September 11 &12, 2020 An Experiential Approach to Archetypes and Images Symbolically

Faculty: Barbara Barnes
Times: Fridays 1-5pm CST
Sept 11, Oct 2, Nov 6, Dec 4, Jan 8
Feb 5, Mar 5, April 9, May 7
SEPT 12 SATURDAY 9:00-12:00 & 1:00 – 3:00
Group Process Session 3:30pm-4:30pm
Location: Teleconference
Phone & Email: (904)-607-8899 & BarbaraWoodsBarnes@gmail.com

We will explore archetypes and symbolic images experientially, both collectively and personally during this class. We will delve into many modalities where we encounter archetypal experiences such as myth, fairy tales, religious icons, films, folk stories, art, dream images, and sand-trays that speak to us archetypally and how we might work with them therapeutically.

During our first class we will look at some samples of the above, discuss the nature of archetypes and will schedule your class presentations. Throughout the year I would like each of you to write three 5 page papers addressing different subjects from the above list throughout the year; November, February and May. At least one to two of these will be presented to the class. I would like at least one paper to be personal experience and one paper to be clinical (for those of you who have a practice). For those of you who are not working clinically look to family or close friends whom you have known well to recognize archetypal traits in another.

It is important to remember that you are the captain of your boundaries and only share what you are prepared to talk about. Additionally, it is even more important that as a group of colleagues we remember the importance of confidentiality, personal accountability for how we respond to each other and meaningful, compassionate regard for one another.

It is important to have read sooner than later these suggestions:

Jacobi, J. (1959) Complex Archetype Symbol in the Psychology of C.G. Jung. New York, NY: Princeton University Press

Edinger, E. (1972) Ego and Archetype. Boston, MA: Shambala

Jung, C.G. (1968) The Collected Works, Volume 9:1 Princeton, NJ: Princeton University Press ... Archetypes of the Collective Unconscious

... The Psychology of the Child Archetype ... The Psychological Aspects of the Core

These may be helpful to find material for your presentation and papers

Editors: Murray Stein & Lionel Corbett, Psyche's Stories (1992) Volumes 1, 2, 3 Each contain 6-7 essays written by a variety of analysts

Marie Louise Von Franz, Interpretation of Fairy Tales

Hans Dieckman, Twice-Told Fairy Tales

Grimm's Fairy Tales

Ann Ulanov, Poison Ivy

Wilkinson, T, Persephone Returns: Victims, Heroes and the Journey from the Underworld
Edinger, E. The Eternal Drama: The inner Meaning of Greek Mythology

Assignment:

Choose a variety of archetypes and three different modalities that capture your energy exploring your symbolic journey, character traits, identification, emotions, and meanings of the image or story. There are three papers throughout the year, 3-5 pages long, at least one you will be presenting to the class. The papers are due in November, February and May.

Questions to ponder:

What traits are prominent to this archetype? How do I personally relate to this archetype? What is your initial reaction to this archetype? What is your felt sense of the image?

What are the archetypes you discovered in the image/story?

What was numinous for you? Did you have an instinctual response? Are the symbols numinous, shocking, calming, engaging, etc . . . ;

How do I interact with the numinous or the darker impact of this experience?

What is the shadow side of this archetype?

How can this archetype help and hurt my clinical work?

Examples: Sept Class

1. Myth: Persephone : not required reading but if you are interested for our class example: Persephone Returns, T. Wilkinson (1996)

2. 2 . Dream Image: Shiny cat

3. 3. Fairy Tale: One-eye, Two-Eyes, Three Eyes: Grimm's Fairy Tales

Call or email if you have any questions. Be safe and be well,

Barbara

October 3, 2020 The Neuroscience of Understanding Jung

Faculty:	Joseph Wakefield
Time:	9am-12pm and 1pm-3pm
	Group Process Session 3:30pm-4:30pm
Location:	Zoom
Phone & email:	512-569- 3695 & josephwakefield41@yahoo.com

For more than a century readers have been confused by C. G. Jung's way of expressing himself. Various negative judgments have come his way. He has been labeled unscientific, accused of trying to found a religion and had various psychiatric diagnoses hurled towards him. I'm convinced he has been misunderstood due to being out of tune with the post-enlightenment, hyper-rational mode of the science of his day. His was the misfortune of living a century before the differing cognitive functions of the brain were known. These days, we can approach his writings with a better understanding.

During the past quarter century there has been a growing knowledge of neurodevelopmental psychology, attachment theory and the differing ways in which the right and left cerebral hemispheres facilitate understanding reality. The scientists doing these studies appear to have limited knowledge of Jung's writings. As a Jungian analyst I've been impressed to discover how Jung's conflict with the science of his day so resembles the conflict between right hemispheric, intuitive experiencing versus the left hemispheric, distanced abstraction that is idealized by contemporary science.

How may we best understand this in our six hours together? Prior to meeting I'm asking participants to read one book: **Iain McGilchrist's "The Master and his Emissary"**. There are more recent reviews of current neurodevelopmental theory which I'll list as references. I ask that we study McGilchrist's book because he does two things. First he reviews what is known as of 2009. Then, he reviews the cultural history of the Western World as seen via the right versus the left cerebral hemispheres. (All that irrational stuff that I couldn't understand as a young man begins to make sense!).

So, the plan is to spend the first four hours reviewing the neuroscience and how three thousand years of cultural history have been shaped by it. The last two hours we'll look at some of Jung's writings using the same framework. We'll reflect upon his state of mind as revealed by his autobiography, by the Red Book, and by his studies of psychological types, (CW, vol 6).

All during the six hours I'll invite participants to imagine how the differing modes of experiencing would impact our way of doing analysis and other forms of psychotherapy.

