

THE GLOBAL BRAIN AND PSYCHOANALYTIC ENGAGEMENT

The patient, an individual in mid-life, had spent an enjoyable weekend with old friends he had not seen for many years. But after the weekend, when alone, he began to drink to alleviate an ill-defined, uncomfortable state of mind. During our appointment, he realized that after his friends had left, he felt lonely. Then, in response to my supportive comments, he felt sad; and when he again thought of his lonely feelings, he cried. Finally, in what seemed a recognition of the intimacy of our exchange, he said he was sad, but also aware of the sense of care he was experiencing. With this, his sadness became more tolerable and less paralyzing.

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This seems not a bad use of treatment, as it facilitated the integration of various states of mind – a state stimulated by the recent experience of his friends leaving him and a state stimulated by our work together. I think he became more aware of the complexity of his emotional world – and this increased self-awareness provided tolerance for his feelings.

But we were only part way through the appointment and things did not deepen. Instead, the themes described were repeated; and things got muddled. We lost access to the vibrancy generated by the juxtaposition of separation, loss, and care and the result was a flattened experience. My sense was that the conceptual framework we had implicitly agreed to – a framework based on an experience of separateness and reactions to intimacy and loss – no longer served a comprehensive organizing function.

A typical explanation of such a change might involve stimulation of defenses to obscure feelings associated with loss and care. Another explanation might invoke a misunderstanding and lack of mirroring on my part, stimulating a protective distancing in this man. Still another explanation could invoke a veiled expression of transference hostility or competitiveness. All these theories – and others like them – offer patterns that we naturally seek out to make sense of muddle and uncertainty. Our current treatment environment involving care at a distance adds impetus to this natural tendency and leaves even less space for muddle. But seeking such patterns limits our awareness of what registers as clinically pertinent and forecloses our ability to listen to all of a patient's communications, many of

which register obscurely, surface slowly, and are communicated in a non-symbolic mode.

If, at this point in this man's care, we apply a specific psychological theory to explain the loss of access to subjectivity, we are in danger of bypassing something of basic importance – an opportunity to interact with the full complexity of a patient's internal world. We can listen to a patient while waiting for something that supports a theory to surface – and then pounce. Or, we can listen knowing that we may soon be consciously engaged with another individual's complex, idiosyncratically structured, inner reality.

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Consider this: in psychoanalytic treatment, we are interacting with another person's mind – an extremely complex system that has evolved through evolutionary pressures into a functionally layered, highly dynamic, powerfully responsive organ system, encapsulating sensory registrations organized in ways that reflect different levels of development and conveyed using modes of communication that also reflect different levels of development.

As a product of the brain's functional anatomy, every organism with a brain develops an internal world of varying complexity, which we call mind. Our mind – the internal world of Homo Sapiens – is a complex mosaic of encoded affects, representing satisfied and dissatisfied bodily states; internalized object relationships, derived from a multitude of experience; and concepts, organized at various levels of abstraction. Some of these registrations are conceptually integrated and contextually placed, and some remain in primitive form, barely accessible to conscious awareness. Nonetheless, each registration can contribute to a dynamically influenced sense of wellness and unwellness, while also remaining available for connection to other encoded fragments and discharge via some mode of expression.

Although the mind is a dynamic and varied place, we tend to rely on articulated sentience and decipherment of symbolic communications to understand the state of one's mind. But the mind, and its evolutionary precursors, have been interacting with the physical universe for 500 million years, long before self-aware consciousness and symbolic communication entered the scene about one to two million years ago. The physical universe, including the brain, functions according to laws that have been in existence long before core components of the

subjective universe – self-aware consciousness, conscious abstract thought, and symbolic communication – fully evolved.

It is my understanding – assumption, really – that there is mental activity associated with all sensory registrations, including those registrations that occurred early in the course of life’s evolution and those occurring early in an individual’s development. These primordial mental processes, shaped by millions of years of developmental interactions with the external world, are now genetically encoded and a component of the brain’s intrinsic activity, part of the unaware unconscious. Although not directly approachable, these pre-sentient processes influence the core quality of one’s experience of the external world. Their inclusion in a therapeutic conversation is of great value.

