

Challenges of Inner Parliament

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The psychotherapeutic relationship between patient and therapist involves more than two interlocutors. Each of the participants in this exchange constitutes many different inner instances. The concept of the inner child is familiar to many patients. Piedfort and Reddemann [1] use the process of dissociation to access other states of “I” in patients. This approach is valuable in the psychotraumatologie. Those interested in Jungian deep psychology will readily accept the discussion about the complexes that dominate them and take the central place in the conscious psyche.

I apply the Jungian and post-Jungian psychodynamic teachings in my clinical work. Patients come as a wounded whole with a notion of some hole inside them manifested through emotional or mental pain. Simply closing the hole will not make any durable changes. I usually use the metaphor of body wounds. We need to clean it entirely and deeply, and we can only sew it once we are sure there is no risk of infection. No matter how easy this sounds and the metaphor is understandable, the “disinfection” and healing processes often provoke strong resistance. Insisting on prolonged pain does not fit with the *primum non nocere* principle of medicine. The patient is protecting herself/himself from us being the other to the personality he or she identifies with. The call of discernment and gratitude for the future self is not an easy option. Future “I” cannot be invited out of sudden and waiting for its approval. To access different temporal dimensions of ego, we must slowly learn about their temporality, intensity, energetic charge, and emotional valence.

To introduce the patient to his/her different state of mind, I am using the exercise of “inner parliament.”

I will illustrate this exercise with one clinical vignette. The patient presented is not one real person; it is the virtual patient assembled

from the actual cases of six of my patients. Applying this method, I am avoiding revealing the intimate (and irrelevant for this occasion) details of their personal histories and adding a humble trial of the universality of this exercise. I am working with adult patients. The group represented here (which is quite symbolic since the objective of the exercise is to learn about what facets of us might represent us in our individual consciousness) is composed of four women and two men of different sexual orientations, all between 30 and 61 years old and of solid education level (secondary school and higher). These patients do not consume psychedelic drugs regularly and do not have a history of psychotic decompensation. This was important for me while installing this exercise since dissociating and reassembling the inner states of I could be challenging for those who had experienced the fragmentation of ego in the past. For simplicity reasons, I will name this virtual patient Anna.

Anamnesis

The basis of all psychotherapeutic work is the connection (1), transparency, trust, and capacity to build a relationship without pressure and unspoken expectation. Getting to know someone is based on more than just collecting all the data. Learning about emotional and cognitive reactions, adaptation to novelty, inner tensions, temporal coordinates of the significant events with high emotional valence and observing what is omitted or postponed in taking anamnesis is imperative to see who a human being in front of us is. Collecting information about pain requires learning about the patient's strategies to be happy and his or her responses to happy events. It is essential to ask the person in front who they are. How do they see themselves now, how did they see themselves before, and how do they change when they change?

Anna is anxious these days. She is afraid of public transport and she feels suffocated in it. She loves walking in nature. She rarely talks spontaneously about her father. She is scared of dying alone. She loves cats.

Naming

Once sufficiently comfortable in the enclosed vessel of the therapeutical setting, we can start naming the parts of us. First, we start with here and now. “I” with whom I identify myself is the one with whom the dialogue will happen, and if it is not the case, we agree to express the doubt-intuitive thought-feeling questioning it. This “I” sits in its usual place (unless they wish to modify it). “I” starts naming the other “I” whom they can recall in different life periods (“I of 8 years old”, “I in high school,” “I in the first emotional relationship,” etc.). It is not necessary to go through all life stages. It is essential to understand why some are chosen and others omitted. Those omitted during emotional or bodily reactions can be attributed to the Shadow. Anna sits in her usual place.

Next, I invite the patients to think about some archetypal images, usually already mentioned in the psychotherapeutic process (lover, wise woman, Amazonian warrior, girl next door, perfect son-in-law, etc.). It could be helpful to apply some of the characters already named in the therapy (singers, actors, politicians, etc.). Anna called Anna-Trump and Anna-Obama, whom she mentioned many times in her previous psychotherapeutic work. She invited seductive Anna, boring Anna, lying Anna, Virginia Woolf Anna, and 12 years old Anna. She does not feel like having in her space 16 years old Anna. I usually propose to have at least one character representing the body.

This part of the exercise takes as much time as needed, even several sessions. With some patients, I use wooden marionettes, cartoon figurines, colored papers, their own drawings, or other objects. Special attention is given to where each of these Anna’s is placed, what is the distance from the “I” and what defines the optimal proximity/distance. Sometimes it is exciting to describe each of these facets: how they are dressed, their age, and their facial/body expression. No matter how frivolous these questions look, this playing with clichés provides interesting associations and soothes the process.

The 13th fairies

Analogously to the “Sleeping beauty” fairytale, where the 13th fairy was forgotten and subsequently put a curse out of revenge for being excluded, I always investigate who is forgotten. Some names will reappear from our previous work, and some will remain hidden. We will give them the place and any provisional name. Anna named her father when she was five years old, but she realized that she had omitted her today’s father. Also, she knew that maternal Anna was someone she usually mentioned, but she could not give her a place in the vicinity. We agreed to name the 16 years old Anna but to place her in the shadow compartment behind Anna’s back.