References

Cozolino, Louis, "The Neuroscience of Human Relationships: Attachment and the Developing Social Brain", W.w.Norton & Co.,New York, 2014

Jung, C. G., "Memories, Dreams, Reflections", Random House, New York, 1961

Jung, C. G. , "Psychological Types", CW, vol. 6, Princeton Univ. Press, Princeton, 1971

Jung, C. G., "The Red Book", edit. By Sony Shamdasani, W. W. Norton & Co, New York, 2009

McGilchrist, Iain, "The Master and his Emissary: The Divided Brain and the Making of the Western World", Yale Univ. Press, New Haven, 2009

Schore, Allan, "The Science of the Art of Psychotherapy", W. W. Norton & Co., New York, 2012

November 7, 2020 Fairy Tales and Jungian Interpretation

Faculty:	Cheryl S. Tunnell, LPC-S
Time/Location:	9am-12pm & 1pm-3pm / Teleconference
Phone & email:	214-213-2101
	cheryltunnell@gmail.com

In this seminar, our discussion will revolve around the archetypal nature of fairy tales. The main emphasis will be on the value of the study of fairy tales in clinical work, common symbols and themes of fairy tales, and exploration of a Jungian-oriented interpretation of fairy tales.

As Marie Luise Von Franz researched, taught, and wrote many books on fairy tales, we will use her model for interpreting. Von Franz described such an endeavor as a "hunt for an elusive stag," and so we will try knowing archetypal processes can never be pinned down. Instead, we hope to get hints and glimpses of these processes, and see what fairy tales may reveal about the psyche's unconscious structure and activity.

The best suggestion for Jungian study is to read many fairy tales, from various sources and cultures. As you do this, it would be helpful to take one or two and apply ML Von Franz's method to them. I am not asking you to write this up formally, but instead use this exercise to enhance your understanding of the method. We will also do this in the seminar with a couple of fairy tales.

Required Reading:

1. C.G. Jung, "The Spirit in the Bottle," CW Volume 13
2. Marie Louise Von Franz, Interpretation of Fairy Tales

I easily found a pdf of Jung's essay on-line, so please do not feel you have to purchase the volume of the Collected Works in order to read it. Also the Spirit in the Bottle in a Grimm's fairy tale, so you may wish to read that version to familiarize yourself with it. Please don't hesitate to contact me if you have any questions.

Learning Objectives for CEU purpose:

Students will deepen their understanding of:

1. Why Jungian's value the study of fairy tales
2. The use of Marie on Franz's method of interpreting fairy tales
3. Common symbols and themes in fairy tales

December 5, 2020 **Archetype as Instinct**

Faculty:	Mary Burke
Time:	9am-12pm and 1pm-3pm
	Group Process Session 3:30pm-4:30pm
Location:	Zoom
Phone & email:	512-762-1408
	mbburke51@gmail.com

"…dominants of the unconscious make almost irresistible demands for fulfillment." CW8, ¶720

The existence of archetypes is a fundamental tenet of Analytical Psychology and Jung spent a lot of time describing them and discussing their relationship to instincts. We will explore his ideas related to the nature and qualities of both, as well as discuss the role of archetypes in therapeutic work with patients.

Assignment:

(1) From Jung's writings assigned below, please select a point of curiosity, confusion, or dispute that attracts your attention and prepare a 2-4 page (double spaced) paper to present for discussion during the seminar.
Please send your papers to me by December 1.

(2) Please bring an example from your practice of your own observance of the role of an archetype(s) in a clinical case. How did you identify it? How did you work with it? How did it inform your own understanding of the case, and perhaps your patient's? What was it like for you to be working with archetypal material in this way? We'll use your experiences to explore how an understanding of Jung's theories about archetypes can play a role in therapy.

Objectives:

- Familiarity with concepts related to the objective psyche (collective unconscious)
- An understanding of the nature and relationship of instincts and archetypes
- An understanding the use of archetypal theory in clinical work

Required reading:

Complex Archetype Symbol in the Psychology of C.G. Jung, J. Jacobi, "Archetype," pp. 31-73

The Structure and Dynamics of the Psyche, C.G. Jung, CW8

"Instinct and the Unconscious," ¶¶263-282 (1919)

"Psychological Factors Determining Human Behavior." ¶¶232-262 (1936)

"On the Nature of the Psyche," ¶¶343-442 (1946)

The Archetypes and the Collective Unconscious, C.G. Jung, CW9i

"Archetypes of the Collective Unconscious," ¶¶1-86 (1934)

"The Concept of the Collective Unconscious," ¶¶87-110 (1936)

Not required, but worth your attention some time:

Jung and the Making of Modern Psychology, S. Shamdasani, "Body and Soul," pp. 163-267

Jung's Map of the Soul, M. Stein, "The Psyche's Boundaries," pp. 85-103

For pure pleasure (not required):

"The Elephant Queen," 2019 documentary, Producer: L. Englehart for Deeble & Stone

January 8, 2021 Personal Myth and the Creative Life

Faculty: Dennis Patrick Slattery, Ph.D
Time/Location: TBD / Zoom
Phone & email: DSlattery@pacifica.edu

One of the most profound and meaningful journeys we can undertake in our lives is the quest for our personal myth. It is a creative pursuit and moves in two directions at once: out to the world we inhabit every day and into our interior lives. We will begin by exploring some qualities or characteristics of our personal myth as well as how creativity itself allows for an awakening into that terrain. I will offer one or two essays of mine that I hope enriches our quest. "Being Called to a Cohearant Life" is the first of perhaps two, depending on time. I misspell the word "cohearant" for a reason that will become clear in our time together. We will also employ some writing meditations from my books, *Riting Myth, Mythic Writing: Plotting Your Personal Story* as well as a second co-authored book, *Deep Creativity: Seven Ways to Spark Your Creative Spirit.* I encourage you to create your responses in cursive writing rather than on a computer. I am excited and look forward to our time together in this valuable exploration.

