

THE HEALING SPACE

THE HEALING SPACE
UNDERSTANDING THE TRUE NATURE
OF INNER HEALING

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*The Healing Space:
Understanding the True Nature of Inner Healing*

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This book is dedicated to my grandson Nolan Vincent Cole
and my granddaughter Mirabel Cole.

They are a beacon of light that forever brightens our life.
May their light forever shine.

OTHER PUBLISHED BOOKS

Language of the Archetype

Conjugate Gaze Adjustive Technique

Advancing Conjugate Gaze

Conjugate Gaze Somato-Emotional Release

NOVELS

Torment

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INTRODUCTION

It is with great pleasure that I write this 5th book in the Conjugate Gaze series that I originally began in 1997 with *Language of the Archetype*¹ in my studies of unconscious processing. I have often labored in my attempts to explain this concept and its therapeutic efficacy to interested practitioners who simply wanted to know the nuts and bolts of “how to do it.” Since 1997 I have spent countless hours reading and studying the neurology of unconscious processing, and the depths of unconsciously generated human expression during interpersonal communication. These studies led me to areas that were often remote from clinical medicine and the sciences, and into areas such as Martin Buber’s Hassidic writings², Carl Jung’s analytical psychology,³ David Grove’s “clean language”⁴ and the more current studies in emotional and social intelligence. It was always a preoccupation of mine to understand what was actually going on in the deeper stratum of the psyche when two people were engaged in more serious conversation or dialogue. I often wondered what was actually happening in the space that existed between the communicants when they were more seriously interacting and expressing themselves. I would watch and often marvel at how people would begin to physically reconstruct their unconsciously generated ideas in the space between them.⁵

Was this the space between Martin Buber’s I-Thou or the transitional space of Winnicott⁶ that I was only recently contemplating? I couldn’t help but wonder if the nuances, grimaces, eye gazes, hand movements and body posturing was not some hidden manifestation of unconscious processing. Were my patients actually trying to talk to me in a language that was hidden from both of us? Something was obviously happening in the space between us that was beyond both of our conscious recognition. What became more interesting to me over time was how my patients began to use the space between us in ways that seemed to facilitate their healing. It was as if we were entering a sacred space, a temenos of sorts, where we could enact what

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I would ultimately refer to as “archetypal language.”⁷ It was this invisible language of pre-verbal gesturing that would ultimately become the means by which patients could reconstruct their illnesses, and then unconsciously evolve their path to healing. I often spent countless hours trying to understand this unconscious activity, and what was actually transpiring between me and my patients. It seemed to me at the time that this invisible language of gesturing, grimaces, eye gazes and nuances seemed to occur in more expressive ways whenever I more deeply engaged them in a symbiotic unconditional dialogue.⁸ It was as if I was opening a door both within myself and my patient that allowed a freer expression of non-verbal communication.

It was a deepening of this symbiosis between a doctor and his patient that I believe re-enacted the original primal instincts of the primal bond. This was what was happening in the space⁹ between us whenever I engaged my patients unconditionally, and opened my primal self to theirs. The expression of this hidden or archetypal language is a manifestation of primal instincts that I believe are deeply grounded in the in-utero development of the child, and is genetically coded in the genome of every living creature. I found that the enactment of this unconscious language, and the ability to engage it clinically became a pivotal way to guide my patients to the path of healing. As time progressed I realized that the symbiotic bond was the guiding criterion that opened the door of unconsciously generated language. Generally speaking, the more deeply I engaged my patients, the more deeply our unconscious language manifested, and ultimately helped to make connections that guided the path to healing.

Archetypal language is more than empathy and more than an unconditional positive regard¹⁰ for our patients. Archetypal language is the silent, almost invisible language that occurs between two people who are deeply and unconditionally engaged in interpersonal communication. Out of this symbiosis they freely enact unconscious processing in the form of expressive body language, and this hidden language, if you will, extends far beyond the psychotherapeutic encounter. It is the language that is expressed in the space between¹¹ the practitioner and his patient, or whomever the communicants may be. The space between them becomes the invisible battleground where the unconscious psyche plays out the inner conflict or the internal disorder. It is the space between Martin Buber’s I-Thou¹² relationship where the space becomes the metaphysical domain of unconscious processing beyond the spoken word. As I began to more

deeply contemplate what was actually transpiring when this metaphorical language was unfolding, I realized that the space between my patients and I was the actual place where their thoughts were being played out and projected.¹³ This idea of space as a phenomenon of unconscious processing is also seen in David Grove's work in "Clean Language" and "Clean Space."¹⁴ In this concept the practitioner or facilitator actually moves the client into spaces where thought processes need to be expressed for a fuller experience of their meaning and content.

