‘TENSILE METAPHOR’ AND THE CONVERSATIONAL MODEL:

A LANGUAGE-BASED APPROACH TO THE TREATMENT OF COMPLEX TRAUMA

Student: Andrew Groome

Supervisor: Assoc. Prof. David Butt

Table of Contents

ABSTRACT

By placing language at the centre of the therapeutic process, Hobson and Meares distinguished their Conversational Model (CM) of psychotherapy from models rooted in the traditions of either psychoanalysis or the behavioural and cognitive sciences. Unlike clinicians trained in these traditions, the CM clinician is oriented not towards the content of the therapeutic conversation, but rather towards its form. It is in the patient's choice of words, their prosodic qualities and syntactic structure - measurable linguistic phenomena - that the CM clinician finds the subjective indices of self. My aim in this thesis is to first explore the theoretical, philosophical, and scientific foundations for the centrality of language and metaphor in the theory and practice of the CM, and then to look specifically at the role of creative or 'tensile' metaphors in facilitating the development of self. I argue, based on the science, that as analogical relatedness, the 'picturing' of the patient's feeling states, nurtures the integration of right brain-based systems responsible for emotional self-regulation and the ability to tolerate ambiguity, it ipso facto develops in the patient the capacity and imagination for creative metaphoric comprehension and production, a capacity greatly diminished by early traumatic experiences. This increased capacity for creating and grasping metaphoric meaning, I argue, extends and enriches the patient's subjective life and thus deepens the intersubjective experience of analogical fit between patient and therapist.

INTRODUCTION

Models of psychotherapy are often born out of disillusionment with an existing theoretical and methodological orientation to a particular clinical situation. In some cases, emerging models represent not only a refinement of the existing concepts and the techniques they inform, but a fundamental break from the theoretical and philosophical foundations upon which the older models stand. The behaviourist revolution of the early twentieth century and the cognitive revolution of the mid-twentieth century are cases in point. Both introduced radical ideas and techniques applicable to the treatment of psychological disturbances based on phenomena that could be observed and measured according to the methods of currently orthodox science. By focusing only on the patients' observable behaviours and conscious processes, the cognitive-behaviour approach was thus able to assert itself as a truly scientific project free of the ambiguous language of the emotions and the often opaque or archaic language of psychoanalysis.

The pressure brought by evidence-based methods brought out the new significance of language amongst psychodynamic models of psychotherapy. They needed to validate their own theories and methods empirically. But how to quantify what cannot be seen or experienced directly, namely, the patient's subjective life? In fact, a method for observing and quantifying such phenomena was introduced by the British psychiatrist, Robert Hobson and his Australian colleague, Russell Meares, in the UK in the mid-1960s. By audio (and later video) recording theirs and others' sessions with patients that had no specific diagnosis other than being described as 'unanalysable', Meares and Hobson were able to observe in 'the shifts and nuances of the therapeutic conversation' (Meares, 2005: xiv), or what Hobson called the 'minute particulars' (Hobson, 1985: 108), something of the patient's subjective experience: their most personal thoughts and feelings expressed in their particular choice of words, their order and prosody - all potentially quantifiable linguistic phenomena. They

noticed, too, how easily these fleeting moments of aliveness could be destroyed or 'overthrown' by what they then described as the patient's 'anxiety' but by what Meares would later describe in terms of an 'unconscious traumatic memory system' (Meares, 2005: 117). Further close analysis of the audio-visual recordings of the therapeutic conversation also revealed how the patient's anxiety (trauma system) was induced or triggered by aspects of the therapist's verbal and 'non-verbal communications' (Meares & Hobson, 1977: 353).

From these early observations, the CM continues to evolve as an approach distinguished from all other models or theories through its specific uses and integrations of the therapeutic interactions. The primary therapeutic goal is the transformation of traumatic memory from an adualistic form of constricted consciousness to one that is dualistic and manifest in the inner language of feeling. Moment-by-moment changes in the form of the therapeutic conversation will thus tend to reflect shifts towards or away from these different forms of consciousness and relatedness. The transformation of traumatic memory is reflected in the patient's increase in their use of language that is distinguished by its unconventional grammatical form which approaches that of poetry. This is the language of feeling and imagery. Feeling language thus refers to a form of language, consciousness and relatedness that is diminished in individuals with histories of early relational trauma, the 'unanalysable' patients that Hobson and Meares were treating and that would later be diagnosed as 'borderline'.

Individuals diagnosed as having a borderline personality disorder (BPD) tend therefore to have suffered early 'multiple, chronic and prolonged' interpersonal experiences of emotional neglect and abuse (van der Kolk, 2005: 402), the definition of complex trauma. These individuals also tend to struggle with forming meaningful relationships which makes the therapeutic engagement difficult to establish and maintain. Specifically, complex trauma refers to traumatic experiences occurring particularly in the first year of life and before the

formation of explicit memory. It is because these experiences are stored implicitly in procedural memory systems, and consequently inaccessible to conscious awareness, that these individuals are difficult to treat. In this paper, complex trauma and 'borderline' will broadly refer to the same experience that Meares calls a 'painful incoherence' (Meares, 2012: 17), an affliction on those for whom the 'disruption of the development of self has been severe' (Meares, 2005: 32).

Psychological and neuroscientific data has shown that these individuals with early trauma histories share with right brain damaged individuals deficits in cognitive capacities required for metaphoric production and comprehension (Holyoak & Stamenkovic, 2018). Specifically, these findings show that, generally, while people with right brain deficits are able to grasp the meaning of conventional metaphors, they fail significantly to grasp the meaning of so-called novel metaphors. Novel metaphors refer broadly to those figurative expressions that I am calling 'tensile', by which I mean their semantic incongruity creates a psychological tension the resolution of which creates new meaning or knowledge about self and the world.

My thesis is that the right brain capacity for grasping the meaning created or revealed by tensile metaphors is fostered in the therapeutic conversation in the language of 'analogical relatedness' and 'fit' (Meares, 2012). Analogical fit refers broadly to an intersubjective, co-created verbal and nonverbal response to another's inner experience. It 'fits' by its attuned approximation and amplification of subjective life unfolding in the moment-by-moment symbolic exchange of the therapeutic conversation. By 'picturing' inchoate thoughts and feelings of the patient's emerging sense of self, the therapist's analogical responses facilitate the expansion of consciousness and imagination from degrees of pathological constriction in which self is experienced as alienated, to higher levels of reflective awareness where self is experienced as both relational and personal.

If metaphoric comprehension and production requires both left brain functions to detect a violation of a linguistic convention such as semantic incongruity, and right brain capacities to resolve that novelty into new meaning, then the appearance of tensile metaphors in the therapeutic conversation would suggest that a higher level of coordination between critical brain centres is in progress. Tensile metaphors, I argue, emerge with this form of dualistic consciousness called self to give expression to the subtleties and nuances of an inner life upon which the patient can now reflect. These metaphors thus strengthen and deepen the experience of analogical fit.

THE PERSECUTORY THERAPIST

In a seminal paper published in 1977, *The Persecutory Therapist*, Meares and Hobson argued that the language of psychoanalytic interpretation, in particular, but also the general attitudinal language and orientation of the therapist, did little to help patients and, in fact, seemed to make them worse. It was this language of precision, logic and linearity that seemed to be the problem and not the 'resistant' patient's unconscious defences to being psychoanalysed. This precise language stood in stark contrast, and tension, to the non-linear and often illogical language used by patients to express their most personal, inner experiences. But these were not only two very different forms of language, they argued; they were also two very different forms of consciousness and relatedness representing two fundamentally different experiences of self: one traumatic, the other 'generative' or creative (Meares, 2005: 14).

The language of interpretation, Hobson and Meares argued, was antithetical to the language of the generative self and so could not possibly nurture a sense of self, which could only be expressed in a language of feeling. In this way, the language of the interaction became central

to Hobson's and Meares' therapeutic approach that Hobson named the Conversational Model (CM) in his 1985 book, *Forms of Feeling*. Specifically, it was the language of metaphor and analogy, a language of feeling expressed in a 'special kind of conversation' (Meares & Hobson, 1977: 354) that seemed to both strengthen the therapeutic relationship and foster the emergence of self. The therapeutic conversation would thus become the crucial object of study and a means to measure the model's efficacy and effectiveness.

THE ELUSIVE SELF IN PSYCHOANALYTIC THEORY

Many of the CM's key theoretical and clinical ideas articulated in the *Persecutory Therapist* were inspired and influenced by the writings of the British psychoanalyst Donald Winnicott, and perhaps to lesser extent, at least at first, the Austrian-American psychoanalyst and founder of Self Psychology, Heinz Kohut. Their influences are clearly reflected in Meares' and Hobson's early comment that 'Above all, psychotherapy is concerned with the development of unrealised potentials' (Meares & Hobson, 1977: 353). While this statement remains essentially correct, its meaning would be broadened by the influences of Pierre Janet, John Hughlings Jackson, and William James, and by the findings from developmental psychologists and neuroscientists that would validate these early theoretical, philosophical and scientific views upon which the model is founded.

3.1 The Self as an Unfolding Phenomenon

It was Winnicott who coined the expression 'going on being' to describe the infant's experience of a continuous unfolding of its 'inherited tendencies' in what is the 'maturational process' towards selfhood (Winnicott, 1965: 95-96). And it is, he said, primarily the 'good enough' mother who nurtures this experience of increased 'integration of the personality'

with the provision of a ‘facilitating environment’ in which the infant feels ‘held’ and ‘understood to exist’ by another (Winnicott, 1965: 91). He wrote:

> If maternal care is not good enough then the infant does not really come into existence, since there is no continuity of being; instead the personality becomes built on the basis of reactions to environmental impingement. (Winnicott, 1965: 91)

The result of these external impingements is the formation of a ‘false self’ with its neuroses and anxieties, and a human being who has ‘hiding within itself a potential individual’ (Winnicott, 1965: 100), or what Winnicott called the ‘true self’.

For Meares and Hobson, it was this unfolding of the potential ‘true self’ that the theories and methods of a psychoanalytic ‘orthodoxy’ impeded. More to the point, it was the tentative expressions of the patient’s emerging ‘core self’ (Meares & Hobson, 1977: 350) that was devalued by the verbal and non-verbal interactions of the psychotherapist trained in the linear language of psychoanalysis. These interventions or techniques, which the authors described as ‘interrogating’, ‘derogatory’ and ‘invalidating’ and delivered by an ‘opaque’ and ‘authoritarian’ analyst standing as a ‘remote’ and ‘neutral’ agent in the therapeutic process, represented everything that was contrary to the ‘two-person’ experience at the heart of the CM (Meares & Hobson, 1977: 253).

Against the psychoanalytic approach, Meares and Hobson argued that this tentative unfolding of the self, which is often expressed in the ‘language of “nonsense”’ (Meares & Hobson, 1977: 356), should be recognised and valued as the sharing of a fragile but highly valued core set of personal memories, images, thoughts and feelings. These are the ‘secrets’ of an unrealised and dimly experienced sense of self that is kept ‘hidden’ and protected from a perceived hostile and potentially devaluing external world (Meares & Hobson, 1977: 350).

This notion of a devalued (and valued) self, one that Meares would develop, was especially true for those ‘unanalysable’ individuals who would eventually be given the BPD diagnosis.

Kohut understood the difficulty of working with borderline patients when he talked about narcissists having a relatively cohesive and continuous sense of self and a capacity to psychically retain ‘stable archaic objects', the more or less complete but somewhat faulty concept of the longed-for ‘imago’, the idealised ‘powerful’ other. It is these ‘assets’, he argued, that make regression and thus analysis (and cure) of narcissists possible and distinguishes them from borderline patients for whom the imago is grossly unstable and the annihilation of self is always imminent. But he maintained that analysis of the borderline patient is possible if the analyst-therapist ‘retains an attitude of “empathic intention”’ (Kohut, 1971: 184) by which he meant refraining from any analytic interpretation, at least initially. Meares and Hobson, in a reference to Freud’s notion of ‘evenly suspended attention’ where the analyst is ‘catching the drift of the patient’s unconscious’, speak of a similar ‘empathic’ approach when they write that the ‘therapist should allow his imaginative processes to unfurl over the contents of the therapeutic encounter, turning over, in an unfocused way, the matter which is being presented to him. He is not trying to put it into pigeon holes.’ (Meares & Hobson, 1977: 357).

Similarly, and independently of Winnicott, Kohut (1971) also theorised that the infant’s ‘inherited potentials’ tend naturally towards higher levels of integration and the formation of a ‘nuclear cohesive self’ facilitated by an idealised ‘other’ empathically attuned to the infant’s physiological and emotional needs and particularly to its narcissistic need for recognition (Kohut, 1971: 11). He argued that in the analytical setting, the clinical process towards ‘self restoration’ proceeds within an empathically attuned environment of ‘optimal frustration’, a facilitating environment not unlike that provided by the mother who, by

meeting the infant's needs, functions as a selfobject (Kohut, 1971: 11). On his concept of 'selfobject' he wrote: 'The *self*, the core of our personality, has various constituents which we acquire in the interplay with those persons in our earliest childhood environment whom we experience as selfobjects' (Kohut, 1978: 413, original italics).