I suspect that pre-sentient processes played a role in the muddled feeling that eventually permeated the treatment hour I described. If we ignore the layered functionality of the brain and mind, we could argue that something in my patient’s associations stimulated his anxiety, interfered with his train of thought, and led to confusion. But in doing this, we would be confining our treatment to one’s symbolic world and ignoring the clinical consequences of the layered functional organization of one’s brain and mind. Doing this constricts engagement with the full dynamic complexities making up the patient’s internal world. It leaves subtly conveyed primitive processing of experience unrecognized. A stilted therapeutic moment can become a fixed reality if the brain’s innate tendency to integrate sensory registrations is not brought to bear on registrations of early experience as they surface in inchoate ways.

My patient and I seemed to be in such a vulnerable place. Both of our brains had apparently stopped doing what brains evolved to do – that is, integrate ongoing stimuli with encoded experience to create updated concepts about the world one lives in. Instead, muddled experience “seemed” to interfere in our attempt to consciously connect in a more global manner to what was encoded in each of our brains – even if what each of us had encoded from our life experience was different.

At this moment of directionlessness, my patient and I were faced with an implicit decision concerning the depth at which we would work and the quality of change that would result. If I accepted my patient’s description of sadness about friends

leaving as the whole of his expressed mental world, I would be ignoring the subtle surfacing of the different realities that make up my patient's inner world as well as ignoring my knowledge of the mind's layered structure.

So, if I do not want to ignore what is surfacing – even if muddled, how do I proceed? How do I approach primitive levels of functioning involving the unaware unconscious – predating the development of symbolic thought – if my only access to this level of function is conscious muddled confusion? What guidance is available in such circumstances?

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Historically, analysts have relied on empirically derived psychoanalytic constructs for guidance in handling complex clinical situations. More recently, knowledge generated from the neurosciences has been used to validate these standard psychoanalytic approaches. This is a top-down application of neuroscientific knowledge – our empirically developed theories dictate what we listen for and respond to, and basic scientific research is used to document that change occurs when we act on what we have heard.

My sense is that it is more constructive to master what neuroscience can teach us about the relationship between the brain and the mind and tease out the clinical implications of this relationship. This is more of a bottom-up approach, in which the dynamic connections within the central nervous system provide guidance for psychoanalytic listening, for the timing and qualities of psychoanalytic interventions, and for the natural history of human development as influenced by psychoanalytic treatment.

An example of this would be my understanding the muddle my patient and I were in as the surfacing of some of the mind's layered, differently organized reality – something to be silently welcomed in treatment, not interpreted.

If the analyst's job involves the meaningful integration of a patient's communications, knowledge of the brain's functional structure and the mind's diverse connectivity and varying modes of communication can only enhance the analyst's sensitivity to expression of pre-sentient mental activity. This is no different than using knowledge of the chemo-physiology of an organ system – kidney or heart, for instance – to develop pharmacologic interventions to improve function in those organ systems. In the case of psychoanalysis, we use

psychological interventions – reflection, clarification, and interpretation – to add regulatory meaning to our patients’ expressions. But without a clear understanding of the central nervous system’s functional anatomy, our listening is prone to be insensitive to primitive levels of organization and our interventions misdirected to more evolved levels of receptivity.

While it appears from my description that the muddled state that surfaced with my patient could not be missed, I suspect that the muddle was prominent to me because my listening was sensitized by knowledge of the dynamic structure of the mind. Without that awareness, the muddle could easily have been ascribed to inconsequential sources.

Detailed knowledge of the central nervous system’s functional anatomy facilitates one’s ability to hear multi-layered communications, reflecting different levels of development and expression. Analysts able to attune to this complexity in a patient’s communications can mirror that complexity in their interventions. This sets the tone for more prominent multi-level involvement between analyst and patient as early experience becomes “seen.” By bringing the here-and-now into treatment on several levels, the central nervous system’s innate integrating tendency has something new to respond to – that is, the muted disorganization provoked in a patient by an analyst’s newly expressive responses to an enhanced form of listening. This is a more global approach to listening and responding – one required as my patient and I entered muddled territory.