In my work in both clinical mind-body therapy and Life Coaching I have come to appreciate the depth of experience that occurs in both practitioner and patient when archetypal language is engaged. This metaphorical language, when it is freely expressed, becomes a dance of unconscious movement. It is the space "in-between"¹⁵ that occupies the projected content of the conflict, illness, symptoms, and fears. I have often marveled when my patients would suddenly shift their body in their chair or on the treatment table in order to better describe their pain or experience, and then symbolically grimace and move their hands to play out their experience. This activity, however, seemed to happen only when I was actively involved in the process. In other words, when I engaged my patient in what Buber philosophically termed the "I-Thou"¹⁶ relationship there was an almost subterranean experience of unconditional relatedness¹⁷ that seemed to open the space between us. This experience would often take on metaphysical qualities where patients would often exclaim how much better they felt from life-long symptoms, and then realize that they had just completed their examination and the actual treatments had not yet begun. This is when I knew that archetypal language was more than just a metaphorical expression of pre-verbal language, but an actual evolution in healing when it was properly accessed and engaged. I must honestly say that since my original publication of *Language of the Archetype*¹⁸ in 1997, I have studied and accessed hundreds of publications in science, psychology and philosophy in trying to understand what I experienced with my patients. All of these publications are more than adequately referenced in my existing publications. It is only when I finally realized the depth and significance of Buber's "I-Thou"¹⁹ relationship, and how it could co-exist in a metaphorical expression of unconsciously generated thought in Carl Jung's view of the personal unconscious,²⁰ that I actually could see this unconscious healing occur.

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Archetypal language became a real life clinical phenomenon that could be accessed, enlivened, and understood, and although I reference it in relation to the practitioner-patient relationship, it is available to anyone interested in deepening their relationship with people, nature, and ultimately with God. It is the process of unfolding oneself in an unconditional acceptance of the “other,” and allowing oneself to be fully present²¹ and fully engaged thereby opening the space “in-between”²² and allowing unconscious exchange to occur. This is archetypal language. It is the language of unscripted unconscious processing that is metaphorically enacted by both communicants in this space. It is the language that engages the reconstruction of the hidden energies that need to be expressed for the particular objectives to be met. The practitioner allows himself or herself the freedom to fully engage their patient, and opens the space “in-between”²³ so their unconsciously generated reconstructions can occur. It goes beyond the basic tenets of “I-Thou” but it is within “I-Thou”²⁴ that the possibility of enacting archetypal language exists.

The “I-Thou”²⁵ relationship is one of a fully unfolding and fully transcending relatedness that exists without any objectification of the other. This is the foundation upon which the space “in-between”²⁶ comes into existence, and becomes the invisible arena for the reconstruction of repressed archetypal energies. It is within this space that the participants engage the archetypal material and reconstruct its evolution from the bottom up. This initiates the process of healing the wounds of the body and the psyche. It is only now after some twenty years of studying this work that I see the profound significance of the deeply symbiotic relationship between two people engaged in serious dialogue. I now understand what is happening when we deeply engage each other. When patient’s take their hands as if they are molding clay trying to explain something they don’t understand, and I unconsciously reach out metaphorically as if I am trying to help mold that object in space, we are engaging the healing process. We are retracing and re-enacting the illness or the conflict in ways we cannot consciously understand. It is our unconscious psyche that is moving the energy that moves our body to express what the conscious psyche wants to avoid. In this encounter we have to fully trust the process.