These theories and methods followed from Kohut's 'discovery' (while treating his patient Mr. Z) that patients desperately want to feel understood by their therapists and that the satisfaction of this need is a prerequisite for the analyst's interpretations of the transference (Kohut, 1977: 88). However, what the analyst interprets in the 'working through' of this 'two-step' process, from the language of 'understanding' to the language of 'explaining', is not the neurotic transference of hidden wishes and fantasies, but the 'selfobject transference' of early unmet emotional needs - the primary need for recognition of a 'grandiose' nuclear self 'enfeebled' in a maturational atmosphere of repetitive misattunement (Kohut, 1984: 206).

3.2 Self as a Process of Individuation

The concept of an 'archaic selfobject' embodies the notion of a 'primitive merger' (Kohut, 1985: 185) and the implication of an unfolding self towards separation from the original state of undifferentiation from an 'idealised omnipotent' other (Kohut, 1985: 66). The same or a parallel process of separation, Kohut argued, goes on in therapy. Here, in Kohut's terms, the idealised 'mirroring' clinician, by 'mobilising' the patient's narcissistic needs, strengthens and stabilises the patient's 'nuclear self' to a point where the patient is able to tolerate the inevitable relational ruptures (impingements) triggered by the therapist's failure to empathically respond to, or provide for, the patient's narcissistic and other needs (Kohut, 1985: 8). From the 'restoration of self' comes the gradual realisation of the other as separate from the patient's own self, an experience that failed to occur for the patient in their early maturational life. The significance of interpretation is that it can now be used to repair these

ruptures by explaining ‘without censure’ and with an ‘empathic tone’ their meaning in terms of the ‘selfobject transference’ (Kohut, 1977: 51).

It might be fair to say that what Kohut discovered in his clinical experiences with narcissistic patients was that the interpersonal language of feeling had established itself in the therapeutic relationship and taken precedence over the logical and precise language of the analyst’s interpretations; the need to feel understood preceded the need for understanding. It also seems that the ‘empathic tone’ of the interpretation phase involved the co-mingling of two very different kinds of language, one linear the other associative; and that ‘structures of the self’ formed in these affectively attuned therapeutic encounters in which the patient developed both a more cohesive sense of self and the capacity to be alone, which is also a Winnicottian idea central to the CM.

What the CM emphasises, however, is that it is the language of feeling and not the capacity to tolerate disjunctions, although important, that nurtures ‘the experience of being alone in the presence of someone’ (Winnicott, 1965: 33). This is an experience akin to what Hobson called ‘aloneness-togetherness’, which is a ‘balance of intimacy and distance’ (Meares & Hobson, 1977: 350). It suggests that while self is realised in relation to others, it is also something more than just a process towards ‘individuation’ or the experience of being a separate ‘center of initiative’ (Kohut, 1985: 99). Meares, as we shall see, brought to the therapeutic conversation a particular view of self, and the traumatic self, based on ideas that, as mentioned, would be given substantial scientific support from developmental psychology and neuroscience. What I am proposing in this paper is that, by their intrinsic dualistic nature, tensile metaphors give greater expression to that emerging positive sense of self that, contrary to the traumatic self, is experienced as both relational and intensely personal.

3.3 The Internalisation of Symbols

There is at the centre of Winnicott's developmental theory of unfolding potentials and capacities the (same psychoanalytic) notion that the infant begins life in a state of maternal merger in which it experiences the illusion of omnipotence while all its needs are being 'magically' met. From this primary state of pleasurable undifferentiation, the maturing infant slowly begins to experience the frequently 'impinging' other as separate and not always reliable, but good enough. And so, the reality of a 'me' as distinct from a 'not me' emerges and with it comes the paradoxical experience that the other is both illusion and reality (Winnicott, 1965: 38). He referred to this real and illusory relational experience as the '"potential space" or playground … between the mother and the baby or joining mother and baby' (Winnicott, 2005: 64). In this space, enabled by the mother's good enough (real or imagined) presence, the infant's true, creative and spontaneous self continues to unfold through the playful exploration of objects, toys and other items of interest. And as there is still yet no clear distinction between inner and outer, these objects that belong to the external world also feel part of the infant's emerging sense of innerness; indeed, by possessing them, the infant projects into them something of his or her own subjective life (Winnicott, 1965: 185).

The infant's external world, or aspects of it, is gradually internalised. And Winnicott says that in 'this transitional period … transitional objects and phenomena have a place, and begin to establish for the infant the use of symbols' (Winnicott, 1965: 187). Thus, symbols - language - and a sense of self develop together; and by internalising and thus 'owning' the symbols provided by the outside world, the infant begins to develop a very personal language with which to express and make sense of its subjective experiences in the form of an emerging self narrative. If there is a crown jewel of foundational concepts in the CM's theoretical framework it would have to be this Winnicottian notion that self emerges in the real and

illusory atmosphere of the potential space facilitated by the responsive other's actual and felt presence.

What I mean is that, in the context of the therapeutic conversation, the patient experiences the therapist's attuned verbal and non-verbal responses as co-created 'good enough' external representations of an emerging inner life. The conversation is co-created in so far as it is a 'being with' experience as opposed to the imposition of another's reality, such as one deemed valid by a 'persecutory therapist'. What the therapist gives back to the patient in the form of a response made in the public sphere between two separate subjectivities is recognition or validation of what is, for the patient, an intensely personal experience. Thus, as with infant and mother, the potential self is realised in conversation or dialogue, that is, through the symbolic exchange between patient and therapist; self is a relational experience, and it is this aspect of the external world, the relationship, that the patient internalises in the shared language of feeling, which is the language of self. In this way, the symbols themselves become the objects of transition, and as such, are both real and illusory as they tend both towards the outer world of concrete facts and the inner world of emerging feelings and imagery. And it is metaphor, and particularly tensile metaphors, as I argue here, that are the most potent symbols in terms of their ability to give expression to an increasingly complex inner life. The therapeutic conversation is thus that shared transitional or potential space between two separate but related subjectivities that makes change possible by facilitating the experience of an emerging sense of self. The following section expands on this idea, advanced by Meares, of the real and illusory language of the therapeutic conversation.

THE CONVERSATIONAL APPROACH

4.1 Illusion, Reality and the Coordination of Two Kinds of Language

For Meares, the ‘potential space’ provided by the mother exists in a similar form in the therapeutic relationship as the ‘play space’, the name he gave to describe the real and illusory zone of experience that exists ‘between the partners of the therapeutic conversation’ (Meares, 2005: 142) and that is ‘the basic metaphor through which the experiences of self might be understood’ (Meares, 2005: 6). He and Hobson described it as a ‘dialogue’ in which there is an ‘interplay or “interanimation” of linear and associative thinking’ (Meares & Hobson, 1977: 357) that fosters the emergence of a sense of self. Thus, the therapeutic conversation is neither an illusion nor a reality, but both. It is a separate but co-created paradoxical ‘space’ emerging from the co-mingling of two very different modes of thought, or consciousness, manifest in two different kinds of language: the non-linear language of the self, and the linear language of the external world (Meares, 2005: 38-39); the private and the public. Meares writes that in this kind of conversation,

> A new way of relating to others evolves in which private and public zones of experience are coordinated. With this milestone arises not only a further sense of coherence and unity of self, but also an enhanced awareness of temporality and personal continuity. (Meares, 2005: 6)

4.2 The Equal but Asymmetrical Structure of the Therapeutic Conversation

But there is a second and related paradox on which the play space is constituted that Meares and Hobson describe in their seminal paper. Like the mother, who by her attentive and responsive presence facilitates the potential space, it is the therapist who must provide an ‘atmosphere’ in which there is a ‘genuine conversation in mutual trust … respect and an honest exchange of feeling’ (Meares & Hobson, 1977: 354). The therapeutic conversation must be ‘an intimate reciprocal meeting’ in which patient and therapist speak the ‘same language’ so that there is a ‘talking with’ experience; but, at the same time, what they are

‘talking about’ must remain with the therapist, in this case, it is the patient’s thoughts and feelings and their associations or ‘links’ to past and present experiences that are the focus of the conversation (Meares & Hobson, 1977: 350). The therapeutic conversation, and the relationship, is thus one that is ‘equal and yet asymmetrical’, but, importantly, its asymmetry is one that the authors say, ‘should diminish over time’ (Meares & Hobson, 1977: 354).

Maintaining this paradoxical interpersonal experience requires a particular orientation by the therapist to the patient and to the space between them in which the conversation and the whole experience it engenders goes on. It requires from the therapist a ‘capacity to imagine’ and to have ‘relatively free access to his own fantasy life’ (Meares & Hobson, 1977: 357) in order to remain receptive to the patient’s ‘images of associative thought’ (Meares & Hobson, 1977: 356), the meandering utterances, particularly in psychoses, that often do not make any logical sense. The aim is not to invalidate these tentative expressions of inner thoughts and feeling by imposing an external reality in, for example, the linear and logical language of interpretation, but rather to provide a space to ‘allow fantasy forms and themes to emerge’ (Meares & Hobson, 1977: 357).

By maintaining equality in a ‘two-person situation’ the therapist not only accepts the patient’s utterances but also attempts to ‘amplify’ them in a ‘common language’ - as opposed to a mystifying ‘technical’ language - which is always oriented towards the underlying feeling of what is said and so is always a language of feeling and imagery. The aim is to give back to the patient something more than what was said by adding to, amplifying, or enlarging it in a language that gives it shape or form and thus value (Meares & Hobson, 1977: 532). The underlying feeling is often manifest in the ‘minute particulars’ that are the symbols and metaphors that belong to a hidden life, the language of ‘nonsense’ that the therapist ‘must allow himself to use’ (Meares & Hobson, 1977: 357). This describes the therapeutic power of

play and the imagination, and quoting Winnicott (1971), the authors write: ‘if the therapist can not play he is not suitable for the work’ (Meares & Hobson, 1977: 357); and in their own words, therapists who ‘do not “fit” with [the patient]’ are likely to cause damage to the patient (Meares & Hobson, 1977: 356). The notion of ‘analogical fit’ is quite prescient in these early formulations of the model.

This experience that one has in the shared ‘communal atmosphere’ of the therapeutic conversation in which the other is experienced as both real and illusory, Meares called ‘fellow feeling’. It is the experience ‘[a]rising out of the mutual interplay between two people’ (Meares, 2005: 36) mediated in conversation, it has a particular ‘affective tone’ and ‘quality of resonance’ (Meares, 2005: 36) that is difficult to define. But Meares writes that, ‘Out of this feeling of resonance between my inner, essential and highly valued experience and the responses of the other, there emerges the sense of myself’ (Meares, 2005: 36). What emerges in the play space is that sense of self that Winnicott (1965) described as ‘hidden’ and Meares referred to as the ‘“creative secret” in contrast to the “pathogenic secret”’ (Meares, 1976: 18). It is this generative form of ‘imaginative and emotional life’ (Meares & Hobson, 1977: 353) that is fostered by an ‘appropriate language’ (Meares & Hobson, 1977: 351) that will ‘amplify’ the patient’s immediate experience and, by doing so, ‘extend awareness’ (Meares & Hobson, 1977: 352). The ‘appropriate language’ the authors were describing at this time was that ‘associative’ non-linear language that, with advances in science, would later be identified as the language of the right hemisphere, which is the language of metaphor and poetry (Schore, 2012; McGilchrist, 2009).

4.3 Towards an Integrated Theory of Self and Language

While both Winnicott and Kohut emphasised the significance of the relationship in the development of self, and articulated the significance of good enough empathic responsiveness

in both the early maturational and therapeutic processes, they did not emphasise or articulate in any detail the central role of language, and particularly affective language, in the development of self or its 'restoration'. They also did not have a clear definition or theory of self or the traumatic self that was not couched in the Freudian language of neuroses, objects, repression, Oedipal wishes, and so forth. What is unique about the CM is that language, and particularly the language of feeling, is central to the therapeutic process; the therapeutic conversation has a metaphorical and analogical core in the form of a particular kind of language that tends towards the internal world of personal thoughts and feelings and away from the external world of things. It is associative as opposed to linear; analogical as opposed to logical. It is a form of language that Vygotsky (1986) called 'inner speech', which is both functionally and structurally different from the social speech of everyday life (Vygotsky, 1986: 225). It is to this theory of inner language that I now turn, and particularly to Meares' formulation of how the language of feeling and imagery fosters the emergence of a particular kind of dualistic consciousness that underpins the experience of self and frees the patient from the grip of their traumatic memory system.