Of pertinence to this approach, recent neuro-scientific research has enhanced our definition of emotional health by linking the global state of the brain to immunologic function. Inflammation appears to play a role in symptomatic psychiatric disease and blockade of inflammatory responses can improve depressive symptoms. There is growing evidence that regulation of affect alters immunologic function and data suggest that alterations in the immune system can negatively impact every aspect of central nervous system function [Miller, et al].

This global view of central nervous system function raises many questions. Can we determine how effective one’s central nervous system is in organizing new sensory registrations and integrating them with previously encoded and contextualized registrations? What impact do poorly integrated and inaccurately

contextualized sensory registrations have on the brain, the body, interpersonal relationships, and creativity?

Clearly, many psychiatric syndromes have their roots in such deficiencies. I suspect the muddled feelings that surfaced with my patient were an expression of pre-sentient processing that was poorly integrated and poorly contextualized early in my patient's life and that similar errors in processing were repeated many times throughout his life. Page | 6

Pre-sentient sensory registrations surface frequently in analytic treatments but because we do not have the central nervous system's operating reality as foundational knowledge in our minds, we often do not hear such phenomena, much less understand how appropriate responses to these registrations can alter the clinical environment. Pre-sentient processing makes things complex – and rich. But this level of processing is frequently ignored and often remains poorly contextualized.

So, what happens within the two organs of the central nervous system during the give-and-take of analytic treatment? How do neuronal action potentials and neuronal connectivity, which are brain phenomena, support the richness of pre-sentient and symbolic processing, which are mind phenomena? Can we make use of the answers to these questions to enrich clinical experience?

At this point in preparing this paper, I had no answers to these questions. However, I thought it made sense to shift from a clinical focus, where give-and-take occurs at a measured pace, to focus on the discrete lightning-fast phenomena that underlies the sense of continuity and subjectivity that we experience as reality. But when I changed my focus, I immediately felt muddled and then blank. I had no idea about how to put these radically different realities together in some way that facilitated clinical process.

Then I had a series of dreams.

My initial dreams were vague. There were no images; only a daily awakening memory of an adolescent crush that I had generally kept to myself – and a sense of puzzlement about why I was waking with such memories. Although I was pre-occupied daily by neuronal function and clinical process, it took a week of puzzling

about my dreaming before I realized my dreams were somehow connected to my conscious thinking about neurons. With that realization, I had a much more elaborated dream that night.

In this dream – and this is only a summary of it – I was uptown in Manhattan on my way to give a psychoanalytic talk downtown. With only several dollars in my pocket, I hailed a ride-share cab and was quoted a fare I could afford. The ride-share dropped me off a mile or so from my goal and as I argued with the driver over the fare he now wanted, he slowly pulled away, leaving me alone. Somehow, I called the hotel where I was scheduled to speak – only to get stuck on the hotel's phone tree, leaving me isolated, and with images of a crowd wondering where I was.

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The impulse to associate to this dream with its mix of pre-sentient and abstract communication is powerful; rich understanding is created by exploring associations. But my thesis, which became clearer to me as I thought about these dreams, concerned pre-sentient sensory processing, its universal presence, and its impact on our sense of reality. So, how does one delineate pre-sentient sensory processing in a dream that is saturated with symbolic communication?

We could ignore the symbols. We could think in concrete terms. We could ask if these dreams reflected, in a concrete manner, the basic changes occurring in the state of my mind as it was stimulated by my conscious thinking over the previous weeks.

Was this dream series, in part, an expression of pre-sentient processing of sensory registrations – including self-created sensory registrations? Since the mind's ability to register its own changes would be a foundational component of consciousness, were these dreams a consequence of brain and mind registering their own changes? Were these dreams evidence of an ongoing revision of inner reality?

With no images and vague content, my initial dreams reflected a limited state of sensory integration with encoded memories – memories that were linked to my adolescent experience. During the day, I was pondering neuronal excitement, struggling with blankness, and had no way to discharge the tension I experienced – so maybe that was a connection to adolescence and a secret crush. The more

elaborated dream, pervaded by activity and frustration, captured the growing stimulation of my mind. I was in bustling Manhattan and getting closer but not yet attaining, a still not fully defined goal.