February 6, 2021 Dreaming With Open Eyes: Active Imagination

Faculty:	Nancy Dougherty LCSW, Jungian Analyst
Time:	9am-12pm and 1pm-3pm
	Group Process Session 3:30pm-4:30pm
Location:	Zoom
Phone & Email:	512-761-1011 & nancydoughertyatx@gmail.com

Deeply engaging with the unconscious is possible while we are awake by using Jung's description of Active Imagination. By consciously engaging with the symbols in dreams and fantasies, it becomes possible to cathect the transcendent function which can lead us to a deeper connection with ourselves.

We will be working with two books. The first is called Jung on Active Imagination, edited by Joan Chodorow. I would ask you to read her "Introduction." As well as, Jung's article on "Confrontation With the Unconscious" "The Transcendent Function, and "The Aims of Psychotherapy." All three are located in the text of Jung On Active Imagination,.

I am asking you to each write 3 pages of personal reflections on this material. I am not asking for summaries, but rather your subjective experiences of the readings. If you are comfortable, you might like to include an Active Imagination that you have done.

Please feel free to email me if you have any questions

March 6, 2021 **Symbolic Images in Folklore & Integration into Clinical Process**

Faculty: Marga Speicher, PhD, LCSW

Time: 9am-12pm and 1pm-3pm
Group Process Session 3:30pm-4:30pm
Location: Zoom

Email: marga16speicher@gmail.com

Seminar discussions aim to deepen appreciation of folklore as a symbol system alongside mythology, religious traditions, alchemy. Focus will be on

- cross-cultural dimensions of folklore
- stories that carry a dynamic theme of particular relevance for a person
- the interplay of images as presented in figures, stated problems, processes within the story, solutions attained
- integration of such symbolical images into understanding of personal development & clinical process

Cross-cultural dimensions: The story of Cinderella exists worldwide with nearly 1000 versions known & recorded. We will look specifically at "Cinderella" from Germany, "Vasilisa the Beautiful" from Russia, "Yang P'a & Yang Lang" from China, and one Cinderella version from South America, to highlight the archetypal dynamics amidst the diverse expressions. – I will supply copies of these stories so we all work from the same text.

Further, we will explore the frame story of Shahrazad, the protagonist of **The Thousand Nights and One**, & her use of story-telling to save lives. – I will supply a summary copy of the frame story.

Particular relevance for a person: think back on folktales and stories (traditional folktale, any story, comic strip) (a) that spoke to you in early life & in later years; (b) about which clients have spoken from their experiences. Reflect on what that story tells you about inner dynamics at time of occurrence & what meaning it has now.

General preparation for the seminar. Read widely:

· folktale collections from diverse traditions; consider your cultural background and that of clients

· essays about psychological interpretations of folklore and about the manifestation of archetypal dynamics in personal life and clinical practice

Required Reading:

Jung essays.

These two essays present Jung's perspective on psychological understanding of literature including the oral tradition of folklore and all forms of fiction. Select one of the essays to read carefully

C.G. Jung, "The Relation of Analytical Psychology to Poetry," **C. W.**, Vol.15, ## 97-132 (1922)

C.G. Jung, "Psychology and Literature," **C. W.**, Vol.15, ## 133 –162 (1930)

Folklore Stories

The stories which I will send you.

Some stories of your choice considering personal and clients' cultural heritage.

Psychological & folkloristic perspectives

Van Franz and Dieckmann give you a good, basic orientation to the classical Jungian approach to folklore images, relevance in personal life & clinical practice. Campbell & Tatar give you a perspective on folklore in general. **The Arabian Nights'** selected pages introduce you to traditions of the ancient Middle East.

· Introduction & selected chapters of your choice (best: read entire, slim volume) from Marie Louise Van Franz, **Interpretation of Fairy Tales**

· Full text of Hans Dieckmann, **Twice-Told Tales: The Psychological Use of Fairy Tales**

· Joseph Campbell, *Folkloristic Commentary*, **The Complete Grimm's Fairy Tales**, 833-864.

· Maria Tatar, **The Hard Facts of the Grimm's Fairy Tales**, Preface, XIII-XXIV

· **The Arabian Nights**, based on text by Musin Mahdi, translator Husain Haddawy, Norton 1990. ISBN 0-393-31367-0. **Required**: Introduction IX-XV, Conclusion XXIX, Prologue (frame story) 3-11, 16, Translator's Postscript 428. I will supply a summary copy of the Frame story; we will not focus on specific tales. Read what

interests you. – – There are many editions of the collection **The Thousand Nights and One.** The complete set of 1001 tales is in a collection of 4 volumes!

Recommended Reading:

On psychological perspectives

- Bruno Bettelheim, **The Uses of Enchantment** – read some sections.
- Mario Jacoby, Verena Kast, Ingrid Riedel, **Witches, Ogres, and the Devil's Daughter**
- Verena Kast, **Through Emotions to Maturity**.
- Murray Stein & Lionel Corbett, **Psyche's Stories: Modern Jungian Interpretation of Fairy Tales**, 3 volumes. Peruse these volumes & read what interests you.

On folklore in general

- Max Luethi, **Once Upon a Time: On the Nature of Fairy Tales**
- Padraic Colum, *Introduction*, **The Complete Grimm's Fairy Tales**, VII–XIV
- Maria Tatar, **The Hard Facts of the Grimm's Fairy Tales**
- Maria Tatar, **Off with their Heads: Fairy Tales & the Culture of Childhood**

Assignment:

Reflect on stories (traditional folktale, any story, comic strip) that spoke to you (in early life or in later years) OR about which clients have spoken from their experiences: select a story (personal or clinical illustration) & prepare a discussion of at most 10 minutes with the seminar group. Briefly (1) tell the story, (2) highlight its meaning at the time it occurred, (3) show the psychological dynamic you now see, (4) consider the meaning it still has or how that receded.