THE RETURN OF SELF TO THE THERAPEUTIC CONVERSATION

5.1 Self and Trauma

It was Meares who, in 1977, introduced the ideas of Pierre Janet and went on to incorporate them into his and Hobson's model of psychotherapy. He wrote in reference to Janet's explanation of hysteria that, for Janet, 'the hidden image was seen to be harmful, as if it were a toxin, and the bearer of this secret had to rid himself of it through its exposure' (Meares, 1977: 2). It was a description of the 'pathogenic secret' and not the 'generative secret', which is the hidden self. The CM is certainly not a model that promotes the now largely redundant psychoanalytic idea of 'abreaction', or what amounts to a 'confrontational' or 'confessional'

approach, which insists implicitly or otherwise that patients face their ‘demons’ as a pathway to cure or ‘salvation’; and these were certainly not the ideas central to Janet’s thinking.

Janet argued that traumatic memory is a form of dissociated consciousness that is inaccessible to ‘conscious awareness or voluntary control’ (van der Kolk & van der Hart, 1989: 427). This ‘unconscious traumatic memory system’ (Meares, 2005: 117), he argued, is unintegrated and so separate from conscious ‘narrative memory’ and differs from it by its being asocial and nonadaptive, amongst other things. Janet described it as a form of ‘constricted consciousness’ (Meares, 2005: 427). And what he called the ‘fixed ideas’ are the core traumatic memories, the neural records of ‘vehement emotions’ that are easily and unconsciously triggered by conditions or circumstances reminiscent of the original traumatic event. They become ‘intrusions’, then, into everyday reflective consciousness, disrupting any sense of continuity and coherence to inner life or the experience of going on being (Meares, 2005: 83).

They intrude, also, into the therapeutic conversation, and Meares writes that dealing with these intrusions of traumatic memory ‘is a main focus of working with the patient towards a larger and more vital sense of personal being’ (Meares, 2005: 97). Or as Janet concluded, ‘patients needed to be brought back to the state in which the memory was first laid down’ in order to integrate the traumatic event into ‘current meaning schemas [and that] the environment is essential for successful integration’ (van der Kolk and van der Hart, 1991: 445-446). By ‘current meaning schemas’ Janet is suggesting that there is a change in consciousness, in the way one sees and experiences the world, and that this change comes about in a particular environment that facilitates the gradual integration of traumatic memory. But Meares writes that the ‘traumatic memory system must change in its form so that it becomes more like reflective or dualistic consciousness, allowing it to mingle or, as it were,

to dissolve in it' (Meares, 2005: 194). The 'dissolving' process is thus one in which an adualistic traumatic form of consciousness transforms into a dualistic form of consciousness. But what kind of consciousness is it that allows traumatic memory to 'mingle' or 'dissolve' into itself? And what is the language used by the therapist to bring about this transformation of consciousness?

5.2 The Integration of Traumatic Memories

Meares wrote that 'the fundamental therapeutic task is to foster the emergence of the non-linear form of mental activity which will allow some unification, and so enlargement, of a personal reality' (Meares, 2001: 18). He is saying that the integration of traumatic memory can only happen with the establishment of self, and that it is within this expanded and reflective form of consciousness that, in 'Janet's term, the trauma is "liquidated"' (Meares, 2005: 103). But he goes on to say that 'this process of unification will not involve the non-linear mental function alone. The reflective processes must also be activated' (Meares, 2001: 18). There appears, then, to be a two-step interactive process of fostering the non-linear mental activity that will allow for the emergence of even higher forms of mental activity and reflective capacity. It is a process in which there is increasingly higher levels of neural and psychic integration and coordination towards what Janet called 'personal synthesis' (Meares, 2005: 51).

5.3 The Hierarchy of Consciousness

The idea that the traumatic self is a disunified, linear and constricted form of consciousness suggests that a higher form of unified, reflective and expansive consciousness, or mental functioning, has been shut down or deactivated by traumatic intrusions. This hierarchical model of mind comprising lower to higher forms of mental functioning was developed by John Hughlings Jackson and introduced by Meares (2005) as a cornerstone concept of the

CM. For Jackson, consciousness develops in the individual human being as it has evolved in the species, that is, from a primitive non-reflective form to one that is highly reflective. Nothing new is added in the development of mind or conscious life; it simply becomes more complex (Meares, 2005: 89). The highest form of consciousness, Jackson argued, is dualistic in the sense that there develops in the individual a capacity to reflect on inner experiences (Meares, 2005: 88). And as this form of consciousness is the last to develop in both the individual and the species it is more fragile than those earlier and non-reflective forms that have evolved over millennia. Meares argued that, ontologically, this capacity for self reflection which allows for the experience of self begins to emerge between the ages of three and five (Meares, 2005: 8), a notion that, as we shall see, has not gone unchallenged.

5.4 The Duality of Consciousness

With this conceptualisation of mind as a hierarchy of lower to higher forms of consciousness, we can understand how traumatic intrusions trigger a collapse of the higher forms of reflective consciousness to the lower body-based non-reflective forms oriented towards external threats and governed by primitive fight and flight survival mechanisms. The experience of traumatic intrusion and the overthrow of reflective consciousness is, in effect, the disunification of what William James called the 'duplex self' (Meares, 2005: 17). In this non-Cartesian view that he shared with Jackson, James argued that self is the unified experience of two separate forms of consciousness - subjective and objective - considered one and the same substance. Specifically, self is that experience of being 'myself', which is the 'I' that reflects on both the internal world of thoughts, feelings, and images, or what he called the 'stream of consciousness', and the external world of things (Meares, 2005: 17). The duplex self is thus that single unified experience in which the awareness of the observing 'I' and that which it observes and is aware of can never be fully known to the observer

(Meares, 2012: 86). And this experience is what we mean when we refer to ‘myself’, it is the self of personal being that James described as ‘Thoughts connected as we feel them to be connected’ (James, 1895: 226). Trauma is a disruption to this unitary sense of self that is the ‘flux of images, ideas, and memories linked by affect, analogy, and other associations’ (Meares, 2005: 17).

5.5 The Duplex Self and Inner Speech

As mentioned, for Meares, this ‘duplex self’ that is aware of its reflecting on the movement of inner life begins to emerge in the child between the ages of three and five. And play, the freedom to explore the world and roam the imagination, is crucial to the full and unimpeded development of this particular form of consciousness in which there is a sense of self that is paradoxically separate but connected to others. Fostered in the play space are certainly the child’s potentials and capacities; but what emerges ‘complete’, it seems, under optimal conditions, is the duplex self and the sense of inner life as a stream of consciousness that is intimately connected to meaningful experiences with others. The duplex self is the ‘culmination’ of a process in which things outer become inner, in which 'the alien objects of the world are transformed into those things that are sensed as ‘mine’ … [and] have about them, as [William] James remarked, “a sort of warmth and intimacy”’ (Meares, 2013: 10). Meares argues that this sense of intimacy that develops in play, and in the play space, belongs to that particular kind of mental activity associated with self and that underpins the form of language called inner speech (Meares, 2013: 24). The kind of mental activity manifest in inner speech is one that is not goal-directed, logical, literal or linear and so its purpose is not for communicating with the outside world, but rather for reflecting on the self. The child’s inner ‘ramblings’, Meares says, are remarkably like the kind of reverie adults experience when lost in thought. In this way, inner speech is a personal language of intimacy not a social language used for adapting to, or communicating with, the outside world (Meares, 2013: 29).

It is the language used in the CM to transform constricted and adualistic traumatic consciousness into the form of consciousness James called the 'duplex self'.

5.6 The Secret Self and the Diminished Language of Feeling

With the child's emerging sense of innerness there is also the discovery that one can keep knowledge about what is inner and outer from others a secret. This, according to Meares (2005), is the crucial discovery that one has a 'whole range of experiences, such as thoughts, feelings, and memories that are felt as one's own and as part of an inner world that is distinguished from an outer world' (Meares, 2005: 7). With trauma comes the loss of personal being, Meares argues, and that experience of not having a sense of innerness and therefore no sense of boundary that would allow one to claim ownership of all of one's most personal thoughts, feelings and memories (Meares, 2005: 9). One consequently feels exposed and vulnerable to the outside world against which any semblance of inner life must be protected or kept hidden and secret.

But this experience of inner emptiness is also one of incoherence - the sense that one's most personal thoughts and feelings (and memories) are disconnected from each other. One then feels disconnected from self and others, the experience of alienation (Meares, 2013). This is the everyday experience of people living with complex trauma. For these individuals, not only is the self diminished by early experiences of neglect and abuse, but the language with which to express this protected core self is also impoverished; that is to say, what is diminished is the self and, therefore, the very language with which to express that inner stream of thoughts, feelings and images that are only dimly felt as a core self.

For Meares, going on being, which is the positive subjective experience of the coherence and continuity of personal existence, requires that inner and outer worlds are coordinated so that the intimate, narrative language of inner life may 'co-mingle' with the adaptive, propositional

language for others (Meares, 2013: 29). This coordination of two very different forms of language, consciousness and relatedness is the main therapeutic goal; and since it is the inner language of the self that is diminished by trauma, it is this inner language that must therefore be nurtured in the therapeutic conversation. This is necessary if a personal narrative of the self is to emerge in a language that is both inner and outer.

INNER SPEECH AND THE SELF

6.1 Inner Speech is the Language of Self

What does it mean to say that inner speech is the language of the self? The Vygotskian view is that everyday language is a blend of two fundamentally different kinds of speech - one inner and personal, the other outer and social. Inner speech is a dialogue with the self; outer speech is a dialogue with others (Vygotsky, 1986: 225). However, while they share this dialogical form, they differ completely in their structure and function. Inner speech, says Vygotsky, evolves from social speech in the transitional form of private ('egocentric') speech, which is particularly obvious in the vocalisations of children three years and older engaged in problem solving, which Vygotsky argued is the function of inner speech, that is, to regulate thoughts and behaviour and ultimately to reason (Vygotsky, 1986: 29). Vygotsky also noticed how private speech becomes less vocalised and grammatically more condensed with increased language proficiency and higher mental activity. He writes, 'At three, the difference between egocentric speech and social speech equals zero; at seven, we have speech that in structure and function is totally unlike social speech' (Vygotsky, 1986: 229-230). Inner speech tends towards predication, the deletion of the subject, and the syntactic structure of poetry (Vygotsky, 1986: 24), and indeed, when verbalising inner thoughts and feelings one's speech can sometime 'resemble that of a poet' (Vygotsky, 1986: 250). Thus, all attempts to convey inner thoughts and feelings in the grammatical structures of social speech,

where clarity and precision is both desirable and necessary, are abandoned when vocalised private speech ‘separates itself entirely from speech for others’ and becomes inner speech (Vygotsky, 1986: 230).

6.2 Inner Speech: Socially Constructed and Fostered in Play

This transition from social to inner speech is a process of mental development assisted by the child’s use of ‘pseudoconcepts’ that ‘are similar to [real] concepts in their appearance but differ substantially in their essence’ (Vygotsky, 1986: 120). Pseudoconcepts represent a stage in language development in which a stable but conceptually naive or concrete relationship between symbol and referent allows a semblance of coherent dialogue between child and adult that facilitates the child’s mental capacity to develop and use real concepts (Vygotsky, 1986: 121). And insofar as real concepts are in this way socially constructed, it seems that proper social discourse, in which there is actual ‘mutual understanding’, is only possible with the advent of inner speech that marks a higher level of mental activity or increased differentiation and integration of thought and language (Vygotsky, 1986: 123). Thus, the inner world emerges from the social world as separate but connected; and what is felt as personal and owned is that inner stream of thoughts and images upon which one reflects in the grammar of poetry and metaphor as distinct from the grammar of everyday life.

Inner speech and the experience of inner life, on this view, can only develop in relation to others, which are the interpsychological experiences that the child, through language, internalises and makes their own. Vygotsky’s child of three or four years of age engages in what might be called a ‘pseudo-conversation’ in which the thing being discussed - a thought, a feeling, an object in the world - is not yet fully understood as a real concept. But this is how the child learns through its social relations with others about the world and the self. Vygotsky also noted how children in play facilitate their own mental development by taking on the

roles, and therefore the higher mental activities, of adults in ‘an echo of what [the child] saw and heard adults [and older children] do’ (Vygotsky, 2004: 11). Similarly, Meares (2013) says that in play children pretend to be something or someone they are not, which requires a capacity to hold real and imagined selves in mind - an illusory ‘me’ that is a horse and the real ‘me’ pretending to be a horse (Meares, 2013: 16). This emerging dualistic consciousness, he says, is evident in inner speech where the child talks to itself as if to another. It is the emerging experience of an ‘I’ reflecting on inner states and on the many different selves that one is or can pretend to be.