At this point, it seemed to me that pre-sentient processing involved encoding which captured the salient rhythms and state of activation of one's mind, without much registration of the more symbolic aspects of reality. These dreams, taken as a series, capture the dynamics of a non-linear system, in which sensory stimulation registers with little change in the overall dynamic structure of the system until a threshold is crossed and a qualitative change occurs. My more elaborated dream was created on a foundation of suddenly broadened connections between ongoing sensory registrations and encoded memory. The dream was evidence that a qualitative change in the dynamic connections within my mind had silently occurred.

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Even with its frustration, my third dream, rich in action, "unstuck" me. I knew my mind was activated and that I was experiencing an ill-defined but effective sense of direction. My self-imposed task had altered the state of my mind's connectiveness to increasingly enlist stored sensory registrations in an elaborated manner. I felt "known."

If the brain evolved to help beings navigate in an ever-changing environment, the feeling that one "knows" where one is in respect to one's self is an essential part of an inertial guidance system. I believe this kind of "knowing" is an overlooked element in many psychoanalyses, which often leaves patients (and analysts) depending on shared symbolically communicated patterns rather than exploring the inchoate affects and associated dynamic environmental registrations associated with "knowing."

Pre-sentient processing has something to do with a visceral sense of "knowing," and with that sense, I felt empowered to explore the interactions between the functional anatomy of the brain and mind, pre-sentient processes, and clinical work.

The historians, Will and Ariel Durant, wrote that "nature and history do not agree [about what is good and what is bad]. Nature defines good as what survives and bad as what goes under." History – and psychoanalysis – define good and bad in

more complex ways, involving feeling states and values. But both ways of defining good and bad can be subsumed under the concept of “progress,” with the understanding that “progress” refers to changes in living things that facilitate their reactions to their environment. “Progress” has the added feature of capturing a core dynamic of brain function – the integration of stimuli with experience to create guidance in a changing environment. Navigational aids populate one’s internal world.

From a psychoanalytic point-of-view, “progress” refers to the human capacity to increasingly understand how the world works, whether that world be the external world governed by the laws of physics, the psychological world governed by feelings, or an individual’s internal world governed by memory and subjective experience. Understanding regulates affect and facilitates thinking when understanding is focused at the appropriate developmental level.

So, what is it about the brain’s functioning and its relationship to the world that allows this organ system to create abstract concepts, physical works of art, and psychoanalytic insight – none of which exist on their own in the world?

Clearly, the brain is a hot bed of connectivity – neurons are promiscuous. They are always connecting, and they do this in many ways.



A neuron from a human cerebellum illustrating multiple inputting dendritic connections and a single outputting axon at the right side of the image.
[Santiago Ramon y Cajal]

The neuron’s ability to register data and make dynamic connections to other neurons makes the brain unique. Neurons stimulated simultaneously connect synaptically into neuronal groups throughout an organism’s life; and neurons, even if not contiguous or connected synaptically, interact dynamically all the time. These connections – physical, enduring through a life-time; and dynamic, enduring for milliseconds – self-organize in diverse ways in ever-changing

combinations reflecting interactions on the basis of developmental level, symbolic meaning, concrete similarity, affective similarity, temporality, or the state of bodily systems – to name some of the more obvious bases for temporary or relatively permanent neuronal interactions.

There is also a third form of neuronal interaction – a result of the evolutionary nature of the brain's development, which is reflected in the brain's functional anatomy. Because the brain cannot go off-line to reorganize, more primitive ways of integrating sensory registrations remain active – encoded and accessible to stimulation throughout one's life, even if superseded by more sophisticated modes of organization.

Because of neuronal sensitivity to stimuli, the brain is intimately tied to external reality; because of neuronal connectivity, the brain creates its own reality. The organism's interactions with the environment become part of the brain's governing physical structure – a source of depth within one's inner world.

The difference between these external and internal realities is that the laws of physics have no power in one's internal world. The Universe – as far as we know – responds only to the laws of physics. This difference between internal and external worlds plays an essential role in our ability to “progress.” Rather than physics, our internal world is organized around subjective experience produced by the brain's global architecture as neurons, in ways not yet fully defined, encode our experience and, at the level of the mind, interact on the basis of all kinds of characteristics.

