychological models of mind compete not with psychiatry but with one another to show who has the biggest evidence base. Psychoanalytic psychotherapy has to rise to the challenge of its critics by demonstrating its effectiveness and outcomes. Political concerns about the future survival of the model underpin the attempt to present psychoanalytic work as a credible science by linking its theories and method with the methods and theories of the pure sciences.

In my work I have found that the credibility of the psychoanalytic world view is not enhanced by adopting the world view of my biological colleagues in psychiatry but by engaging with them from a position of acknowledged difference. The biological and the psychological domains are different

discourses and while they need each other they should not pretend to speak the same language but use the conflicts inherent in difference to develop their models. The challenges to the different psychoanalytic world views, of whichever school, are from any paradigms that determine that the disturbed mind is disturbed in neuronal circuits and in neurochemistry and that the interventions required to ameliorate the disturbance are purely physical. These paradigms perceive the ephemeral world of the psychological intervention to have little, if anything, to do with effecting meaningful or sustained change.

Margaret Wilkinson evidently believes in the capacity of psychological intervention mediated through a safe and reliable therapeutic relationship to mediate meaningful change. I disagree with her that an analytic psychological intervention will be enhanced by neuroscience. On the contrary, the quality of the psychoanalytic therapeutic relationship can only be eroded by an allegiance to an underpinning biological paradigm. Neuroscience will not enhance the psychoanalytic world view, it can only force an adaptation of it to accommodate a biological paradigm.

As Blass and Carmeli (2007) point out: 'Neuropsychanalysis over the past decade has been leading psychoanalysis towards an appreciation of the sensory, the physical, the visual, at the expense of unseen and intangible psychological meaning, truth and ideas that cannot be captured in the images of a PET scan, no matter how technologically advanced.' The result of the illusion that neuroscience will bolster the credibility of psychoanalysis will not be an enrichment of the psychoanalytic process or a scientific platform for its theoretical development but an impoverishment and ultimate death of the psychoanalytic method to be replaced by a degraded method, which is more focused

on matter than what matters, which is meaning.

We are of value to our patients when we retain an interest in pursuing the changing meanings of their encounter with us but we become devalued when we seek to impose meaning of any kind. The concrete explanation of the neural mind may help us to believe we are transforming people's brains but I doubt we will change anybody's mind. Jung allegedly said: 'After all, the penis is only a phallic symbol' (Storr, 1973). To paraphrase: after all, the brain is only a mental symbol.

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