Learning Objectives:

Participants will develop & deepen

- Knowledge of symbolic images as they arise in story-telling literature
- Differentiation of archetypal image from archetype
- Capacity to work clinically with symbolic images as they occur in clinical process

For further information, contact
Marga Speicher, PhD, LCSW 1438 Grey Oak Drive San Antonio TX 78213
O & H 210 541-8441 Cell 210 274-6708 marga16speicher@gmail.com

April 10, 2021 **The Religious Function and Paracelsus**

Faculty:	Wynette Barton
Time:	9am-12pm and 1pm-3pm
	Group Process Session 3:30pm-4:30pm
Location:	Zoom
Phone & Email:	wbarton2@austin.rr.com

Although similarities are apparent in concepts of "religious" and "spiritual", the two words are not the same and cannot be used interchangeably. In ordinary speech, "religious" usually refers to adherence to a specific ideology about a god or gods, and the practice of certain rituals or behaviors associated with that ideology. The word "spiritual" is more often associated with a focus on - or an draw toward – an individual connection with unseen forces that create life and engender curiosity, imagination and action among those who are created, *with or without* formal worship or ritual practice.

One might thus be religious without much pondering about the nature of life and connection to universal forces, accepting this connection by faith alone, and (usually) expressing and reinforcing that faith through an established belief system and formal worship. On the other hand, one might be deeply spiritual without embracing a particular religion, or ever having darkened the door of a place of formal worship.

Whether participating or not, a great many people (possibly all people to some degree) are drawn to, moved by, or have at least some respect for religious ideals, symbols, and activities; and no government has been strong enough to stamp it out altogether. *How* we carry the religious function is individual; *that* we carry it is a collective phenomenon that is impossible to understand or explain.

For this seminar, I would like for us to ponder the nature of religious and spiritual life, the nature of intellectual understanding and the life of faith, and where the two interact and diverge. The reading assignment is quite short, paragraphs 1 – 43 of the CW, Volume 15, The Spirit in Man, Art, and Literature. This lecture on Paracelsus contains concepts important in archetypal imagery, and thus to the practice of analysis. Do your own research on who Paracelsus was and what he believed and taught. Jung mentions him many times throughout the Collected Works, so check him out on internet, at least, for information and quotes. A 16th Century man, Paracelsus was anti-authoritarian (with its good and not-so-good sides), innovative, creative, sometimes too wordy, sometimes unclear, sometimes brilliant and timeless.

For your written assignment, please write 4 to 5 pages (1 ½ spaces, 12 to 14 point type) about Paracelsus and the reading assignment involved, including, but not limited to, your impression of Paracelsus, what, if anything, he has to do with today's world and the understanding of Depth Psychology, and why you think his writing (and possibly his attitude) interested Jung. I encourage you to use your own ideas and understanding, but thoughtfully. I also encourage you not to wait until just before the paper is due (one week prior to our class meeting date) before reading and writing. The assigned material, though short and ostensibly fairly simple, may take some time to assimilate.

Hopefully by the time we meet, it will be safe for us to gather in person at my home office in Kyle. Meanwhile stay safe and well.

Objectives:

1. Learn who Paracelsus was and his significance, even if remote, to Analytic Psychology.
2. Identify the archetypal images used by Paracelsus and understood by him in his alchemical explorations.
3. Compare and contrast 16th century concepts of the psyche with concepts held today.

May 8, 2021 **Trauma and the Soul**

Faculty:	Renée Cunningham, MFT, Jungian Analyst
Time:	9am-12pm and 1pm-3pm
	Group Process Session 3:30pm-4:30pm
Location:	Zoom
Phone & email:	602.653.8804 & renee.therapy@gmail.com

Morning:

In traditional analytic work defenses have been viewed as an impediment to the psychic functioning of the individual. However, over time defensive theory has expanded whereby defenses also work in service of development.

> "Schafer (1983) has looked at defense and resistance in its adaptive, action-oriented context; Kohut (1984) considered defenses as attempts to preserve the integrity of the self. Writing from a Jungian perspective, Donald Kalsched (1996) speaks of the archetypal defense, composed of trickster-demon, which both undermines and torments the vulnerable soul of the person, but also *protects* a person's essence against potential and humiliation at the hands of the outside world" (Morrison, p. 91).

In the morning session we will discuss trauma and the archetypal defenses of both protector and persecutor (*Dis)* as discussed in Donald Kalsched's book *Trauma and the Soul*. We will discuss the process of the soul's disembodiment in trauma, its re-emergence through the image of the child, and the role of *Dis,* "the nihlistic anti-life 'force,' personified as the fallen Lucifer," which deters the indwelling of the soul in the body. The struggle between the archetypal defenses is a fascinating look at the split and the psyche's attempt at healing.

Objectives:

Define and discuss Jung's concept of archetypes

Define and amplify trauma and the archetypal experience of trauma in the body and psyche

Learn about psychic defenses in the depth psychology school, the similarities, differences and applications of interventions.

Afternoon:

In the afternoon session this material will be amplified utilizing case material, movies, and art. The focus of the afternoon will be on the experience of trauma and the imagery that emerges in the analysis as the soul's indwelling process paradigmatically struggles for embodied life.

Objectives:

-To explore the archetypal experience of trauma in the individuation process of the patient.

-To define, discuss and amplify the transcendent function and what happens when the transcendent gets stuck in the body and then is integrated through trauma work.

-To learn about the analyst's mediating role as the self as the trauma work proceeds in analysis, thereby exploring in depth the transference and countertransference phenomena in the archetypal field of embodiment.

Reading Assignments:

-*Trauma and the Soul,* Donald Kalsched, Routledge Publications, 2013.

- "When Meaning Gets Lost in the Body: Psychosomatic Disturbances as a Failure of the Transcendent Function", Mara Sidol (Attached)

Assignment:

Please write an 8-10 pp. case paper discussing the book as it relates to your work with patients. The material should focus on the body/psyche split, the emergence of the archetypal defenses such as Dis. If you do not have a complete process here, please work with the archetypal images that emerge in the trauma work through the transference/countertransference, dreams and psychic defenses utilized such as splitting, denial, repression, enactments, etc.