6.3 Metaphoric Comprehension in Children

Although there is ongoing debate in the literature regarding the exact age and timing for the onset of metaphoric comprehension in children, asked what ‘time flies’ means and a three-year-old is inclined to reply that clocks have wings! (Özçalişkan, 2005: 306) An inability to abstract from a source context and map to a target is evident. By age six, the answer will demonstrate abstract thinking by a clear understanding of simple, idiomatic metaphors (such as ‘time flies’) in terms of their source-target relationships (Stites & Özçalişkan, 2013: 1131). This suggestion that metaphoric comprehension arrives with increased cognitive and linguistic maturity is, in my view, consistent with Vygotsky's (1986) view that abstract thought develops within a sociolinguistic context as older members impart their knowledge to younger members - the Zone of Proximal Development (Vygotsky, 1986: 18); and also, as noted, in play where children act out at being older and more developed than they actually are.

The point I want to make here is that grasping metaphoric meaning is a developmental potential realised within a social context in which meaning is created and concepts formed according to a shared language. This would suggest, in my view, that the onset of abstract

thinking and inner speech marks the maturational point where the literal and the figurative diverge. 'Tender is the night' is unlikely to evoke coherent thoughts and feelings in a seven-year-old, but for an adult, the words might capture, in every sense they contain, a familiar story unfolding in and between the words on every page. Through language, we also learn to sense the emotional emptiness in statements such as 'vulnerable is the night' - a bad metaphor that, as it stands, doesn't quite ring true.

Young children clearly do not have the cognitive or emotional resources and capacities to grasp the kind of tensile metaphors that I am proposing give greater expression to the subtleties and nuances of an emerging inner life. This capacity requires inner speech that comes with the development of certain right brain-based capacities, such as the capacity to emotionally self-regulate and an ability to tolerate ambiguity. These are amongst the right hemisphere located capacities that the therapeutic conversation nurtures by amplifying the patient's feeling states in a language that is analogical. The aim, as Meares says, is to transform traumatic consciousness from its adualistic traumatic form into a dualistic form associated with the experience of self.

The proposition I am advancing here is that, in order to grasp the meaning created or revealed in the interaction between two disparate but related ideas, one must have the cognitive capacity to hold those collocated ideas (terms) in consciousness long enough to experience their resolution into new semantic content. This ability to tolerate the inherent ambiguity of tensile metaphor, I am arguing, requires a form of dualistic consciousness that, according to Meares, emerges in children between the ages of three and five and is diminished in adult individuals with early traumatic histories. Thus the therapeutic conversation, or what Meares calls the play space, is that zone between patient and therapist in which the emerging duplex self allows for the comprehension and production of new meaning about self and other to be

expressed in the condensed grammar of inner speech, the metaphoric language of feeling and imagery. The capacity to reflect on inner states is thus a marker of higher mental activity and hence greater integration and coordination between neurobiological structures and systems including those responsible for emotional self-regulation and tolerance for novel stimuli or ambiguity. Tensile metaphors thus represent the emergence of this kind of consciousness that, like these kinds of metaphors, is inherently dualistic.

INTERSUBJECTIVITY AND THE EMERGENCE OF SELF

We have been discussing the 'parallels' between Winnicott's 'potential space' which is the mother-infant zone of real and illusory experience in which the infant's inherited capacities are realised as they unfold as an emerging sense of self, and the 'play space' as that co-created language-based space between therapist and patient. It is in the play space, or therapeutic conversation, that traumatic memory is integrated (transformed) with an emerging dualistic self associated with higher forms of mental activity and reflective consciousness. Following Vygotsky, in children, the development of higher forms of mental activity are associated with the trajectory of inner speech as it emerges, as 'egocentric speech', out of social speech. Meares argues that inner speech and the duplex self emerge together between the ages of three and five, giving rise to the subjective experience of the stream of consciousness and the 'default' positive affective background tone of going on being (Meares, 2012: 61).

But how can the theoretical and methodological constructs of a therapeutic conversation between adults achieve what emerges from the most natural interactions between a mother and her infant, namely, the development of those higher mental functions that allow for the experience of a duplex self and, therefore, the capacity to reflect on inner states? The claim made by Meares and Hobson in the *Persecutory Therapist* is that this is achieved by

‘amplifying’ the patient’s feeling states in a language of feeling. In light of findings from the emerging field of infant research, Meares went on to make the further claim that the feeling language of ‘amplification’ is not unlike the kind of analogical or metaphorical nonverbal language used in mother-infant interactions. It is a language that gives amplified (or modulated) expression to the infant’s feeling states and to a sense of self emerging towards the experience of the doubleness of consciousness (the duplex self). But according to Trevarthen (2011), this ‘reflective’ self is already present in a rudimentary (or proto) but relatively advanced state from birth, if not before.

7.1 The Vital Self

Trevarthen’s (2011) work is part of a larger corpus of research from developmental psychology, which includes the ground-breaking work by Stern (1985), that has provided substantial scientific support for Winnicott’s (and Kohut’s) theories including the notion that self unfolds in a facilitating environment. These infant research findings have also, therefore, served to support and underpin the theories and methods of the CM. Importantly, by their discoveries of the existence and significance of the nonverbal interactions between mother and infant to future mental health, developmental psychologists, with the discoveries and support from neuroscientists as presented in Schore’s (2016) work, have helped to move language, and particularly the language of metaphor and analogy, even closer to the centre of the therapeutic conversation.

Trevarthen’s findings and those from Stern (1985), show convincingly that, contrary to the notion of primary merger, neonates are born with a primary sense of self-awareness and that they are innately motivated to seek and maintain self-enhancing interactive connections with ‘sympathetic and responsive’ others (Trevarthen, 2011: 121). Stern (1985) writes that, from birth, ‘infants sense that they and mother are quite separate physically, are different agents,

have distinct affective experiences, and have separate histories' (Stern, 1985: 25). This infant self, which Trevarthen refers to as the 'vital Self', is that creative agency infants display in nonverbal dialogue with their primary carer, notably the mother, and that helps to shape and refine the interactions that serve to regulate the physiological, cognitive and emotional states that allow the infant to 'sustain the flow of an emerging self-awareness' (Trevarthen, 2011: 121).

But even before birth, Trevarthen describes embryo and fetal activity as 'pre-reflexive, pre-conceptual acts of "meaning-making"' and goes on say that by nine weeks the fetus demonstrates 'purposeful actions with the whole body or by separate actions of parts, such as the hands' that it uses to explore its 'body in motion' and the 'changing relations with external objects, such as the wall of the mother's uterus' (Trevarthen and Delafield-Butt, 2015: 3). Auditory perception is also well enough developed in utero that the fetus is able to quite early recognise and respond to its mother's voice, or rather its prosodic contours that will form the basis for a nonverbal communicative experience for the rest of the child's life. A very primitive but intentional form of communication and 'meaning making' present in utero is also evident by the final trimester when the fetus is able to facially 'express displeasure or smiles of enjoyment in affective responses to different stimuli' (Trevarthen and Delafield-Butt, 2015: 4).

There is, then, at birth already in place the neurobiologically-based 'socioemotional' systems necessary for emotional expression and nonverbal interaction with responsive others. In particular, there is a sufficient level of 'cortico-subcortical integrations necessary for learning the codes for intersubjective communication' (Trevarthen, 2011: 128). In fact, Trevarthen cites research from Tzourio-Mazoyer et al., (2002) which showed that when two-month old infants were presented with pictures of a woman's face, immature left hemisphere regions

associated with adult language skills activated with dominant right hemisphere activity associated with facial recognition. He noted that these are the 'areas that in adults are essential for perceiving the conversational expressions in an other person and for responding with complimentary facial, vocal and gestural expressions' (Trevarthen, 2011: 126-127).

7.2 The Integration of Right Brain Structures

Schore (2016) also provides neuroscientific evidence of there being relatively mature levels of integration in neonates between right-laterlised neurobiological structures and systems necessary for nonverbal communication, that is, neural systems 'dominant for the processing, expression, and regulation of emotional information' (Schore, 2016: 31). And these structures are not only the locale for systems responsible for emotional regulation but also for coping with novel stimuli, a capacity that allows the infant to discern with 'global holistic attention' discrepancies or ambiguous aspects of a familiar stimulus, such as its mother's face (Schore, 2016: 188). Indeed, of all the stimuli to which the infant is exposed in the first few months of life, it is its mother's 'emotionally expressive face that is searched for and recognised' by the infant (Schore, 2016: 83). Schore also cites findings, consistent with those cited by Trevarthen, that infants 'show right-hemispheric activation when exposed to a woman's face' (Schore, 2009: 110) and that 'mutual gaze activates face-processing areas of the right hemisphere', all of which supports the view that the 'capacity to efficiently process information from faces requires visual input to the right (and not left) hemisphere' (Schore, 2009: 110).

7.3 The First Conversation is a Story About the Self

The first relational experience for the newborn, then, is with its mother whose voice it already knows and whose eyes, smell and touch are perhaps more than a little familiar. It will begin by imitating these familiar and not so familiar 'impulses' it experiences as its mother, not in

order be like her, but rather to ‘enter into a communicative and cooperative relationship’ with her. (Trevarthen, 2011: 124). This communication and cooperation is made possible, according to Trevarthen, by the infant’s innate ability to coherently move its eyes, head, and limbs in purposeful and meaningful ways; and it is this rich nonverbal body-centred expressiveness that actively and creatively seeks mutually coordinated and appreciative responses (Trevarthen, 2011: 121). By responding to these innately coordinated movements, the mother, more often than not, participates in interactions that are remarkable by their narrative form - each one a dialogue, or what Trevarthen called a ‘protoconversation’, consisting of an ‘introduction, development, climax, and resolution’ (Trevarthen, 2015: 3). Thus, the infant expresses its creative agency and vital self in stories that exhibit ‘four states of arousal that regulate the flow of interest and the pleasure of engagement’ (Trevarthen, 2015: 3).

As the co-author of these stories, the mother responds instinctively with an appropriate emotional expressiveness - facial, vocal, and gestural - that matches the infant’s feeling states at each stage of the narrative thereby sustaining the infant’s interest by containing its level of arousal. At the same time as the mother is responding to the infants feeling states, the infant is constantly assessing the affective quality and quantity of these responses that it signals to the mother who, without any conscious effort, adjusts their intensity and range so that they approximate the affective contours of the story being told and co-created (Trevarthen, 2011: 124). The mother can obviously never know the exact feeling states that she is responding to as those experiences belong to the infant’s subjective life, but she can instinctively get close enough to them to evoke in the infant the feeling of being ‘understood’ in the shared experience of a personal narrative. And ‘when the narrative is finished, the experience of its creation will remain with each of the partners, and between them they may hold its special

memory – a memory of a unique, shared experience, the co-creation of which imbues the memory with "meaning"' (Trevarthen and Delafield-Butt, 2015: 9).

7.4 Narratives that are the Same but Different

Thus, from the very beginning of its life, the infant is learning about itself and others from these shared narratives with their 'meanings' implicitly 'memorised' when the infant is disengaged from the ongoing face-to-face interactions, that is, in moments alone but in which the other's presence is increasingly felt. With each story, and as memory develops, there is the growing sense by the infant that what is initiated as a future-oriented purposeful act will be carried through to its resolution with the help of another whose responsive behaviours with their 'embedded attunements' (Stern, 1985: 140) are becoming increasingly predictable; but never dull, because even though their themes may be familiar, the narratives are never co-created or expressed in exactly the same way. Each story will, therefore, always have a slightly different meaning or sense. In relation to this, Stern (1985) makes the point that throughout these nonverbal interactions in which the mother facilitates the storytelling process by matching the infant's feeling states, the 'ultimate reference for the match appears to be the feeling state (inferred or directly apprehended), not the external behavioral event' (Stern, 1985: 142). In other words, the mother instinctively responds with a behaviour that matches or is attuned to the feeling expressed in 'some aspect' of the infant's behaviour, such as a grimace, to which her prosodic 'Ugh!' matches 'the child's facial-kinetic contours' (Stern, 1985: 141).

But while the mother responds to the same feeling state expressed by the infant, rarely, in Stern's view, are these behavioural responses, regardless of their being in the same or different modality, an 'exact match'; in fact, they 'appear to occur between the expressions of inner states' (Stern, 1985: 140); and Trevarthen even refers to them as 'complementary'

(Beebe, 2005: 12), while Beebe notes that, 'In general, mothers and infants tend to match the direction of the other's positive-to-negative affective change, increasing and decreasing together' and that 'a more flexible process of match, mismatch, and re-match (disruption and repair) characterizes the exchange' (Beebe, 2005: 12). Stern refers to them as 'attunement recasting behaviors by way of nonverbal metaphor and analogue.' He writes:

> If one imagines a developmental progression from imitation through analogue and metaphor to symbols, this period of the formation of the sense of a subjective self provides the experience with analogue in the form of attunements, an essential step toward the use of symbols. (Stern, 1985: 161).