If there is one component of archetypal language that goes beyond the boundaries of clinical inquiry it is this particular aspect of trusting the process. In all schools of thought clinicians are taught to ask specific questions in order to focus on the specific complaint,

and I completely agree with this time honored tradition. However, once the clinician becomes adept at navigating the space in the archetypal process the circumstances of their communication do not preclude its use. The clinician evolves himself or herself over time to completely open themselves to each patient in the “I-Thou”²⁷ tradition, and in so doing opens the space “in-between”²⁸ to allow the unfolding of the healing process to occur. In this manner, clinicians can employ any methodology of questioning that they feel meets the objectives of their clinical demands. In “Clean Language,”²⁹ practitioners are taught twelve basic questions that completely eliminate the use of personally charged or personally chosen words that might bias their client or patient. This approach is an effective way to bring patients or clients to self-awareness in the exploration of their dreams, aspirations, goals, dilemmas and inner conflicts. However, if these approaches are not grounded in the basic “I-Thou”³⁰ relationship they will fall short of the deeper layers of unconscious processing.

It is only when the clinician fully invests himself or herself into the life of the patient, and fully extends the boundaries of their inquiry into a total appreciation of the patient as a person that the deepest levels of unconscious processing and symptom resolution can occur. The clinician must fully de-objectify the patient and transcend the temptation to see the patient as parts of a whole, or as Buber would say as the “It” in an “I-It”³¹ relationship. It does not matter if the clinician is a doctor, physical therapist, counselor, psychologist, massage therapist, coach or facilitator. The space “in-between”³² knows no boundaries, and does not discriminate among those practitioners who want to deepen their work and relatedness with their patients. The practitioner must consciously decide to openly engage the other, and allow this space to become the invisible bridge that connects them in the process of unfolding. It is this unfolding into the psychic space between the two persons in dialogue that initiates the process of healing before the spoken word or therapeutic application. This is the process of archetypal language. The psychic space³³ is the space that embodies the patient’s projected boundaries around the conflict, disease or emotional traumatism that consumes the patient. It is in this space that the reconstruction of unconscious content gets played-out and re-visited, and allows the deeply invested communicants to evolve the process of self-resolution.

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This is the basis and process of archetypal language as I now understand it. It is the process that is grounded in the deeply invested practitioner who only sees his or her patient or client in the context of their total being. It is the de-objectified patient who is totally accepted into the practitioner's sphere of relatedness that opens the door to the unconscious, and allows its content to be played-out and reconstructed.

CHAPTER 1

IN THE SPACE BETWEEN PRACTITIONER AND PATIENT

Did you ever stop to consider where you think? Most everyone would immediately respond that it is within their head that they think, but that isn't entirely true. We know that the thought process for thinking a thought lies within the biological properties of the neuron, but the properties of the neuron itself are not sufficient to explain how a thought is generated. This brings us to the theory of "emergence." Emergence is the theory that tries to explain how simple systems taken in isolation do not explain their more complex hierarchical functions when they function as an integrated whole. The individual neuron in the brain is one such example. Each neuron in the brain can be analyzed to the minutest detail, but it will not generate a thought. However, when the neuron is placed into the system of neurons known as the brain, and it functions as an integrated system within the brain the process of thinking *emerges*.³⁴ We must consider this phenomenon when we discuss the process of relating as it occurs when two human beings are in dialogue with each other. Each of the communicants face each other and interact in a physical space that I refer to as the "psychic space."³⁵ It is the space "in-between"³⁶ where each of the persons sets up a comfortable domain of interaction. It is within this space that the boundaries of the egos have set their limits of personal interaction. This is the space where "emergence" will occur as a process of interactive communication. The thoughts, feelings, emotional content, and unconscious repressions will emerge as physical reconstructions in this space. As the practitioner interacts with his or her patient, and accepts them unconditionally the process of unfolding begins. The patient or client slowly moves into the space, and unfolds the process of hierarchical expression that may begin as a simple gesture of the hand. As the practitioner more deeply invests himself or herself into this unconscious dyad more expressive patterns of behavior begin to emerge. This is the emergence of archetypal language and the unconscious

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processing and reconstruction of the deeper layers of the psyche within the spatial field.

It is within the spatial field, in the space “in-between,”³⁷ where the actual reconstruction takes place. In some way this space has far greater significance than what we have previously considered. This, in my opinion, is what separates the process of a therapeutic archetypal language from a more ego oriented technique. This space becomes the playground of the unconscious where both emotional and physical abnormalities can be reconstructed and re-evaluated. As patients enter the unconditional relationship with the practitioner they freely open unconscious processing to the other, but they unfold it in the space “in-between.”³⁸ As they struggle to grimace, gesture and gaze, tilt their head and move their limbs in physical expression, they are playing out the deeper unconscious energies associated with their physical and emotional traumatisms and disorders. The practitioner enters this dyad with the patient by unconditionally accepting them in their totality, and opening himself or herself to whatever is needed at that moment. This is the note from which the music is played. Each note by itself is incapable of producing the music on the sheet, but when played and orchestrated symphonically, it emerges as music.