In our inner world, we can imagine entities that violate the physical laws constraining us in the external world. Based on fleeting but recurring interactions between neuronal groups, we can imagine things and experiences that have never occurred in the external world. With physical laws inoperative and with the promiscuous connectivity of neurons, anything goes. We become creators as basic sensory registrations evolve, through the brain's integrating dynamic, into increasingly complex, layered sensory registrations. These reflect the complexity of the external world, add to the complexity of our internal world, and, in turn, increase the complexity of our understanding of the external world.

One of the oldest examples of this creativity is a rendition of a human body with a lion's head. It is 40,000 years old, and a remarkable object because it "portrays something that did not exist except in the mind of a human being – until that human carved it out of woolly mammoth ivory using a flint stone knife" [Harari].



Creativity 40,000 years ago
[Harari]



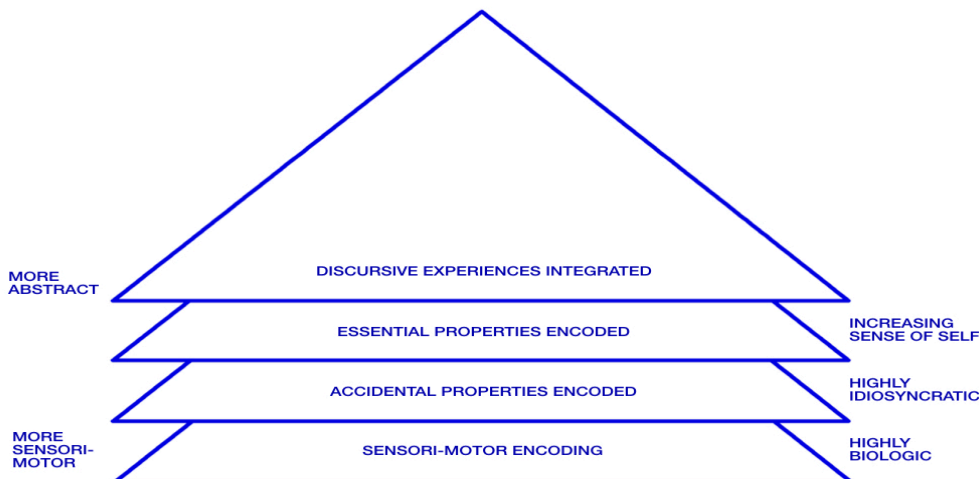
Creativity 30,000 years ago – a more refined integration of subjectivity and external reality, a result of evolutionary "progress" in the choice of the material used, the technical skill of the artist, and the sophistication of the artist's subjective world.

[Kandel and University of Tubingen]

As these creations indicate, the brain allows us to integrate data from our external and subjective experiences in ingenious ways, simplifying complex sensory registrations into elegant concepts that encompass unifying aspects of diverse phenomena. As one becomes aware of not-so-apparent but more meaningful connections between phenomena – for instance, a human and a lion are vastly different but both are animate creatures – we can make statements that expand our understanding of the world. This facilitates our ability to navigate interpersonally at one end of the spectrum and understanding the Universe at the other end of the spectrum. Both are examples of "progress."

Neuronal responsiveness, ever-developing synaptic connections, rapid ever-changing interactions, and ever-active layered modes of organization contribute to our vivid, in-depth, dynamic sense of the world. The mind utilizes all these layered, diverse ways of organizing and processing sensory registrations – simultaneously, all the time. When you talk with a patient, both you and the patient convey information at any number of levels involving diverse modes of organization – simultaneously, all the time.

The internal world is not a solid unified phenomenon; it is a dynamically influenced, layered reality, vulnerable to psychoanalytic intervention on many different levels of organization.



Conveying information in diverse modes of organization – simultaneously, all the time.