In my view, Stern is right in saying that nonverbal metaphors and analogues provide the relational experience of meaning making at this early stage of the infant's development towards the use of symbols or language. In terms of meaning making, the CM's claim is that amplification by the therapist of the patient's expressions of inner life gives form to those feelings in the same or similar analogical language that gives shape - or 'pictorial' meaning - to the infant's emerging inner life. In both cases, something is given back that is larger than what was given. But clearly there can be no parallel in terms of the meaning revealed to the patient by the kind of co-created tensile metaphors that emerge in the therapeutic conversation. These are metaphors of the kind that are integral to verbal thought and so absent in preverbal infants. In the broadest sense, in the therapeutic conversation, and specifically in relation to complex trauma, which is associated with deficits in vital right brain-based capacities for metaphoric comprehension, analogy precedes metaphor. That is, analogical relatedness fosters the cognitive and emotional capacities for 'seeing into' metaphor. On this view, it is the therapist's analogical responses within the therapeutic (proto)conversation that facilitate the development of the higher mental activity required for

grasping the meaning of tensile metaphors (i.e., metaphors that reveal new knowledge from the resolution of the psychological tension generated by their semantic incongruence), which then deepens and strengthens the experience of analogical fit between therapist and patient. The sense of 'fit' is thus an implicit experience engendered by the therapist's verbal and nonverbal analogical responses that, for the patient, as for the infant, are never an exact match; and nor should they be anything more than what Winnicott meant by 'good enough'.

In fact, Stern (1985) observed how infants became distressed when their mother's responses too closely matched or imitated their own expressions and gestures, as if she could only respond counter-instinctively to the overt behaviour and not the underlying feeling state. And he inferred from this that infants expect responses (and narratives) to be thematically variable but consistent. This is because, he argues, infants have a 'tendency to order the world by seeking invariants' (Stern, 1985: 74), and that too much variation or novelty, therefore, diminishes their ability to identify what is familiar and important to maintaining their own sense of continuity and coherence, such as stable interpersonal relationships. In other words, the right amount of novel stimuli and arousal allows the infant to make sense of complex interpersonal behaviours by comparing and processing what is invariant about self and other with what is introduced into the conversation as new (Stern, 1985: 74).

Thus, it is essentially by their continuing to provide variants in the form of novelty, surprise, or exaggeration within a familiar interactive or narrative theme, Stern argues, that mother's help to 'regulate the infant's level of arousal and excitation' (Stern, 1985: 74). In other words, it is by playing at the boundaries or contours of an optimal affective range that the mother facilitates the infant's capacity for emotional self-regulation and the development of a stable self that is adaptive to change. A capacity for emotional self-regulation is intimately tied to the capacity to emotionally and intellectually tolerate the novel and, therefore, the familiar. It

is novelty that maintains the infant's interest in the interaction and therefore the relationship, and without it, the infant would not only get bored but have no opportunity to express its creative vitality (Stern, 1985: 74). So while the mother's interactive behavioural responses may vary, it is important that they remain familiar so that the associated feelings and levels of arousal experienced by the infant remain within a tolerable range of what he termed the 'vitality affect' (Stern, 1985: 53).

7.6 Vitality Affects and Cross-modal Abstraction

Stern distinguishes vitality affects from the categorical affects (sad, interest, disgust, etc.) by referring to them as 'dynamic shifts or patterned changes' that, because of their characteristic shape or form, can be experienced by the infant in a variety of modalities (Stern, 1985: 57). The shape carries the meaning of the underlying affect. He notes, for example, how the rhythm and timing of the mother's non-vocal soothing touch can have the same or similar 'quality of feeling' as her vocalised 'There, there' sequence (Stern, 1985: 58). Similarly, when she responds prosodically to the infant's facial expression of disgust, she is attuning to the same patterned contours or shape of the feeling expressed by the infant with her own 'matching' response that, by its form, conveys something very close to what the infant is feeling. By responding to the infant's feeling state and not to the overt behaviour of the facial expression, the mother brings into the infant's immediate experience, in this case, two discrete modes of perception that are clearly related by the single feeling they express, viz, disgust. In this way, she facilitates the infant's innate capacity for cross-modal perception - as the infant might, in that very moment, by imitating the mother's vocal gesture, abstract the feeling from one domain of experience and express it in another.

In the therapeutic context, it is plausible that the therapist, by attuning to the patient's feelings and responding in the language of feeling, is fostering the patient's capacity for cross-modal

abstraction and therefore their capacity to grasp and create metaphor. For Stern suggested that this capacity for amodal perception may be the 'basis for … metaphor' (Stern, 1985: 58) when he wrote that, 'Extremely diverse events may thus be yoked, so long as they share the quality of feeling that is being called a vitality affect' (Stern, 1985: 58). By 'amodal perception' Stern is referring to how information 'emanating from a single source' is created (or coordinated) from 'several different perceptual modalities' (Stern, 1985: 47). Moreover, amodal representation of these vitality affects, he suggests, may have a neurobiological basis in the form of 'changes in the density of neural firing' producing 'the same overall pattern or activation contour' (Stern, 1985: 59), that is, a neural basis for the variation of a familiar theme, or the same but slightly different form of feeling that the therapist might give back to the patient.

7.7 Cross-Modal Abstraction and the Metaphoric Brain

The development of the infant's innate capacity to abstract from disparate domains of experience is rapid in the first few weeks of life, as is so-called synaptic pruning which is the environmentally influenced genetic process involved in the anatomical definition of the brain and its various functions (Tierney and Nelson, 2013: 3). It is the normal neural overlap of these regions that, Ramachandran (2011) argues, is the basis for amodal processing of disparate stimuli. Indeed, a neurobiological theory of implicit learning (and knowing), he says, can be understood in terms of a process in which abstractions from the neural overlaps of discrete domains of experience develop into coherent categories of primary mental life, the things we take as given (Ramachandran, 2011: 151). He also believes that mirror neurons are significantly involved in 'cross-modal abstraction', which suggests a neurobiological amodal substrate for mimicking behaviours including those involved in language development (Ramachandran, 2011: 182). By mimicking the shapes made by the mouth and linking them to the specific sounds they make, the infant begins to learn the phonetics of its mother tongue.

The same phenomenon is the basis for implicitly learning and honing fine motor skills used in coordinated physical interaction the infant has with its mother and for reading the emotions conveyed in her facial expressions (Ramachandran, 2011: 127). From these interactions the infant also learns to expect certain maternal behaviours and to even predict them. This is because neural patterns fire at the same time as the perceived action they reflect so that the infant begins to implicitly anticipate, expect, and predict the actions of its mother in this procedural or implicitly memorised process (Ramachandran, 2011: 143). This neurobiological phenomenon, Ramachandran suggests, underpins the intersubjective experience of implicit relational knowing. It also seems to suggest, in my view, that implicit memories have a metaphoric structure. By this I mean that, in so far as learning or memory requires the innate capacity to map one domain of experience onto another, there appears to be an inherently dualistic (neurobiological) process and structure involved in the grasping and creation of meaning. I am suggesting that this is the same structure inherent in tensile metaphors, and that a plausible contention may be that a correspondence exists between tensile metaphors and implicitly memorised experiences. Section 9.5 below expands on this idea of the metaphoric brain.

7.8 Protoconversation as Microinteractions of Implicit Meaning Making

As mentioned in Stern (1985) and Trevarthen (2011), breaks from engaging in the mostly face-to-face interactions with the mother are normal and healthy as these are moments of being alone to ‘reflect’ on and implicitly encode the meaning of the intersubjective experience. Normal and healthy, too, are the mother’s inevitable empathic misattunements to the infant's inner states that might cause unintended momentary disruptions to the continuity and coherence, or flow and fit, of these meaningful interactions in which narratives of an emerging self are co-created.

In support of Stern's and Trevarthen's work, Beebe and Lachman (2014) showed in their frame-by-frame video analysis of these mother-infant 'dialogues' that under optimal conditions, and outside of conscious awareness, both mother and infant are constantly coregulating the emotional intensity and valency of each other's moment-by-moment responses (Beebe & Lachman, 2014: 7). They also noticed in their analysis of these dyadic microinteractions that it is only when variations in vital affect breach tolerable levels of arousal or, alternatively, when there is not enough arousal, that the infant experiences disruptions to which it then responds with nonverbal signals to elicit reparative behaviours from its mother. The mother instinctively responds with a good enough 'match' to these subtle and nuanced semantic shifts in the infant's gestures that are motivated to maintain the vital engagement (Beebe and Lachman, 2014: 12). From these ongoing frequent disruptions and repairs the infant overtime learns to implicitly expect a response to its signals for dyadic reparation, which it then experiences as increasingly higher levels of mastery over its internal and external environments (Beebe and Lachman, 2014: 36). It is in these ongoing, co-regulated microinteractions, then, that the infant implicitly learns to expect that frequent breaks in the relational experience of coherence and continuity will be momentary and quickly repaired, an expectation characteristic of implicit patterns of adaptive interpersonal behaviour. The authors write that,

> [T]he moment-to-moment self- and interactive processes of relatedness documented in infancy are the bedrock of adult face-to-face communication [and that] modes of relatedness in adulthood are built on those of infancy. (Beebe and Lachman, 2014: 70)

These findings are supported by and support the neuroscientific findings from Schore and his own views that early infant-mother dialogues are co-regulated nonverbal interactions in which co-created implicit meanings are shared between two right hemispheres, and that,

furthermore, these dialogues are the 'right-brain-to-right-brain psychobiological transactions that underlie attachment processes' (Schore, 2000: 36). What Trevarthen called the 'protoconversation' is thus understood in terms of a psychobiologically based intersubjectivity in which the mother-infant attachment experience helps to regulate through nonverbal communication 'the child's immature psychophysiological systems' (Schore, 2016: 7). It might be said that a similar process is at work in the kind of therapeutic conversation in which there is an orientation towards the right brain-based imagistic-affective language of metaphor and poetry. The same right brain structures and systems responsible for attachment motivation, learning and adapting, and other mechanisms for coping with novel stimuli and regulating the emotions are, therefore, according to Schore (2016), also related to (and impaired by) early attachment trauma.

As the first year progresses into what Trevarthen (2011) calls 'secondary intersubjectivity' the infant becomes less 'self-absorbed' and there is a 'new kind of social curiosity' as its exploration moves out towards the world of objects and strangers. And in all kinds of social situations, and especially in play, there is the implicit expectation that others will join in and enjoy what the infant's creative imagination can offer, products of a vital self to be shared and from which there is much to learn. By about nine-months, the co-created narratives are thus more complex as shared interactions about the familiar and the new include things in the world to which the infant is now pointing and more purposely reaching to grasp. At the same time, there are clear signs of a maturing self-awareness as the infant begins to show pride or shame at how others respond to its creative vitality and curiosity (Trevarthen & Delafield-Butt, 2016: 28).

In this first year, the infant is, therefore, particularly sensitive to devaluations of the spontaneous expressions of its most personal and creative self. It is also more highly sensitive

to anomalies in the patterns of interaction in which it has come to expect, within tolerable ranges of 'vital affect', certain behaviours from others and especially its mother (Trevarthen & Delafield-Butt, 2016: 28). Where there is chronic devaluation of the infant's emerging self then, from what has been said so far, we can expect a limited tolerance for ambiguity, which is to say that where a narrative of self has failed to develop through maturational neglect, and the self has remained 'hidden', there is often emotional dysregulation and an intolerance for anything new or different. There is a diminished capacity to tolerate linguistic anomalies, the unconventional language of metaphor and poetry. But even before birth, the infant is vulnerable. Toxic chemical assaults (drugs and alcohol) on early brain centres, including stress and other factors, can disrupt the neuro-biochemical processes involved in their development (for example, apoptosis, which is natural cell death in human development) resulting in a diminished capacity by the infant to engage fully in the protoconversation. Negative environmental conditions further diminish the infant's ability to interact with the mother who is often herself living with the unresolved trauma of early chronic maturational neglect (Schore, 2016: 201) and its symptomatic depression and anxiety.

With a particular interest in how mothers' attachment styles - secure, insecure or disorganised - might influence their infant's development in the first year of life, Beebe and Lachman (2014) video recorded and analysed the mother-infant implicit nonverbal microinteractions in a paradigm in which the mothers were asked to simply play, face-to-face, with their child. They found that compared to secure mothers, insecure mothers, and especially those with disorganised attachment styles, tended to display and emit asynchronous and discordant facial and vocal information in response to their infant's distressed and non-distressed gestures. In one example, the mother responded with disgust rather than a matching 'woe-face' to her baby's distressful expression (Beebe & Lachmann, 2014: 16-17). Insecure mothers also tended to be either too attuned or not attuned enough, or too physically intrusive or too

physically distant. When the infant attempted to break the gaze so that it may down-regulate from a state of arousal, insecure mothers continued trying to maintain the infant's attention with highly intrusive behaviour (Beebe & Lachmann, 2014: 8).