The patient and practitioner are both notes on the same sheet of music. It is not until the music is played in the space between them that the actual composition is heard in the full context of its meaning. This space becomes the metaphorical orchestra for the music to be played. The practitioner fully opens himself or herself to the patient in an unconditional acceptance which then translates into a metaphorical opening of the spatial field. This is the nature and language of the archetype as it is expressed on the foundation of the “I-Thou”³⁹ relationship. If this relationship is not there then there is no archetypal language that can meaningfully express itself. The archetypal energies associated with unconscious processing are grounded within the earliest foundations of our life. It is the in-utero symbiosis of the maternal bond that establishes the original relatedness that can only find its expression in the unconditional dyad between two people. This dyad that exists between the practitioner and patient can be a powerful facilitator of unconscious processing even before the spoken word. The only way to understand the depth of this process of relating is to unconditionally invest oneself into each and every encounter. It is this complete investiture of one’s total being in the

other person in the process of relating⁴⁰ that creates the unconditionality that allows unconscious processing to occur.

Once the practitioner engages the patient or client an interpersonal dyad is enacted. At the moment of the initial encounter the process is objectified by all the trappings associated with the ego, and our discriminatory capacities to judge and define who it is that we encounter. This mechanism stands on its own merit as our basic survival capacity to navigate effectively in the world, and to protect ourselves from real or imagined harms. It is at this point that the practitioner must transition from the sphere of the ego to what I have often referred to as the “archetypal dyad.”⁴¹ This dyad is how I define the deeply invested relatedness of two persons in serious interpersonal dialogue. It is the intangible aura that accompanies relatedness when it begins to approach the more spiritual aspects of human interaction. The archetypal or unconscious dyad may be better termed the “unconditional dyad” as it more closely approximates Buber’s transition from the “I-It” to the “I-Thou” relationship.⁴² I can honestly say that in the thirty-three years that I have been working with patients I could immediately tell when this transition was taking place. Perhaps this is what Buber implied when he discussed the presence of “grace” as a necessary component of the “I-Thou” encounter.⁴³

This transition is the pivotal moment when ordinary space also transitions to the metaphorical psychic space where the patient can play out and reconstruct what may not be readily identifiable to the ego. The practitioner allows that ineffable “grace” of Buber⁴⁴ to fill the space between them, and transform the psychic space into the metaphorical playground for unconscious processing. It is within these transitioning moments that the practitioner opens himself or herself to the other, and unconditionally enters the space that is shared with the patient. It may be difficult for some to understand the language and concepts of the metaphysical and spiritual aspects of unconscious processing, but this is the only language that the unconscious speaks. The unconscious psyche is the domain of the mythical, archetypal, and subterranean energies that most people in the western world try to avoid. It is the language of symbols, mannerisms, images, dreams and unconscious landscapes that often energize the physical and emotional disorders of our patients. In a society that obsessively focuses on the ego-ideal as the prized possession, it is not surprising to see how the subterranean energies of the unconscious often explode into our consciousness. The violence in our

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schools, homes, and even our places of worship are just a miniature model of these wars.

We have cluttered the space between us. Doctors now talk to computers when they should be talking to patients. Archetypal language is the language of the unconscious, and it does not require any specific length of time for its expression. The only real requirement to engage a patient in unconditional relatedness is the desire to do so. The truly committed practitioner can start the process of unconditional dialogue⁴⁵ by engaging the process as a way of being. In the same way that the Buddhist monk or Eastern practitioner assumes a life of humility and love, the mind-body practitioner can begin the process of introspection and spiritual grounding. This sets the stage for the unfolding of the unconscious into our waking life where our personal archetypal energies can begin to balance and temper the dominant ego drives. Once we see and begin to understand our own hidden motivations we can slowly begin to reconcile the great imbalance within us, and open ourselves to the other. It is only then that the space that separates us becomes the space that connects us.