Journal of Analytical Psychology 1993, **38**, 175–190

WHEN THE MEANING GETS LOST IN THE BODY: Psychosomatic disturbances as a failure of the transcendent function

MARA SIDOLI, *Santa Fe*

In the present paper I would like to explore severe physical symptoms exhibited by patients at crucial stages of their analysis, which tend to occur when a 'big change' is foretold in dreams or following interpretative work aimed at providing the patient with insight into his major psychic conflict.

My hypothesis is that, in certain patients, when an interpretation manages to break through into a primitive deeply unconscious area, while the patient's ego struggles to gain psychological insight, the core of the personality offers extreme resistance to letting the infantile contents acquire a symbolic mental representation. In these patients, severe somatization occurs. The newly emerging insight appears to be too much for the patient's psyche to deal with.

The upsurge of affect reaches the threshold of the 'zone of meaning', appears to short-circuit it and to discharge itself into the body or into bodily organs. Thus, the body provides the last bulwark against integration.

These primitive unconscious affective contents which I have observed refer to early life-threatening experiences which were defended against by extreme splitting.

My hypothesis is that the primitive affects, brought about by certain experiences in infancy, were not attributed any psychic meaning by the mother. That is to say, the mother had not been able to process the excess of affective contents for her infant because she

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was either emotionally disturbed or absent (whether emotionally or physically).

In the course of my analytic experience I have noticed that the patients who react somatically, children and adults alike, are generally very gifted people who, at the start of the analysis, exhibit strong ego defences. These have allowed the patients to function well in certain areas of their personality, in spite of an extremely primitive core in which archetypal affects predominate, encapsulated, as they are, by defences of the self.

Michael Fordham's hypothesis is that defences of the self are the earliest defences which are mobilized within the primal self of the infant. They function as a total defensive system for the purpose of survival when the mother fails to provide the basic emotional care and the infant is exposed to survival panic and dread. These early undigested affective contents are not, as one might expect, ejected by these patients by means of a violent psychotic episode or psychic regressive breakdown, but, in some mysterious way, enter the somatic sphere and get lost in the meanders of the body, producing sudden violent physical reactions rather than being transformed into mental images or fantasies which could then be assimilated further.

My observation is that such patients produce archetypal images all right, but these are disaffected (as in the case of alexithymia). These patients are emotionally detached observers of their own images. They defend themselves against feeling the horror, panic, and despair evoked by the archetypal image in relation to their own personal experience, and tend to view it as an artistic creation. In these patients, archetypal primitive areas of their otherwise often well developed personality have been split off. Their emotional memory has been lost in the archaic somatic memory of the body, used as a storehouse.

JUNG'S THEORY OF THE BIPOLARITY OF THE ARCHETYPES

This hypothesis is consistent with Jung's theory of the archetypes as 'unconscious entities having two poles, the one expressing itself in instinctual impulses and drives, the other in the form of fantasies' (Fordham 1957).

I would like to speculate that the two polarities of the archetypal experience have been split, in the patient prone to somatization, into two distinct halves: the body and the psyche. The instinctual part has remained lodged in the body and the spiritual one has become an empty image.

From the exploration of the personal history of these patients, it emerged that they all experienced early emotionally disturbed or

traumatic relationships with their mothers, who had been unable to mediate violent archetypal affective discharges in their infant. These shortcomings did not allow for the bodily archetypal experience to acquire stable mental representation in the sense meant by Jung when he wrote that 'the image represents the *meaning* of the instinct' (Jung 1947).

The potential to generate meaning for affect-loaded discharges is innate in the human infant, but in the early stages, because of the all-or-nothing quality of the instinctual needs, it has to be guided and sustained by the mother. She serves as a model for symbolic functioning whenever she is able to offer a safe container for the infant's instinctual tension.

THE TRANSCENDENT FUNCTION AND SYMBOLIC FUNCTIONING

Jung wrote: 'The shuttling to and fro of arguments and affects represents the transcendent function of opposites. The confrontation of the opposites . . . generates a tension charged with energy and creates a living, third thing . . . a new situation' (Jung 1947) and I would like to add 'whenever there is sufficient consciousness to be able to imagine the new situation'.

Jung writes: 'The transcendent function manifests itself as a quality of conjoined opposites. So long as these are kept apart – naturally for the purpose of avoiding conflict – they do not function and remain inert . . . In whatever form the opposites appear in the individual, at bottom it is always a matter of a consciousness lost and obstinately stuck in one-sidedness, confronted with the image of instinctive wholeness and freedom' (Jung 1947).

Here, Jung tends to idealize instinctive wholeness, equating it to freedom. However, we do know from the observation and knowledge of infancy – which is the most instinctive stage of human life – that instinctive wholeness is the opposite of freedom. It is overwhelming, unthinkable, and uncontainable in the human mind.

Jung's image of the archaic man may be misleading, and it risks becoming romanticized and disconnected from the individual realm of experience. Thus, while on the one hand he appears to value the compensatory function of the unconscious which constellates the 'archaic man', in the very same paper, on the other hand, he warns against the dangers of the 'ego of the rediscovered unconscious'.

One is alerted here to Jung's fear of his own unconscious instinctual contents, because his language is heavily loaded with superegoic terms. He seems to alternate between depicting 'consciousness' as a

rigidly defended ego which is split from the 'instinctive wholeness', while at the same time advocating a flexible ego which would be able to integrate conflicting opposites.

The point which I would like to emphasize here is that ego/consciousness structuring is not described by Jung within the context of a dyadic relationship. It seems to occur in an state of isolation, where the ego has to 'win' on its own the battle against the monsters of the archetypal world, or succumb.

Jung seems to be describing his own lonely quest, guided by his superego mercilessly driving the ego, rather than by a flesh and blood mother who could experience mercy for his strivings. At the same time, by taking a moralistic position, Jung seems to contradict his own theory of the heuristic value of the unconscious.