The research also supported and demonstrated some of the findings from Tronick's 'still face' experiment which showed how infants responded to failed attempts to re-engage their mother who had been instructed to disrupt the ongoing dialogue by showing no facial emotion. After a few minutes of getting no response to its efforts to reconnect, the infant began to show signs of defeat, withdrawing physically and then emotionally; and when connection was restored by the mother, the quality of the engagement was less vital and intimate (Adamson & Frick, 2003: 452). The innate need for infants to co-regulate the experience of going on being was clearly demonstrated by Beebe and Lachmann, but perhaps the most significant finding from the 'still face' experiment was that emotional neglect is a profoundly traumatising form of early maturational abuse. Schore (2001) writes that 'Maternal neglect is the behavioral manifestation of maternal deprivation, and this alone or in combination with paternal physical abuse is devastating to developing limbic subsystems' (Schore, 2001: 225), which are the systems relevant to this discussion. It would seem based on this evidence that a therapeutic approach not oriented towards the right brain language of imagery and feeling would have little therapeutic value and might even be countertherapeutic. The use of analogy and metaphor in the therapeutic processes is greatly supported by the above researchers' collective findings.

7. 9 Infant Attachment and Adult Dissociation

Using this combined data, it was possible for Beebe and Lachmann to predict that by twelve months infants with insecure mothers would more than likely have a disorganised attachment style. Beebe (2005) and Lyons-Ruth (2007) also found, following Liotti (1992), that a

disorganised attachment style is a strong predictor for adult dissociation. Common to both disorganised attachment and adult dissociation is the interpersonal approach-avoidance behaviour of 'freezing' (Beebe & Lachmann, 2005: 14). Schore (2009) describes this in terms of a maturational failure to integrate right brain dominant systems that allow the infant to properly appraise external and internal environmental stimuli, and that adult dissociation develops from early traumatic attachment experiences for coping with intolerable external and internal novel stimuli: (Schore, 2009: 125). The capacity to cope with novel or ambiguous stimuli, according to McGilchrist (2009), gives to the right brain the 'subtle ability to use metaphor, irony and humour, all of which depend on not prematurely resolving ambiguities' (McGilchrist, 2009: 130). And he says that 'in fact, those with right-hemisphere damage cannot make inferences, an absolutely vital part of understanding the world: they do not understand implicit meanings whatever their kind, but detect explicit meanings only … [which impedes their] understanding of the indirect, connotative language of poetry' (McGilchrist, 2009: 133).

METAPHORIC COMPREHENSION AND RIGHT BRAIN DEFICITS

In the therapeutic conversation, patients with complex trauma show little sign of metaphoric competence, and therefore the imagination for storytelling, due in large part to the maturational impoverishment of the primarily emotional right brain capacities required for the interpretation and creation of novel or ambiguous visual and auditory stimuli. There is consequently with trauma a powerful tendency to adhere to what is known and certain, as the ambiguous and novel are not easily tolerated and, indeed, often portend psychic 'annihilation' (Winnicott, 1965); conversation tends to focus on the external world in the literal and figuratively conventional language of the everyday; the inner and interpersonal worlds are rendered in the same literal terms and inconsequential metaphors as is the world of facts. My

aim now is to further my argument that the CM is an approach that nurtures the capacity for metaphoric comprehension and production in the language of analogical relatedness. This form of relatedness facilitates the development of right brain-based neurobiological structures and systems required for grasping tensile metaphors that reveal new meaning about self and other while also facilitating the ability for emotional self-regulation. The capacity to grasp these interactive kinds of metaphor, as opposed to the conventional kind, is a marker of personal growth; and the 'seeing into' such metaphors deepens and strengthens the experience of analogical fit.

8.1 The Right Hemispheres Preponderance for Metaphor

Cognitive psychologists and neuroscientists have studied individuals with and without right brain damage to determine if there is a right hemisphere preponderance for novel metaphoric comprehension. By 'novel' the researchers refer to tropes that are not idioms or conventional metaphoric expressions, such as 'time is money'. While many of these studies used very simple subject-predicate novel metaphors to test comprehension, such as 'Juliet is the sun', they nevertheless tended to support the view that metaphoric comprehension involves and requires right brain capacities even when the findings are not always clear cut. The psychologists, Winner and Gardner (1977), for example, found no clear evidence of cerebral asymmetry but noted that participants with right brain lesions more often than not gave literal interpretations of pictorially represented metaphors. The same cohort also, interestingly, did not find literal pictorial representations of figurative statements amusing (e.g., a person passing a hand to another person) and 'sometimes resisted the explication task' (Winner and Gardner, 1977: 727). This seems to suggest an inability to 'get the joke' and a frustration with the researchers' requests to translate figurative language into literal language.

Blonder et al (1991), examining emotional communication, found that while right brain damaged patients performed as well as controls in comprehending descriptive sentences, they were significantly less likely to accurately judge the emotional content conveyed in nonverbal stimuli such as prosodic, facial and gestural expressions. Baldo et al (2015) found that individuals with right brain damage performed significantly below controls when asked to describe what a cartoon character might be thinking, a task requiring a capacity for inference and context reading (theory of mind). Gold and Ben-Artzi (2012) explored right brain dominance for verbal creativity in metaphor comprehension and found that the required lexical extension for grasping (and creating) metaphoric meaning was lacking in less verbally creative individuals. Finally, Yang (2012), using neuroimaging, found evidence of the right brain's capacity for integrating and processing semantic information, a capacity required for novel metaphoric comprehension. It can be inferred from Yang's findings that the more novel the metaphor, or the more poetic, the greater is the demand on right brain resources required for grasping novel as opposed to conventional metaphoric and literal meanings. It is interesting to note, too, that autistic children, who share the same right-hemispheric deficits as individuals with complex trauma histories, such as, with varying severity, an inability for global thinking and for correctly reading others' thoughts and feelings, are slower than controls at comprehending metaphor but not metonymy, which is a single domain phenomenon that therefore involves no mapping (Rundblad & Annaz, 2010).

This research seems to support the proposition mentioned earlier in this paper, that is, that 'novel' or tensile metaphoric production and comprehension requires right brain capacities that are largely absent in brain-damaged individuals, insufficiently developed in small children, and only a potential in individuals with complex trauma. In the trauma cases, at least, Vygotsky would probably say that this diminished capacity for grasping metaphor is a potential waiting to be realised through learning, that is, brought to life through language.

The literary critic and trained psychologist, I. A. Richards, probably would have agreed with this notion that metaphoric comprehension and, therefore, 'good' poetry appreciation, is a natural capacity that needs only to be nurtured.

THE DUALISTIC STRUCTURE OF METAPHOR

9.1 I. A. Richards - A Tension Model

If a patient says to her therapist, 'I am a doormat' then both patient and therapist are forced to hold in mind two conjoined thoughts that, if taken literally, as a single idea, would make no logical sense. But according to Richards (1936), the mind is a 'connecting organ' (Richards, 1936: 125) and will attempt to find resemblances or similarities between ideas so that some properties of the idea, 'doormat', will correspond to some properties of the person it refers to, creating in the process a transfer of properties so that one can, in this case, think about the living in terms of the dead. Metaphor forces the mind to see similarities where we would not expect to see or find them, and by doing so, it tells us something new about the world. But thinking about one idea in terms of another, in Richards' tension view of metaphor, is not a simple act of comparison or substitution, the views he was challenging. The two ideas, he argues, are active at the same time, creating a tension between not only their similarities, but also their differences (Richards, 1936: 127); and metaphor is this fine balance between similarity and difference. In their 'interanimation', properties from both *tenor* (or target) and *vehicle* (source or base), the patient and the doormat respectively, meet to form a *ground* of new similarities that will create new meaning or, in this case, a perception about the patient and how she might see herself in relation to others.

9.2 Max Black - An Interaction Model

Max Black (1954) expands on this idea. When we call a man a wolf, according to Black, we necessarily select only those properties of wolf that we can map to 'man' because of some

perceived similarities that were not there before but that the metaphor has made, as it were, visible to us. In doing this, we necessarily push into the background properties or aspects of both the *primary* and *secondary* subjects because of their lack of fit or resemblance - a man may be a wolf in some respects but not in others (Black, 1954: 293). Metaphor thus organises how we might see the world, or a man or a wolf, in ways that are new by hiding from us, or filtering out, other aspects of the world that don't fit within the metaphor's *frame* (Black, 1954: 289). If the patient says 'I am a doormat' then she may well understand ('frame') herself in these terms that describe only certain aspects of her experience, of her total personhood. Some metaphors, it seems, serve to maintain a constricted view of oneself and others. But I would also argue that other metaphors don't, and that even those that do, can come alive and move as metaphors to reveal the many sides or dimensions of a personal narrative.

Metaphors are therapeutic, I am proposing, and the most therapeutically effective metaphors are those Black (1993) describes as *strong* because of their *resonance* and *emphasis*, the things that make us want to dwell on their implied meanings and, I would add, the feelings they engender. We might want to look deeper into the frame, the synchronic dimension, I suggest, of the moving metaphor that brings 'insight'. These are not what he calls the *weak* metaphors that are 'expendable', 'optional', 'decorative' or 'ornamental' (Black, 1993: 26). I agree with Black that weak metaphors are those that are easily translatable into literal terms or are merely rhetorical and have no other function than to persuade or flatter. And I assume he includes in their class the everyday metaphors we take for granted, such as when we say that a relationship might be 'on the rocks'.

Richards (1936) makes the point that 'as the two things put together are more remote, the tension created is, of course, greater' (Richards, 1936: 125). Metaphor's strength derives from the novelty of the collocated terms. Black's theory says that a metaphoric frame is rendered by virtue of the presence of a *focus* word (or words) that cannot be replaced with another word without the sentence losing its metaphoric strength, its cognitive content, or being reduced to nonsense; and the more novel the focus, the stronger the metaphor. But this idea of the literal frame ('man is a …') and the metaphoric focus ('wolf') contradicts Richards' claim that 'metaphor is the omnipresent principle of language' (Richards, 1936: 121). Black is saying, on the contrary, that not all language is metaphoric, and even that which is, gets its metaphoric sense and semantic strength from within a literal framework. This would further suggest that his metaphoric 'grammar' does not constitute a separate language but is part of a continuum between literal and metaphoric statements in which the latter function to provide a less precise meaning to phenomena that more literal scientific statements are yet to explain (Black, 1954: 284).

9.3 Poetry and Science

Richards (1926) would disagree with this view and claim that metaphoric or poetic statements – 'pseudo-statement' - are in a language that is separate and distinct from the language of science (Richards, 1926: 56). Writing against a rising tide of positivism that dismissed poetry's claims to make truth statements about the world, Richards (1926) argued in poetry's defence by claiming that by its demands for certainty and precision, science could not account for the vast and complex world of human emotions (Richards, 1926: 54). The vague and ambiguous world of inner experience was inaccessible to the scientific method and untranslatable into its language or discourse that struggled to divest itself of all emotive content (Richards, 1926: 54). While both poetry and science aim to derive meaning by

disambiguating the world, they are in fact two completely different modes of discourse and experience, according to Richards (1926). Scientific statements and poetic statements, he argues, are equally valid, equally true, in what they say about very different domains of human experience (Richards, 1926: 55).

Richards was thus not anti-science but feared a pervasive scientism in which even Levi-Strauss (1955), in an effort to make anthropology more scientific, devalued poetry and metaphor for not having the intrinsically 'scientific' structure of myth, a projection of a universal binary mental structure which gave myth the power to create human cosmologies. In fact, Richards immersed himself in the scientific disciplines of his day including neurology, psychoanalysis, and his original discipline, psychology, all of which he harnessed to give experimental evidence for his theory of the relationship between poetry and mind (Richards, 1929: 26). He argued that the 'poetic experience' was the interaction between words or text and a mind always tending towards coherency (Richards, 1926: 56). Again, it is in the tension between disparate but related terms (or more precisely, contexts) that poetry 'stirs' or evokes first the emotions and then the intellect, creating a cascading experience of them flowing together akin, in my view, to the Jamesian stream of consciousness, a metaphor for the self (James, 1890: 239). Consistent with Black's strong and weak metaphors, Richards (1926) argued that compared to 'bad poems', 'good poems' are those that affect us at such emotional depth that after the experience we can no longer see the world in exactly the same way (Richards, 1926: 33). But this experience requires a capacity to grasp the poem's sense and symbol with a mind poised for such an action, which he claims elsewhere becomes a question of 'mental health' (Richards, 1929: 268). A healthy mind is one that can appreciate good poetry, and to appreciate good poetry is to think in metaphor. This thesis has aimed to show the relevance of this view in terms of how it relates to imagination, and particularly, as

we shall see in the next section, productive imagination, and to the development of a poetic language of the self.