When two persons meet in ordinary conversation each of the two persons has an established spatial boundary. It is this space that evolves into a metaphorical landscape for an unfolding of the unconscious. Once the two persons invest themselves into a dialogue that takes them beyond the ordinary confines of the ego, they engage the deeper archetypal energies of the unconscious. This expands the psychic space and allows unconscious processing to evolve into the psychic arena of the space between them. It is this space “in-between”⁴⁶ that has to become the recognizable landscape for unconscious unfolding. Each of the persons who allows this process to unfold enters the space with their entire being,⁴⁷ and engages all the dynamic movements and underpinnings of unconscious processing. If one of the two persons resists this process the space never fully materializes, and simply maintains itself as a space between them. It becomes the dormant space of every day ego-directed communication. In the everyday world this is how the ego navigates and insures its survival in the world. However, when human need and suffering are the predominant issues it is incumbent on the practitioner in this relationship to engage the unconscious by opening the spatial field. This is accomplished by the practitioner’s willful entry into the archetypal dyad. That is, the practitioner openly engages the deeper recesses of the patient by unconditionally receiving the person in totality. This opens and creates the psychic space between them, and becomes the

metaphorical space for the reconstruction of unconscious processing.

The psychic space draws the unconscious of both persons into deeper communication with each other. It becomes the invisible playground where metaphors, gestures, body movement, grimaces and eye gazes take center stage, and unfold the hidden images behind the complex or pain. The images are unconsciously reconstructed within this space beyond the conscious recognition of the persons. The patient may move, gyrate, grimace and gaze, and paint a portrait of the pain that consumes them. This is archetypal language. The practitioner will unconsciously respond in kind if he or she has unconditionally received the patient, and will help unfold the patient's world within their psychic space. In my experience, the archetypal language is an agency of unconscious processing that initiates a central nervous system reorganizing drive that is grounded in the primal bond. It is the drive that emanates from the deeply symbiotic relationship that occurs when unconditional acceptance is lived and experienced. The practitioner who engages this process needs to live the experience as a fundamental component of life. This is not meant to subscribe any specific religious connotation to this practice, but the introspective contemplative nature of this encounter cannot be denied.

I often consider the psychic space as a *temenos* or "sacred precinct" or what Jung referred to as the *hierosgamos*⁴⁸ or "sacred marriage" of the two unconscious psyches at work in the process of unfolding. It is the complete and unconditional presence of the practitioner in the eyes of the client or patient within the therapeutic space that sets up the symbiotic bond that initiates the process. Once the practitioner is fully present, and the space between the two persons is established, the symbiosis further unfolds as the practitioner fully and unconditionally accepts the patient and whatever the patient brings to the table. It is this de-objectification of the client or patient that allows both unconscious psyches to unfold, and further allows the evolution of archetypal language. As the practitioner strips away the defenses of the judgmental psyche, the door to the deeper recesses of the unconscious slowly opens, and initiates the dance of symbolic interaction between the two persons. This symbolic "give and take" of eye gazes, facial expressions, grimaces, body movements, and postures evolves from what appears as a chaotic interplay of movement to a comprehensible expression of reconstructed unconscious content. This is best experienced and validated by the cli-

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ent or patient's release of repressed tension and emotion, and the movement toward resolution of the particular symptom complex under concern.

The most important component of this process is the complete and unconditional presence⁴⁹ of the practitioner as a prerequisite to establishing the therapeutic space. Archetypal language is not a technique but a process of unfolding. Practitioners can certainly establish gestures and postures and word choices that facilitate the symbiosis, and encourage a trusting and caring relationship. This is all part of what allows the therapeutic space to develop and facilitates unconscious processing. However, once the symbiosis is established the unconscious unfolding of archetypal language occurs as a natural expression of interpersonal dialogue. The practitioner does not focus on his mannerisms, but simply allows them to occur in response to the mannerisms of the client or patient. This is an evolutionary process much the same as the development of the symbiosis in the maternal relationship with the infant. The caring mother nurtures as an unconditional response to the cries and needs of the infant, and initiates instinctual behavior as does lower forms of animals in similar situations. This being said, however, the practitioner must always be sensitive to his or her negative behaviors especially when they emanate from biased or prejudiced views. This is why the complete and unconditional presence⁵⁰ of the practitioner is the prerequisite to establishing archetypal language as a therapeutic process.