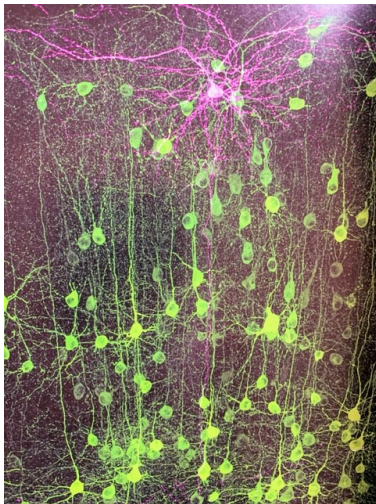
[F. Levin as modified by R. Levin]

Simply put, the brain's capacity to register reality and to form its own reality allows organisms – and not just human organisms – to survive and function in an ever-changing environment by creating ever-more complex and elegant integrations of sensory stimuli. With all this going on, and with each person's mind a unique, highly idiosyncratic creation, one can understand being overwhelmed by the subjective world to which your patient has allowed you access.

This is the clinical problem my patient and I were confronting. How does one facilitate and work with deepening access to another's mind while limiting the seductive pull of more immediate easily integrated sensory registrations? To answer this question, we must make one more foray into brain function – and discuss action potentials.

To be clear about what I implied earlier, the brain does not directly register the subjective richness of the external world. The sensation of color, the smell of flowers, and the taste of food are products of the brain's processing of action potentials. No sensory neuron registers an object as a whole and there is no direct registration of subjective experience [Kandel, et al. Principles of Neural Science 2013].

Rather, as action potentials from sensitivity encoded neurons ascend from primary to secondary sensory cortices, specific neurons in secondary sensory cortices become sensitized to specific patterns of activated primary sensory neurons and integrate their action potentials. A "thing" is registered in the brain as an image (or a concept) as secondary sensory neurons further integrate neuronal patterns of action potentials from motor neurons involved with the organism's experience with this "thing."



Convergence of neuronal inputs (green) into a single neuron (pink) [Dubinsky]

With further processing, as action potentials ascend and interact with neurons and neuronal groups in hetero-modal association cortices, what analysts call an "object" forms – an internal representation that includes a subjective sense

derived from the multiple states of mind stimulated by experiences with the “thing-as-it-is-becoming-object.”

As action potentials interact with successive clusters of neurons encoding experience, the impact of initial sensory registrations is diminished. A sensory neuron’s action potentials have a specific effect on our subjective experience because of that neuron’s central connections, not because of the stimulus initiating the action potential [Kandel, et al. Principles of Neural Science 2013]. What we experience consciously, as input from higher centers in the brain take precedence, is the result of our experience with that “thing” – not the thing itself.

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This is the crux of the problem my patient and I were facing as we got into our muddle. The subjective connections between us were lost because our newly found clarity of feeling had also stimulated many diverse memories – some primitively encoded, many not well contextualized.

Can one utilize surfacing inchoate affect in such situations? Standard approaches such as defense interpretations or grounding one’s patient in objective reality do not address this activity because such interventions are focused on that part of one’s mind populated by individuated objects. Interpretation would create an artificial framework against which success and failure would be defined when what was transpiring was not a reflection of defensive activity. Rather, it reflected the need for awareness of more primitive levels of experience, and sensitivity to more varied modes of communication.

To intervene effectively, one must enter a different world – one infiltrated by merger and inchoate affect, operating on a time scale different from that involved with cause-and-effect abstract thinking. Synaptically linked neurons process stimulation in a relatively slow fashion (measured in meters/second) compared to neurons responding to stimulation and interacting with other neurons at a distance (measured at 50% to 99% of the speed of light). Our relatively quick-paced experience of boundaries and intimacy was now meeting the slower paced scale of this man’s encoded early history.

The central nervous system is wired to favor the integration of sensory registrations within similar developmental levels. As a result, it was relatively easy for my patient to recognize his sadness about being left alone after a weekend

with friends. Sensory registrations organized at more primitive levels of experience and associated with non-symbolic modes of communication register more obscurely and are experienced as disruptive to the brain's tendency to integrate sensory registrations that are like in character and physically proximate – even at the cost of leaving such sensory registration out of the loop of conscious integration.

My patient and I were confronted with an obstacle in the form of activated neuronal groups encoding a multitude of experience with intimacy that did not reflect our current level of organization and productive interaction. This left both of us yearning for a clarifying, integrating concept – a not uncommon clinical situation.