I will try to tease out some of these contradictions for the purpose of this paper.

FORDHAM'S CONTRIBUTION TO NEW DEVELOPMENTS IN JUNGIAN THEORY

By conceptualizing the primal self (the self at the beginning of life,) as a psychosomatic unity, a sort of blueprint on which conscious and unconscious will become differentiated by the deintegrative/reintegrative dynamisms of the Self promoted by archetypal activity, Michael Fordham has opened a new way towards understanding early and regressed psychic phenomena.

The primal self deintegrates immediately after birth (or even before). That is to say, it opens up towards the environment in order to meet the object which will satisfy its archetypal expectations. It then reintegrates by going back into itself in order to assimilate and digest that experience.

This dynamic occurs according to individual rhythms over and over again, and presupposes the expectation of an object which will provide satisfaction: the mother.

The value of this view is that it stresses the archetypal expectation of a relationship which then embodies itself in the mother/infant dyadic relationship.

Thus, we have to presuppose two archetypally determined concomitant dynamisms: the deintegration/reintegration of the primal self and, concurrently, the to and fro of communication within the nursing couple. In this sense, the concept of archetypes is helpful, since they refer to innate patterns of behaviour with mental concomitants.

Let us now apply Jung's concept of transcendent function and

embody it into the metaphor of the mother/infant couple, where the 'shuttling to and fro of arguments and affects' has to be imagined in a two-body relationship model rather than in the lonely 'heroic one'. According to this vortex, the 'tension charged with energy [generated by the confrontation] creates a living thing'.

I would call this 'emotional relatedness'. Symbolic creations develop within the relationship, metaphorically used as a stage where the interplay of the opposite can be safely experienced. According to Winnicott, 'symbolic play' occurs when one is able to be 'alone in the presence of another'.

If we then assume that, under normal circumstances, the mother helps the infant to make sense of the world and of itself, we can picture growth of consciousness as a process taking place within the container of the dyadic relationship.

However, certain mothers – because of their own disturbances – behave addictively towards their babies. They cling to them as if to a part of themselves which they cannot let go of, for fear of a catastrophic mutilation. These mothers split off highly charged unconscious contents which their own psyche cannot bear.

As a result, these emotions and thoughts become totally foreclosed and forbidden to their child. In the same way, bodily zones or physiological functions disavowed by the mother become forbidden and disaffected for the child, in order to prevent a tearing apart of the mother/baby link. As a consequence, the dual aspect (both physical and emotional) of the mother's containing function cannot be differentiated by mother or infant alike.

PSYCHOSOMATIC STATES AND SOLUTIONS

In her book, *Theatres of the Body*, Joyce McDougall writes:

> In psychosomatic manifestations, the physical damage is real and the symptoms do not appear to reveal either a neurotic or a psychotic story. The 'meaning' is of a presymbolic order that circumvents the use of words. . . . In psychosomatic states the *body* appears to be behaving in a 'delusional' fashion . . . the body has gone mad. (1989, p. 18)

She hypothesizes that somatic expressions tend to arise in place of unrecognized psychotic fears and wishes. McDougall adds to the classic somatic disorders (asthma, gastric ulcer, colitis, respiratory tract infections, arthritis, neurodermatitis) all cases of physical damage or health in which psychological factors play an important role: Accident-proneness, the lowering of immunological shield, problems of addiction. She sees them as attempts to deal with distressful conflicts

by temporarily blurring the awareness of their existence by clinging to factuality.

I have found her statement to be very helpful in working with such patients.

It appears that psychosomatic patients lack fantasies. In them the link between the instinctual pole of the experience and its mental representation has been broken – or never established. Thus, the proto-images – as archaic proto-fantasy/bodily elements – have remained buried or encapsulated in the unconscious bodily pole of the archetype. Not having been given a name by the mother, they have remained silent, are inarticulate, and have no access to pre-conscious or conscious thought or dreams.

I would now like to introduce three patients: two women and one child, who have shown a dramatic tendency to somatize in the course of their analysis. Two of them were in three or four times per week analysis, and the third in once-a-week analytic psychotherapy.

Ronnie: the cold feeling of separation

Ronnie used his bronchi as containers for the bad stuff which he had accumulated in the early days of his life. He was three when he was referred to me. Ronnie was a highly intelligent and verbal child who presented a variety of neurotic symptoms at the stage of separating from his mother, such as nightmares, clinging behaviour, and phobias.

He was born two months premature and had spent the first two weeks of his life in an incubator, where he had been severely ill with pneumonia and close to death. I have written about this case in my book, *The Unfolding Self*, and will mention here just one dramatic episode in the course of his analysis. That episode occurred right after a meeting I had had with his parents. That meeting had made him very anxious. At the next session Ronnie complained bitterly about his parents' badness and accused me too, and told me he did not want to come back or see me any more. That session was followed by several others during which he refused to enter the room without his mother, and he eventually became ill, so he could not come at all. He remained absent for four weeks, suffering from bad bronchitis and severe respiratory tract infection. Analysis was impossible. His parents were worried, because the antibiotics did not seem to work.

I understood his somatization as both a regression to his early days in the incubator, as well as a way of dealing with his rage which would be acceptable to his family, i.e., being ill. They could both comfort him and remove him from my presence, which was causing him so much upset.

Following his illness, I had to be absent for a week. When he came back, we had to work through a strong negative transference. He wanted to shoot me, bite me, and occasionally he actually managed to hit me hard. I withstood these attacks and talked to him about his feelings about my not visiting him when he was sick, which made him feel as he did soon after birth, that is to say abandoned by his mother, unprotected in the hospital where the bad doctors were torturing him.

In response to this interpretation he started coughing and carried on coughing for a long time. He looked very miserable, so I commented that he felt bad and that, like the doctors, I was making him feel worse. After my comment, he stopped coughing and went back to playing.