Word choices are also an important component of how we can positively or negatively influence the therapeutic process. Clinicians who work with patients that suffer from physical ailments must be very specific in their questions regarding the nature, onset, location and particulars of their pain. In the psychotherapeutic environment there must be a balance between ego-directed questions, and the more general open-ended questions that bring forth greater unconscious processing. Each clinician must find the approach that works best for them in the context of the established schools of thought. In my work with patients in the somato-emotional context, and in session with life coaching, I often use components of David Grove's "Clean Language"⁵¹ as my way of encouraging unconscious processing. I encourage practitioners to explore this work as I have found it to positively facilitate the unfolding of archetypal language, and it enables practitioners to focus less on word choices, and more on the reconstruction of unconscious content in the therapeutic space.

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The hardest thing for practitioners to do is to do less. I have often stated this in my lectures and writings, but I don't think this gets as much attention as it should. When the practitioner is fully invested in the patient or client, and becomes completely and unconditionally present,⁵² the space between them evolves and becomes a bridge that connects them. This invisible bridge is the symbiotic link that enacts the maternal bond that allows greater access to the unconscious psyche. This connection opens the psychic space between practitioner and patient and encourages the freedom of movement needed to reconstruct unconscious content. One of my patients who suffered with intractable low back pain once complained of a pinching in her low back. As I gently held a cranial vault position as she lie recumbent I asked her a "clean language"⁵³ question about the pinching. She almost somnambulantly raised her right hand and began opening and closing her thumb and index finger like a lobster claw. She was completely unaware of her movement, but then blurted, "That's it; its opening and closing." As she continued to open and close her thumb and index finger she reached a point in the treatment when her cranial vault fascia completely released and her low back pain completely subsided.

This is archetypal language. As I held the cranial vault hold position while seated behind her, I unconsciously moved my torso closer to her body as if I was hovering over her. This was my archetypal language responding to her unconscious spatial cues that allowed her to reconstruct what needed to be metaphorically expressed, but couldn't find its way to conscious expression. Her thumb and index finger was her unconscious metaphor that connected what her body experienced at that moment in time. This is not something that would ordinarily find its way to a comprehensible verbal exchange. Her unconscious was able to help resolve a feeling in her low back that eluded conscious expression. The process of being completely and unconditionally present⁵⁴ opened the door that allowed freedom within the psychic space. The psychic space is the space that the patient or client opens, and reflects the invisible boundaries within which the patient will navigate. To a great extent it is the practitioner's unconditional presence⁵⁵ that bridges the unconscious gap that needs to be connected to facilitate the healing process.

Archetypal language is more than any one technique. It is a process that can only be fully understood by active participation in the process. It is without boundaries, and can be used by anyone who wants to fully invest themselves in the complete and unconditional

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presence needed to create meaningful dialogue between two people. However, in the hands of the practitioner or clinician, archetypal language exceeds the boundaries of dialogue, and opens the door to deep and meaningful expression of unconscious content.

CHAPTER 2

THE INVISIBLE LANGUAGE

What we say is meaningful, but more often than not it is what we don't say that is even more meaningful. This is especially true in the clinical setting. Patients or clients will often tell their clinician everything they know about their pain or symptoms, but this picture is rarely complete. One of my patients who had low back pain following a laminectomy inadvertently kept touching and rubbing his left shoulder during our initial consult. His facial expressions took on a much more serious aura, and as he spoke his eye gazes unconsciously moved conjugately to the left, and he repeatedly turned his head toward his left shoulder. At that point I asked him if there was anything else he needed to tell me, and he said, "Do you need to know about my melanoma?" At first I was surprised because I didn't see any entry on his health survey questionnaire or systems review about melanoma. "I certainly do," I said. As he continued to rub his left shoulder he proceeded to tell me how he had a left shoulder melanoma just two years ago that had metastasized to his lung, liver and brain. This unconsciously expressed language emerged in body movement, eye gazes and facial expressions that became the only communication about a very serious life threatening disorder.