9.4 Paul Ricoeur – Metaphor and Imagination

Ricoeur (1975) acknowledges Black's contributions to Richards' theory of metaphor but maintains a focus on Richards' notion of metaphor's inherently tensile nature as the key to revealing metaphor's power to make 'tensile truth' claims about the world of lived experience. This hermeneutic view considers metaphor at the level of discourse, and poetry in particular, and identifies a connection inherent in the poem between 'sense, which is its internal organisation, and the reference, which is its power to refer to a reality outside of language' (Ricoeur, 1975: 5). The former refers to the 'objective content [of poetic] expression' and the latter to its 'mental actualisation, precisely in the form of image and feeling' (Ricoeur, 1978: 144). It is the semantic illogic of poetic language, its literal nonsense or 'semantic impertinence' that gives one access to its mood, 'which is the way of finding or sensing oneself in the midst of reality' (Ricoeur, 1975: 271). Metaphor is the means by which we move between inner and outer worlds of experience, and in this sense, it is literally alive.

Integral to this theory of metaphor is Ricoeur's innovation of the Kantian idea of productive imagination as that which creates meaning from nothing, as distinct from the reproductive imagination (memory) that renders meaning from pre-existing images or ideas. By the power of imagination, we grasp the sense of the poetic statement emerging from the interaction between disparate but related ideas, or more precisely, from their 'identity and difference in the interplay of resemblance' (Ricoeur, 1975: 292). This is the tension between 'is like' and 'is not' implicit in the copula (Ricoeur, 1975: 6), hence the semantic focus is not on the individual word but on the entire sentence or metaphorical statement (Ricoeur, 1978: 146). Productive imagination, it appears, is the power and human capacity to see resemblance and

thus to hold in ‘harmonious tension’ the poem’s semantic ‘nonsense’ – the tension between disparate but related ideas - in order to grasp or ‘picture’ its psychological and semantic sense through imagery as feeling (Ricoeur, 1975: 143). Thus, according to Ricoeur, via a ‘semantic twist’ grasped by an act of the imagination, the living metaphor intimately connects word or image with feeling (Ricoeur, 1975: 150). In sum, by its demands on the imagination, the living metaphor does not just reflect reality, it re-describes it, which is to say, creates it anew.

9.5 The Metaphoric Brain Revisited

According to Ramachandran (2011), *synesthesia*, the condition of seeing sounds and hearing colours, is a defect in synaptic pruning, the environmentally influenced genetic process involved in the anatomical definition of the brain and its various functions (Ramachandran. 2011: 78). Insufficient pruning of the cells projecting from the different brain regions results in an abnormal neural overlap between different modes of experience, such as seeing and hearing, so that synesthetes will not only hear the music but see the notes emanating from the speakers (Ramachandran. 2011: 97). This pathological condition of the normal cross-modal abstraction of discrete inputs, Ramachandran argues, might also explain why poets see similarities where others don’t: ‘Juliet is the sun’ (Ramachandran. 2011: 105). Metaphor, it seems, is the defective product of a neurobiological substrate from which languages and thought develop from the non-reflective concrete into higher forms of embodied mental life. Richards (1936), of course, would argue against this ahistorical view for poetic mastery by pointing to the rich metaphoric language of the Elizabethans (Richards, 1936: 94), which suggests, Shakespeare notwithstanding, that metaphor is not a ‘gift’ but a normal human capacity that can be nurtured or taught (Richards, 1936: 89). I agree with Richards, and argue here, that poetic language has powerful therapeutic value for nurturing a natural capacity for metaphor. In any event, Ramachandra’s theory presents a conceptualisation of the brain as

metaphoric, that is, the biological structures of the brain resemble the internal dualistic structure of metaphor. This is very similar to Levi-Strauss' (1955) structuralist theory that myths are the symbolic representation of an innate binary mental structure. It is also a fundamental view held by Richards that we think in metaphor in that 'we cannot get through three sentences of ordinary fluid discourse without it' (Richards, 1936: 96).

Lakoff and Johnson (1980) have convincingly argued that this is indeed the case and that all of our everyday linguistic expressions such as 'I'm feeling on top of the world!' can be explained in terms of 'primary conceptual metaphors', such as Up is Happy, Down is Sad. These primary conceptual metaphors form from 'primitive cognitions' that are 'innate or form early' (Lakoff, 2008: 30) - concepts such as behind, in front, above, below, and so on - that structure our perceptual and imagistic thinking and govern our body-centred relationship to time and space. But they (Lakoff & Johnson, 1980; Lakoff & Turner, 1989) go further and say that poetry and 'poetic metaphors' too are merely the surface expressions of these primary conceptual metaphors that, as a system, constitute our language and our capacity for reasoned thought and action (Lakoff, 1993: 206). Richards and Ramachandran would agree with this view that 'metaphor is pervasive in everyday life, not just in language, but in thought and action.' (Lakoff & Johnson, 1980: 545).

In developing an embodied neurocognitive model of his theory of metaphor, Lakoff (2008) describes how these primary conceptual metaphors combine into complex hierarchies represented neurobiologically as source and target domains with their asymmetry determined by Hebbian and neural potentiation theories (Lakoff, 2008: 15). It is in the bidirectional activity between localised neural networks, or 'frames' of experience, that conceptual generalisations (abstractions) in the form of imagery are formed and give structured meaning to our conceptual and lived world. When we think about our relationships in terms of the

stranded ‘love boat’ or the ‘battle’ to keep things ‘on track’, and so on, he argues that we make inferences based on this imagery about what our relationships mean to ourselves and to others. Thus, we reason and hypothesise in terms of interrelated conceptual metaphors, such as Love is a Journey, a Struggle, a Battle, and so on, which are themselves composed of primitive cognitions. Metaphor is thus a matter of cognition, according to this view, and all language is simply the linguistic expression of fixed and universal structures. It follows, according to Lakoff, that everyday language, all language, is primarily figurative and that the dichotomy between literal and figurative, the prosaic and the poetic, is a false one. Thus, ‘The generalizations governing poetic metaphorical expressions are not in language but in thought: they are general mappings across conceptual domains’ (Lakoff, 1993: 203).

Lakoff’s assertion of a false dichotomy between literal and figurative linguistic expressions suggests a language continuum between private thought and public utterance, a position that contradicts the Vygotskian view that everyday language is a blend of two fundamentally different kinds of speech - one inner and personal, the other outer and social. My contention is that analogical relatedness nurtures the ‘innate’ neurobiological structures for metaphoric comprehension that are the same structures for cross-modal abstraction. Amodal abstraction is also required for emotional self-regulation which develops with the capacity to tolerate novel stimuli. These structures allow for the grasping and creation of tensile metaphors that reveal new knowledge about self and other. These ‘living’ metaphors, however, transcend their neurobiological roots by their meanings being formulated within a social or relational context without which these kinds of metaphors could not and would not exist.

THE ROLE OF METAPHOR IN THE THERAPEUTIC CONVERSATION

10.1 Hobson and Moving Metaphors

Hobson (1985) understood the power of metaphor to affect therapeutic change in terms of Richards' tension theory which he applied to his own practice. He would notice a word, 'wobbly', for example, a 'minute particular' that a patient would use to try to explain a feeling. Hobson would then invite the patient to explore the possible meanings of this metaphor in the hope that it might form the basis for a personal but shared language in which to experience 'aloneness-togetherness' (Hobson, 1985: 26). The ground of the metaphor would thus become the stuff of conversation and the potential for the creation of new meaning and experiences about self and other. In this case, exploring the metaphoric ground of the word 'wobbly', which was introduced by the patient to symbolise, reference and describe tension in the stomach, evoked potent childhood memories of mixed feelings of fear and excitement of the patient having to leave his mother for the first time to walk to school on his own two feet. By evoking memories from which powerful thoughts and emotions emerged as part of an increasingly coherent narrative, the metaphor literally moved the patient to tears as it revealed new meaning about self in terms of historic and immediate relatedness (Hobson, 1985: 34). But it moved metaphorically, too, in that new knowledge emerged from the ground between two disparate but related ideas embodied in the symbol, 'wobbly'.

For metaphors to move, according to Hobson, requires staying 'with the feeling' in the hope that 'something will emerge' (Hobson, 1985: 33) rather than dismissing the metaphor as nonsense - how can stomach tension possibly be 'wobbly'? This requires access to those right brain cognitive resources for metaphoric comprehension, namely, a tolerance for ambiguity, a capacity to infer meaning, to think globally and see the bigger picture and, importantly, the capacity to self-regulate. Hobson's 'wobbly' patient clearly had these capacities and would probably, therefore, not have the kind of diagnosis associated with a complex trauma history;

a Kohutian narcissist is more likely in the patient's chair. With these right brain capacities, the patient can hold in mind the disparate but related ideas that form the metaphor, its paradox, long enough for it to resolve in a 'transcendental' sense, as Hobson suggests, into new meaning from which personal growth occurs (Hobson, 1985: 57). This holding of ambiguous content, I suggest, is a creative act of imagination that Ricoeur calls 'productive' and its emergence with a personal narrative only facilitates the therapeutic process and the relationship driving it. Hobson describes the way in which metaphor and imagination facilitates personal growth by revealing new meaning. This is an in the moment, highly charged emotional experience shared with another and mediated by the co-created symbol or metaphor; it is not just an intellectual, cognitive grasping; but rather a moment of cognitive-affective coherence, a sense of equilibrium that makes 'insight' or 'seeing into', as Hobson described it, possible. By 'seeing into' the 'broken-heart' the patient sees the heart as more than just a 'bag of muscles'; and meaning shifts from the literal to the figurative language of feeling (Hobson, 1985: 53). It is also a moment of intimacy and distance, the paradox of aloneness-togetherness, evocative of a psychobiological experience of an emerging sense of self, of integration and differentiation and thus an expansion of consciousness and imagination. This capacity to 'see into' metaphor, as mentioned, is diminished in individuals with traumatic histories, those with complex trauma and who are often labelled borderline.

10.2 Treating Borderline Cases - Analogy Precedes Metaphor

As mentioned, the challenge faced when treating individuals with chronic early relational trauma is that right-hemispheric deficits make forming a therapeutic alliance extremely difficult. A disorganised relational orientation manifests in coping strategies that involve shifting between dissociative states of hyperarousal and hypoarousal. These are neurologically different forms of dissociation sometimes appearing together in the same person; but both strategies appear to have the same purpose, which is to protect the individual

against re-experiencing a ‘painful incoherence’ (Meares, 2012: 19) associated with traumatic memories. Hyperarousal is a loss of inhibition due to what Jackson called the ‘dissolution’ between higher and lower functions of the brain causing a constriction of consciousness and loss of awareness (Meares, 2012: 19). Such disconnections of neural systems will often manifest in anger or rage at stimuli that is (primarily unconsciously) reminiscent of the original trauma scene - the therapist’s expressions or tone of voice, for example. Hypoarousal is also a protective strategy against historic traumatic content experienced in the present, but in this case, the pain of re-experiencing the trauma is tolerated by changes in the amygdala and associated areas causing emotional deadening - the therapist’s interpretation this time might trigger drowsiness not rage (Meares, 2012: 149). These are important differences but pertain to the same core feature of the borderline condition, namely, an inability for emotional self-regulation: ‘dysregulation is an essential part of the BPD picture’ (Meares, 2012: 35).

10.3 Analogical Relatedness

Individuals suffering from BPD tend to be hypervigilant, which is an orientation towards a threatening external environment, the consequence of a maturational process that devalues inner life (Meares, 2012: 49). Turning the patient’s attention inwards is to potentially expose the shame of a life without meaning or substance. The therapeutic aim (and challenge) of the CM is to foster through conversation a form of dualistic consciousness in a language that is inner focussed but not intrusive (Meares, 2005; Meares, 2012). An inner focussed language tends towards the nonlinear, condensed grammar of inner speech expressed in gestures and nonverbal vocalisations, or with words that speak with and not to the patient. The language reflects a form of relatedness that is analogical (Meares, 2012: 310). Analogical relatedness has the form of a protoconversation in that the therapist responds not by mirroring the

patient's inner states, but rather by offering an approximation that amplifies and validates them while recognising their ownership (Meares, 2012: 310).

10.4 The Integration of Traumatic Memory and the Emergence of Narrative

A marker of increased integration of trauma memory, according to Meares, is the emergence of a personal narrative that has coherence and continuity, Winnicott's 'going on being', and that 'depends on episodic and autobiographical memory' (Meares, 2013: 98). While this is the process of the integration of traumatic memory, which is memory 'not recognised as memory' (Meares, 2013: 104) but as belonging to the here and now, it is also a process of differentiation. The past and the present are no longer fused, and there is a sense of an inner life that is separate from, but connected to, the outer world. The language to reflect the subtle and nuanced thoughts and feelings of this inner life, I suggest, and consistent with Meares' view, can only be the language of inner life itself: inner speech, the language of metaphor and analogy. A vaguely sensed thought or feeling will find expression not in the linear language of the everyday but in metaphor as word, sentence, or discourse. The stream of inner thoughts and images flows through the conversation enlivening it with novel terms and potent symbols of personal and relational meaning. It is not metaphor peppered across a literal landscape, but rather the language of metaphor woven into the very fabric of the relationship itself.