The following sessions he was well again. He came into the session pretending to carry in his hands a baby horse. He told me that the horse had been born at the time he had started analysis and that he was ill with a bad cough now. He built what looked like an incubator (a warm, womb-like place) and told me that the horse had to stay there and keep warm until he recovered. He took great care of the horse and talked to it. He eventually said that the horse was better now and left the session in a very good mood.

In the course of this severe somatization Ronnie had managed to regress to his dreadful infantile experience, which I could contain in my mind and empathize with (Bion 1962, p. 36).

Thanks to the analytic work, the elements which had not acquired a mental form but were communicated by the body as a replay of his early catastrophic (near death) experience found a symbolic expression. After this severe somatization his tendency to somatize improved dramatically.

Mary and the cast armour

Mary was in her late thirties when she came to me for therapy. From the recounting of her early history I expected the transference to constellate her early deprivation, and I wondered whether she would be able to tolerate the frustration and the pain that it would bring about in such a loose analytic time frame. On the other hand, she was lively, bright, and determined, which encouraged me to take her on. She needed three or four times weekly analysis but she could manage to come only once weekly. These factors limiting her attendance created a real difficulty, which I knew would make her psychological work extremely hard. We talked about the difficulties that the treatment would bring about. She seemed ready to take these on

as a challenge to her heroic side, and she did not appear to be discouraged.

She was working with adolescents as a school counsellor. She had brought up a child on her own and had been married and divorced more than once. She told me that she wanted to understand her moods and her deep feelings of worthlessness. Her bodily posture struck me from the beginning and I had a phantasy that she was wearing a rigid corset. She was of medium height, had an interesting face with expressive eyes and an attractive smile.

She told me that when she was eleven weeks old her mother, who was pregnant again, was hospitalized for a long time due to a life-threatening ulcerative colitis. Mary and her two older sisters were left to the care of her father and maternal grandmother. At first, she was unable to connect the feelings caused in her infant self by the dramatic separation and illness of her mother to her fears and difficulties in the present.

In the transference, she exhibited a fear of emotional closeness for which she compensated with a desperate search for physical intimacy in love relationships which usually turned into sado-masochistic ones.

It felt to me that being in therapy only once weekly was a torture for her infantile needs, but she would not let herself acknowledge it. She denied any difficulties and seemed to feel that my insistence on the matter was having a rather smothering effect on her.

In the countertransference I was aware of her frustration and I interpreted it to her, but to no avail. I often felt concerned by her 'acting out', which I could only contain from a distance, or would hear about afterwards. I felt anxious and impotent. These feelings which I was experiencing referred to her infantile emotional state when mother had left her. I had to hold on to them for her for a long time because they were unreachable to her.

It took a long time for me to help her try to reconnect her early dramatic experiences with the split-off affects related to them. She talked about her adolescence and of the severe scoliosis for which she had a spine operation, and because of which she had to wear a cast throughout her adolescence. At first she used to talk about all her sufferings in a factual way, as if she were giving her medical history to a doctor (McDougall 1989). I wondered what it must have felt like for her to be confined in such a way during most of her adolescence. How much fear, pain, anxiety, and feelings of inferiority and worthlessness she must have experienced, while the other teenagers, siblings included, could do sports and enjoy themselves.

A tremendously ambivalent love/hate relationship with her younger brother emerged in the course of the sessions. She admitted that she had felt responsible for her brother's unhappiness, remembering that

she had wished to get rid of him, who in reality had been the cause of her mother's illness.

In fantasy, however, at a much deeper level, she blamed her own infant's greed and demands for her mother's hospitalization. In the transference she was extremely attentive not to demand anything from me, for fear that I would become sick and abandon her too. A couple of sessions I arrived late at our appointment and despite my attempts to reach her obvious annoyance and anger, she kept reassuring me that it was all right and that these things could happen! And she would become very understanding, making excuses to protect me, terrified as she was to feel any negative feelings towards me.

Not long before coming to therapy, her brother, a professional skier, had been caught in an avalanche and lost one leg. Mary had been totally devastated by his mutilation. During our sessions we were finally able to explore the unconscious feelings of hostility and rivalry she harboured towards him.

In the second year of her therapy, we focused on her back problem. She took up martial arts and worked just as seriously in making her body flexible as she applied herself to gaining insight into her psychic conflicts.

At breaks she denied her distress, but tended to develop a love relationship to fill up the gap of my absences from her, as she had done at the time of her mother's illness by becoming attached to grandmother in order to survive. It took her three years to be able to admit that she felt she missed me during a therapy break.

Soon after my return, some forgotten memories of her childhood surfaced, together with feelings of distress which she used to fend off previously. I felt that her early defences against the pain of the catastrophic separation in infancy started to give way.

Then she fell ill with severe bronchitis, high fever, and pains in her chest which lasted for several weeks and resisted treatment. During her illness she could not come to therapy and she experienced the depth of her misery and abandonment, coupled with fear of dying, just like in her adolescence when her back was operated on.

At the first session following her sickness she told me that she felt weak, lost, confused and frightened, but that she could not put into words what her fear was about. I asked her to try and give it a name. The following week, she returned feeling much better: 'I have thought about it,' she said immediately, 'the name which came up is "death".'

We started to explore her terror, and it emerged that the day on which she fell ill had been the anniversary of her operation, and for the first time, twenty-eight years later, she was able once again to feel the panic and terror she had denied and repressed in the past. 'It

was awfully painful, and I could not move, that same day John Kennedy was shot, and everybody was preoccupied with the news. He was more important than my pain.'

She went on describing how much she had been in pain and added out of the blue: 'You know, my aunt had died of the same operation because of a mistake of the surgeon a few months earlier. We all knew about it, but both my parents and I blocked it at the time.' The horror of her aunt's death had reawakened the early panic and dread experience at the time of her mother's hospitalization. Neither one of these emotions had ever been connected to Mary's operation by her parents, and the dread and panic related to both experiences had remained unnamed, a silent event in her life which had no access to her consciousness but which was dramatized by the body.