Presenting the Parliament

Once we name all the representatives of Anna to the parliament, I propose that she expresses how she feels about her place in the room. Then we ask each of Anna to give us feedback on “I” Anna. How is this Anna with whom I am working seen from her dissociated states, especially her body? Anna is entering the role

play. She moves to each of the places, and she expresses her first impressions and bodily sensations. Anna is having problems going behind her chair. This is the Shadow realm, and she is afraid that from this position, she might hurt “I.” She surrounded herself at the beginning of the exercise with Virginia Woolfe Anna, a good student Anna and altruistic Anna but placing herself in their position; she felt growing anxiety which reminded her of the public bus experience. She realized that she imagined the seductive Anna, wonderful but poorly dressed. She feels sadness while entering her role and needs to separate this character into Barbie girl-Anna and Anna-on diet.

Calling the Meeting

Anna consulted me because her anxiety about public transport had started influencing her everyday life. Her office is far from her apartment and has a direct bus. However, the anticipation of the twenty-five-minute drive twice a day induced insomnia and obsessive plans of avoiding the transport. It was possible to find some exposure to avoidance strategies, but Anna was determined to understand what was hiding behind this symptom.

Thus, I propose she presents this problem to her inner parliament. She enters the role of each, shadow part included. She can answer, or she can only listen. At the beginning of this part of the exercise, there are many laconic answers, some silence, and repetitions. However, we are determined to give place to each piece to express her voice. Slowly, only two hypotheses remain verbalized. Anna allows herself to learn about her aggressive role. Interestingly, she confronts it while interacting with Barbie-girl-Anna and not with her Shadow part. This opens the inner dialogue with her feminine side and omission the maternal character, whom she avoided during the whole exercise, although she tries to give her a voice on several occasions.

Press Conference of the Parliament

Anna faced different facets of herself but could not and should not stay dissociated. She is, after all, one integral human being, led by the central ego complex of her consciousness. Through this exercise, she allowed some light to her unconscious parts. One of the uncertain and not easy to invite to the present moment is Future Anna. She will attend the press conference given by “I” Anna, a representative of numerous members of her inner parliament but only one with a voice loud enough to interact with the world.

This part of the exercise is essential but should not be put in advance. It is not the final exam that the patient should pass, and therefore play “the most acceptable” role in front of the therapist or their own expectations. For that reason, the presence of Future “I” is essential. Future “I” can sense the lack of transparency and trust. She is going to live with the consequences of “now.” There could be numerous trials of this press conference. What is searched is the coherence and the harmony that will give the stable basis for the Future “I” to advance. She does not need the correct answer; she needs to feel the maternal side of “I,” which will allow her to grow. She needs motherly love while accepting the possibility of non-love.

Anna of the future will believe Anna of today if she feels the attachment and care, all that she might not have had in the past, and the creation of this new capacity to self-reassure might allow her to deblock her path of individuation.

Amplification

This exercise will not be completed if no amplification session serves to reconsolidate the new information gained through this process. In parallel, the amplification session during which the patient recalls their feelings, thoughts, and bodily sensation during the exercise and after its end also helps to prepare future questions worth discussion in the inner parliament. Psyche is cumulative, meaning that any new information stays within it forever. There is no forgetting. It is possible to use the coping mechanism as denial and suppression, but the new knowledge is deeply engraved in the different layers of unconsciousness or consciousness. This exercise step gives a place to the unique relationship between the center of the personality and all its parts without judgments and preferences for the positive or negative valence, temporal coordinates, or accessibility to the consciousness. All facets of “I” have a voice, and it is up to “I” to select what can represent it to the world and toward the future.

In the case of Anna, her new insight into the aggressivity, which she used to reassure her status quo, and her fear of exposing herself

to the world with her femininity had to be deverbilized before the coping mechanisms of past Anna pulled it back to the shadow. Expressing and adding new questions that could help her explore her hidden internal tensions were indispensable to reconnecting her with Future Anna and allowing her to grow.

What Next?

This exercise is valuable for patients with easy access to the imagination without the risk of getting defragmented. It reinforces the inner structure of personality and its connections with chronological time, the past stored in the memories and the future, still floating in the vast universe of unconsciousness. In parallel, it allows exploration of the properties of the complexes and their impact on the “I” with whom we identify ourselves.

The safest way to clean and heal a wound is to get deep into it and look for any possible contamination that can be treated adequately. It is not very different for the not-body part of us. Healing the pain does not serve only to survive; it permits the continuation of life.

References

1. Piedfort-Marin O, Reddeman L. Psychotherapy of complex trauma, An integrative approach based on the theory of ego states and hypno-imaginative techniques, Satas, Le Germe. 2017.