10.5 The Specific Role of Tensile Metaphors in the Therapeutic Conversation

Given this analysis, I propose that by its power to reveal and create new meaning, metaphor has the potential to affect therapeutic change by giving expression to the subtle and nuanced experiences of an emerging personal narrative of the self. In this way, as metaphors emerge out of the co-created conversation between therapist and patient, their meaning is both personal and relational. Specifically, I make a distinction between the analogical and metaphorical. I am suggesting that the language of analogical relatedness fosters the right

brain capacities for creating and grasping tensile metaphors and that these metaphors then facilitate the integration of those right brain systems that make 'insight', which is simply the capacity to grasp meaning from semantic 'nonsense', possible. Analogical relatedness nurtures this capacity to tolerate the highly ambiguous language of 'living' metaphors, the interactive, tensile metaphors, by helping the patient to emotionally self-regulate. Thus, metaphoric comprehension and production is a capacity intimately linked to emotional self-regulation. Analogical relatedness nurtures integration of the right hemisphere and the higher levels of mental activity associated with the experience of the duplex self; tensile metaphors represent this higher form of consciousness which reflects in a tertiary sense a primary structure of the brain that might be called metaphoric, a capacity for cross-modal abstractions or the mapping between disparate domains of experience.

The notion of primary metaphors allows for the use of conventional figures of speech. Even the most traumatised individual can tolerate these conventional metaphors since they do not require cognitive resources beyond those required for comprehending literal statements. But like metonymy, these tropes do not reveal new knowledge or facilitate self-regulation by deepening the experience of analogical fit as new meaning emerges from the therapeutic conversation. The grasping of tensile metaphors requires a particular form of consciousness that is nurtured in the therapeutic conversation in the language of analogy and metaphor, but the former always precedes the latter in the case of complex trauma.

What is 'grasped' by the trauma patient are the dead metaphors. Unlike the living or moving metaphors, these dead metaphors can function to describe and maintain global negative beliefs about the self. The 'doormat', for example, is a weak metaphor, one might say dead, yet still powerful in its ability to define the self in terms of a narrow frame of reference. Frozen or 'petrified' (Hobson, 1985) metaphors such as this, I suggest, symbolise

procedurally encoded negative self-other representations formed by preverbal intersubjective dyadic experiences of repetitive devaluation of an emerging sense of self. In other words, how 'we think about our selves and our relationship to the world is already revealed in the metaphors we unconsciously choose to talk about it' (McGilchrist, 2009: 152). However, even these 'dead' metaphors can come alive in the course of therapy to reveal hitherto 'hidden' experiences of self and other. They can become living metaphors. The emergence of strong, moving or living metaphors, I suggest, indicates personal growth, which is the experience of flow and fit. Fit also describes the preverbal infant's embodied experience of feeling psychobiologically connected to an attuned other.

CONCLUSION

In this thesis, I have attempted to bring together into a coherent narrative the key scientific findings from developmental psychology and neuroscience that underpin and inform the theories and practices of the CM of psychodynamic psychotherapy. The discussion also incorporated relevant findings from psychological and neuroscientific studies on metaphor that show how right brain impaired individuals lack the cognitive resources required for creative or tensile metaphoric production and comprehension. These are the same capacities that are significantly impaired in individuals with early attachment trauma histories. In particular, the capacity to hold conjoined ambiguous words or ideas long enough to resolve the metaphoric paradox and grasp its meaning requires the functioning and coordination of various right brain systems that have failed to mature in individuals with early attachment trauma histories. This discussion provided substantial evidence from developmental psychologists and neuroscientists to support this argument. It is the same scientific evidence that supports the theories and methods articulated by Hobson and Meares over forty years ago.

By placing language at the centre of the therapeutic encounter, Hobson and Meares developed a model of psychotherapy that has proven effective in the treatment of patients with complex trauma histories (Korner et al, 2006). The centrality of language in the therapeutic process has also made possible the observation and quantification of the verbal and nonverbal interactions between therapist and patient. The form of the conversation reflects the kind of consciousness and relatedness underpinning the therapeutic interaction. Self is expressed in a language that is inner and that has the condensed grammatical structure of poetry and metaphor. I have argued in this paper that in the therapeutic conversation, where the therapist relates analogically to the patient in the language of feeling and imagery, the appearance of tensile metaphors suggests that higher levels of neurological integration and coordination (vertical and horizontal) are present and developing in the context of a relational, intersubjective experience. These kinds of metaphors further facilitate the transformation of an adualistic form of traumatic consciousness into a dualistic form of consciousness that allows for reflection on those emerging thoughts and feelings experienced as an increasingly coherent sense of self. In this way, tensile metaphors strengthen and deepen the experience of analogical fit. This has implications for mental health practice particularly in the treatment of complex trauma.

REFERENCES

Adamson, L. B., & Frick, J. E. (2003). The still face: A history of a shared experiment paradigm. *Infancy*, *4*(4), 451–473.

Baldo, J. V., Kacinik, N. A., Moncrief, A., Beghin, F., and Dronkers, N. F. You may now kiss the bride: Interpretations of social situations by individuals with right or left hemisphere injury. *Neuropychologia*, 80: 133-141, 2016.

Beebe, B. (2005). Mother-Infant Research Informs Mother-Infant Treatment. *Psychoanalytic Study of the Child, 60,* 6–46.

Beebe, B., & Lachmann, F. (2014). *The Origin of Attachment Infant Research and Adult Treatment*. New York & East Sussex: Routledge.

Black, M. (1955). Metaphor. *Proceeding of the Aristotelian Society*, *55*, 273–294. 21 Bedford Square, W.C.1 London, U.K.: Blackwell Publishing on behalf of The Aristotelian Society.

Black, M. (1962). *Models and Metaphors - Studies in Language and Philosophy*. Ithaca, New York: Cornell University Press.

Blonder, L. X., Bowers, D., and Heilman, K. L. The role of the right hemisphere in emotional communication. *Brain,* 114: 1115- 1127, 1991.

Delafield-Butt, J. T., & Trevarthen, C. (2015). The ontogenesis of narrative: from moving to meaning. *Frontiers in Psychology*, *6*. https://doi.org/10.3389/fpsyg.2015.01157

Gold, R. and Ben-Arzi, E. Metaphors and verbal creativity: The role of the right hemisphere. *Laterality*, 17, 5: 602-614, 2012.

Hobson, R. F. (1985). *Forms of feeling: The heart of psychotherpy*. New York and London: Routledge.

Holyoak, K. J., & Stamenkovic, D. (2018). Metaphor Comprehension: A Critical Review of Theories and Evidence. *Psychological Bulletin*, *144*(6), 641–671.

James, W. (1890). *The principles of psychology*. London: Constable and Company.

Kohut, H. (1971). *Analysis of the self: A systematic approach to the psychoanalytic treatment of narcissistic personality disorder*. Chicago & London: University Chicago Press.

Kohut, H. (1977). *The restoration of the self*. Chicago & London: The University of Chicago Press.

Kohut, H. (1984). *How does analysis cure?* Chicago & London: The University of Chicago Press.

Korner, A., Gerull, F., Meares, R., & Stevenson, J. (2006). Borderline personality disorder treated with the conversational model: a replication study. *Comprehensive Psychiatry*, *47*, 406–411.

Lakoff, G, & Johnson, M. (1980). Conceptual Metaphor in Everyday Language. *The Journal of Philosophy*, *77*(8), 453–486.

Lakoff, G, & Turner, M. (1989). *More Than Cool Reason: A Field Guide to Poetic Metaphor*. Chicago & London: The University of Chicago Press.

Lakoff, George. (2008). The neural theory of metaphor. In *The Cambridge handbook of metaphor and thought* (pp. 17–38). https://doi.org/10.1017/CBO9780511816802.003

Levi-Strauss, C. (1955). The structural study of myth. *The Journal of American Folklore*, *68*, 428–444.

McGilchrist, I. (2019). *The Master and His Emissary: The Divided Brain and the Making of the Western World*. Yale University Press.

Meares, R. (1977). *The pursuit of intimacy: An approach to psychotherapy*. Melbourne: Thomas Nelson.

Meares, R. (2005). *The metaphor of play: On self, the secret and the borderline experience* (3rd ed.). London and New York: Routledge.

Meares, R. (2012). *A Dissociation Model of Borderline Personality Disorder*. New York & London: W. W. Norton & Company.

Meares, R. (2013). *Intimacy and alienation: Memory, trauma and personal being*. London and New York: Routledge.

Ortony, A. (Ed.). (1993). *Metaphor and thought* (2nd ed.). Cambridge University Press.

Özçalişkan, S. (2005). On learning to draw the distinction between physical and metaphorical motion: is metaphor an early emerging cognitive and linguistic capacity? *Journal of Child Language*, *32*, 291 318.

Ramachandran, V. S. (2011). *The tell-tale brain- A neuroscientist's quest for what makes us human*. W. W. Norton & Company.

Richards, I. A. (1926). *Poetries and sciences*. New York: W.W. Norton and Co.

Richards, I. A. (1929). *Practical criticism: A study of literary judgment*. London: Kegan Paul, Trench, Trubner & Co. Ltd.

Richards, I. A. (1936). *The philosophy of rhetoric*. New York: Oxford University Press.

Ricoeur, P. (1978). The Metaphorical Process as Cognition, Imagination, and Feeling. *Critical Inquiry*, *5*(1), 143–159.

Ricoeur, P. (2003). *The rule of metaphor: The creation of meaning in language*. London: Routledge.

Rundblad G. and Annaz, D. Development of metaphor and metonymy comprehension: Receptive vocabulary and conceptual knowledge. *British Journal of Developmental Psychology*, 28: 547 - 563, 2010.

Schore, A. (2001). The effects of early relational trauma on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal*, *22*(1–2), 201–269.

Schore, A. (2009). Relational trauma and the developing right brain. *Self and Systems: NY Acadamy of Science*, *xxxx*, 1–15.

Schore, A. N. (2016). *Affect Regulation and the Origin of the Self - The Neurobiology of Emotional Development* (Classic). New York & London: Routledge.

Stern, D. N. (1985). *The interpersonal world of the infant: A view from psychoanalysis and development*. London: Karnac Books.

Stites, L., & Özçalişkan, S. (2013). Developmental Changes in Children's Comprehension and Explanation of Spatial Metaphors for Time. *Journal of Child Language*, *40*, 1123–1137.

Tierney, A. L., & Nelson, C. A. (2009). Brain Development and the Role of Experience. *Zero Three*, *30*(2), 9–13.

Trevarthen, C. (2011). What is it like to be a person who knows nothing? Defining the active intersubjective mind of a newborn human being. *Infant and Child Development*, *20*, 119–135.

Trevarthen, C., & Delafield-Butt, J. T. (2015). The ontogenesis of narrative: from moving to meaning. *Frontiers in Psychology*, *6*(1157), 1–16.

Trevarthen, Colwyn. (2015). Awareness of Infants: What Do They, and We, Seek? *Psychoanalytic Inquiry*, *35*(4), 395–416. https://doi.org/10.1080/07351690.2015.1022488

Trevarthen, Colwyn, & Delafield-Butt, J. (2016). Intersubjectivity in the imagination and feelings of the infant : implications for education in the early years. In E. J. White & C. Dalli (Eds.), *Under-three Year Olds in Policy and Practice* (pp. 17–39). Retrieved from https://doi.org/10.1007/978-981-10-2275-3

Tzourio-Mazoyer, N., De Schonen, S., Crivello, F., Reutter, B., Aujard, Y., & Mazoyer, B. (2002). Neural Correlates of Woman Face Processing by 2-Month-Old Infants. *NeuroImage*, *15*(2), 454–461. https://doi.org/10.1006/nimg.2001.0979

van der Kolk, B. (2005). Developmental trauma: Towards a rational diagnosis for children with complex trauma histories. *Developmental Trauma Disorder*, *35*(5), 401–408.

van der Kolk, B. A., & van der Hart, O. (1989). Pierre Janet and the breakdown of adaptation in psychological trauma. *The American Journal of Psychiatry*, *146*, 1530–1540.

van der Kolk, B. A., & van der Hart, O. (1991). The intrusive past: The flexibility of memory and the engraving of trauma. *American Imago*, *48*, 425–454.

Vygotsky, L. (1986). *Thought and Language*. Cambridge, Massachusetts; London, England: MIT Press.

Vygotsky, L. (2004). Imagination and Creativity in Childhood. *Journal of Russian and East European Psychology*, *42*(1), 7–97.

Winner, E., & Gardner, H. (1977). The comprehension of metaphor in brain-damaged patients. *Brain*, *100*, 717–729.

Winnicott, D. W. (1965). *Maturational processes and the facilitating environment: Studies in the theory of the emotional development*. London: Hogarth Press.

Winnicott, D. W. (2005). *Playing and reality*. New York and London: Routledge.

Yang, J. The role of the right hemisphere in metaphor comprehension: A meta-analysis of functional magnetic resonance imaging studies, *Human Brain Mapping*, 35, 1: 107-122, 2014.