One way to describe the task for the analyst in this situation involves the need to “let go” of cause-and-effect thinking based on symbolic communication and enter the world of the artist seeing his or her canvas slowly fill up with diverse, seemingly unrelated elements, which, in fact, are related. Entering this frame of multi-modal listening stimulates fragmentary images, fleeting feelings, and memories and fantasies seemingly unrelated to what one's patient is talking about.

So, with my patient, I let my mind play with whatever thoughts and feeling surfaced – assuming that whatever surfaced was related to pre-sentient processes not directly accessible to me. As I thought about sadness, loss, loneliness, and muddle, memories of partying surfaced, and then I felt boundaries dissolving as stimulation and emptiness surfaced simultaneously. In my mind, sadness floated in a mix of friends who were present and not present at the same time. Temporality and cause and effect dissolved, leaving a world pervaded by not fully anchored sensory registrations and free-floating affects with no context.

With this approach, I was relying on the non-linear dynamics of the central nervous system to facilitate a critical restructuring in my mind. This occurred as my conscious meandering among confusing sensory registrations reached a critical level and provoked a qualitative change in connections within my head. Lucidness returned as the integrating dynamic of my mind re-established a firmer reality, but one more inclusive of primitive affective registrations. I now understood that in various ways and at differing organizational levels, the

stimulating weekend left my patient feeling alone. His interaction with his friends did not provide the emotional sustenance that would enable him to deal with his overt loneliness at the end of the weekend.

This is the interpretation I made via a detailed explanation of the sources of his sad feeling – and this resonated. We realized we were dealing with a multi-layered reality, integrating how he had been with his friends, as well as how he was when his friends had left him. With a more inclusive sense of his state of mind now conscious; he had a sleepless night, and in his next appointment, realized how difficult it is to be authentic when one does not know one's self – a painful realization, but one that provided a conceptualization of a state of mind where there had been no conceptual awareness before.

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My patient's night of sleeplessness was a consequence of the disruptive impact of my interpretation and his insight; both based on new, overarching sensory integrations. Loneliness now referred to his time with his friends, as well as the time after his friends left him. I suspect underlying this more inclusive sensory integration were changes in the strength of some neuronal group synaptic connections, the creation of new dendritic links, and changes in global brain tone stimulated by the diffuse modulatory systems of the brain. I understand sleeplessness as a byproduct of significant change within a non-linear system, signifying increased complexity in this individual's understanding of his world.

Connections were made between my patient's current feelings and sensory registrations organized at two different levels of development. My patient was sad when his friends left him, but he was also sad about his not-fully-emotionally-present interactions when his friends were with him. His insight about the difficulties provoked by not knowing one's self is one example of opening the door to the impact of early experience and a deeper awareness of one's layered state of mind. Further work revealed many memories of deprivation, which my patient now experienced differently because of his awareness of his emotional distance. He now knew that he felt deprived because he had failed to speak his mind at the time.

"Knowing" refers to a subjective sense stimulated when non-symbolic registrations become intelligible as they are put into a developmental context. Primitive aspects of one's relationship to the physical world can be consciously

integrated into one's perceptual reality, lessening the distance one experiences from one's self. This sense of intactness is often brought about by interplay with a developmentally appropriate, supple, interpreting object.

Psychoanalysis has a role here because ongoing integration of basic sensory registrations is not always complete and does not always lead to constructive conceptualization or contextualization. It is not so much that the patient is in a dialogue with the analyst – although that dialogue is present – but rather that the patient and analyst are constantly reacting to confusing or disavowed primitive states, which affect perceptions, as well as interactions between patient and analyst, patient and self, and analyst and self. Our patient's communications are not only renditions of our patient's external realities; they are descriptions of our patient's inner world. To paraphrase William Faulkner; the past is always present, not as the past but as the dynamic present.

Psychoanalytic treatment utilizing lived experience, clarification, and interpretation can facilitate the transformation of inaccurately processed sensory registrations into conscious, coherent, concise, affectively invested concepts. This is the essence of psychoanalysis and of human development.

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