If I was not fully present with this patient this invisible language would have easily been missed. More importantly, however, is the fact that once I engaged this process with him our dialogue became more focused. The space between us slowly emerged as an unfolding space that can only be appreciated in its depth through the experience one has when it emerges. This process of *emergence* has to be regarded as a fundamental shift from the ordinary to the supra ordinary when this psychic space unfolds to its greater dimension. This shift back and forth from archetypal to ordinary language occurs in the normal process of relating much the same as Buber's shift from "I-It" to "I-Thou."⁶ The clinician opens the psychic space and allows the process of the unconscious or archetypal dyad to unfold. The two persons engage each other and deepen the symbiosis and

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further unfold the psychic space as their dialogue evolves and begins its unconscious manifestations. This process continues to evolve until the “ordinariness” of everyday life once again intervenes and becomes the norm.

We are not meant to be in the process of the deeper layers of archetypal language all the time. Life would become ever more difficult if we evoked unconscious processing every time we entered ordinary conversation. We navigate in the world focusing on our object relations in ways that insure our survival. This is the “I-It” of Buber.⁵⁷ To the clinician it becomes an evolutionary process when he or she enters into dialogue. It is the conscious act to be fully and unconditionally present⁵⁸ that starts the process. This act sets the stage for the development of the archetypal dyad which is immediately experienced as a shift into a deeper pattern of thought and consciousness. I liken it to the transition from the beta wave brain function to the more alpha state of conscious awareness. This is the movement of archetypal energies as the body and psyche of the patient or client enters into deeper awareness of emerging tendencies within them. Energies stir and the body begins to move and express itself based on what the greater self needs to say. Much the same as my patient with melanoma.

Archetypal energy generates an alternate language in what I have often referred to as the “alternate psyche.”⁵⁹ Jung discussed the “splinter psyche”⁶⁰ in a similar vein of unconscious expression emerging from a complex of psychic activity. This is what we engage when we activate this process and engender a deeper dialogue with the other person. The alternate psyche is profoundly present in all of our dealings, and one can see how even our ordinary conversations are dressed in various forms of unconscious movement. However, it is not until the conscious facilitation of the process that the deeper layers of unconscious processing are evoked. This is when the archetypal dyad emerges as an invisible bridge that becomes an interpersonal process of unconscious language that is expressed within the body and not the speech of the person.

To many practitioners this process may seem out of touch with the highly technological level of present day practice. However, it doesn't take long to realize just how out of touch patients feel in the present health care environment. One of the most fundamental components of our work is to dialogue with our patients, and this has unfortunately become a lost art in clinical practice. When we dialogue with our patients we open doors to unconscious expression

that can be meaningfully expressed in space. This space becomes the territory of the unconscious psyche as it plays out its relevant and repressed content in the form of archetypal language. The fully present⁶¹ practitioner engages this language by allowing himself or herself the freedom to respond in kind, and deepening the symbiotic relationship at that moment. The space “in-between”⁶² comes to life, and it draws each person into the arena of self-expression. The practitioner becomes the conductor in the orchestrated language that evolves in this process. It allows sufficient freedom to be fully expressive within the clinical parameters of the client-practitioner relationship. By carefully directing questions that activate conscious participation, the practitioner then begins to draw both the ego and the deeper levels of the unconscious into the space of dialogue.

This process of asking the right questions is an art that must be carefully mastered. The manner in which questions are asked, and the choice of words that are used are verbal cues that can activate different components of the psyche. For instance, “clean language”⁶³ questions allow great freedom on the part of the person to access metaphorical language from the unconscious. Questions such as, “That feeling is what kind of feeling?” or “That pain feels like what?”⁶⁴ are two examples of how a “clean” question can be asked. These questions are precisely worded and encourage metaphorical language. In the context of archetypal language these questions engage unconscious processing, and I have found them to facilitate broader use of the spatial field. When asked these questions patients will begin to evolve their metaphors and unconsciously engage archetypal language. They will try to explain feelings that may have no particular word that adequately describes their experience. This is when the deepened symbiosis with the practitioner becomes the interpersonal connection that can play out the metaphor within the psychic space.

The patient or client may struggle with unconscious content and begin to engage the practitioner in the space between them. As the practitioner deepens the symbiosis and becomes ever more fully present, he or she opens the space and allows the freedom for archetypal language to emerge. The client or patient will begin the process of unfolding the unconscious content. Facial expressions, eye gazes, grimaces, body movements and postures may all be implemented in an attempt to reconstruct the repressed content. The practitioner responds in kind by simply allowing himself or herself the freedom to be fully present. Once the archetypal language has been fully en-