Elizabeth and the 'cold envelope': the skin as a container

Elizabeth was in her mid-thirties when she came to see me. She was feeling disconnected from the reality of her present life in a foreign country, which she experienced as cold and rejecting. She had three children of whom she was extremely proud but her marriage was on the rocks.

Elizabeth was a real blue-blood aristocrat. Attractive and distinguished, controlled and extremely cold, she had a superior and somewhat arrogant attitude towards me, a person who needed to work for her living much as the nanny of her childhood.

It soon emerged that her beautiful and gifted mother, who lived in the family castle, was a severe alcoholic. Elizabeth felt guilty for not being able to tolerate her mother's behaviour and for being unable to help her.

She had had a troubled childhood, always having to attend to her alcoholic mother. She was 9 years old when her parents divorced. Her father basically abandoned her, leaving her in charge of the family and of her three younger brothers, as she put it. She resented it, but loved and respected her father none the less.

It was difficult to establish and maintain a solid analytic frame with Elizabeth, because, although I managed to have her come three times a week, she was terrified to enter into a close relationship with me, let alone be analysed. She used her social or family commitments as excuses to manipulate her analytic frame. I had to be very firm, interpreting her terror both of attachment and closeness. It seemed to me that she dreaded to find herself once again dependent on an addictive mother/analyst who would destroy her. She lay stiff on the couch, talking with a monotonous affected tone of voice, and she kept me and my interpretations at arm's length.

She used to report totally unemotionally on excruciatingly painful episodes of her childhood and the perverse sexual relationship with her husband. Also, her dreams contained primitive psychotic material which she reported in a disaffected way.

She had suffered from anorexia for some years in her early twenties, but had received no treatment. She admitted that she had felt very unattractive as a young girl compared to her beautiful mother who had many admirers. She had married her present husband, who was the son of her mother's second husband, more to compete with her mother than because she was in love with him. After some years she had had an affair with one of her husband's relatives. The secret affair ended quickly and made her feel dirty, guilty and in need of expiation. She turned to religious practices and devoted herself, as a penance, to her family and her husband who, by then, had started to treat her badly, and was degrading her.

When her husband announced that he wanted a divorce, she became severely ill, with kidney failure from which she nearly died. She took her husband's rejection as a punishment for her incestuous infidelity and persevered in holding on to him, accepting very degrading and verbally abusive behaviour on his part.

Such was the situation when she came to see me, and almost every night she dreamt that her husband had been killed and or was being tortured, or that she had been cut open and her body was bleeding to death.

While all this was going on in her inner world, she appeared very composed, detached, and unaffected. She had studied art and had an interest in painting and architectural design for which she was very gifted. Her dreams were full of images which were only to be looked at, but not to be touched by me. The only area she allowed me to touch and to work on was that of her relationship with her children, an area in which she felt fairly comfortable. Thus I used her children's feelings to start introducing her internal child and her feelings to her. Slowly she began to talk about her lonely childhood in the company of servants. Her parents were seldom available. They went to many social functions and only occasionally would they drop in the nursery at bedtime to see the children. She behaved well in the sessions, as her parents had expected her to in her childhood.

In the second year of her analysis, while working on the issue of separation from her husband and mother, her mother suddenly died of an overdose. Elizabeth felt both overwhelmed by guilt and strangely relieved. She did not shed a tear, but from one day to the next she developed severe eczema on her hands and face. Her skin was covered by scales, like that of a cold-blooded reptile. She scratched herself and her hands were bleeding and painful. She

remembered having had the same eczema as a baby when, at the age of twelve months, her parents had left her to go on a cruise and had been away for three months. At that time she had had to be tied to the bed because she scratched herself so badly and cried desolately all night.

In the countertransference, I felt very warmly towards her suffering, but she rejected my empathic feelings, and I was not allowed to get close to her emotionally, or to touch her little child's feelings with warm comforting words. She hardened up and rejected my concern as being sentimental and weak. She remained isolated by her eczema and the 'envelope of cold' unrelatedness, as if allowing me to touch her emotionally would have meant melting away in unbearable pain, confusing herself with her own mother's unspeakable despair.

She could not begin to cry for fear of being overwhelmed by her despair, for which there had never been a container other than her own skin. But now, under the pressure of the horrible pain, her skin too, the last container, had cracked and she was terrified to let go.

She decided that she needed to salvage her mother's memory by organizing an exhibition of her work in her home town 'in order to have', as she put it, 'something good to remember both for herself and the world'. The exhibition was a success and this allowed her to feel as if she had concretely made reparation. This made her feel again more contained and in charge of herself. Her eczema improved and slowly disappeared.

She decided to divorce her husband, took a course in design, and eventually told me that she was going to go back to her mother's town. And she dismissed me as a servant no longer needed.

She left me without a thanks and without showing any distress. I felt bad and left in the cold, but felt sure that I would see her again.

A year later she recontacted me. She was softer, mellower, and spoke in a warmer tone of voice. She told me that as soon as she had arrived at her mother's house she had experienced an uncontainable need to cry. Tears had burst out of her eyes and she had sobbed for week after week until, as she said, 'she had cried all her tears'. Now at last she was also able to tell me that she had missed me and she acknowledged how much the work she had done with me had helped her. The tears had burst out as an appropriate expression of her pain. In the past, the eczema had expressed her pain in a non-verbal way because her baby self had felt that her crying was unbearable to mother. She had to leave me to feel safe enough to let her pain surface. If she had stayed she feared that, like the mother of her childhood, I would have engulfed her in my bottomless distress.

The envelope of cold superior disdain and disaffection had melted

away and she had become a real flesh-and-blood human being who could experience pain and withstand it.

DISCUSSION

The body as container and signifier

I would now like to propose that the psychosomatic patient uses his or her own body or bodily organs (instead of the mother's mind) as a container and signifier; as a kind of stage upon which the psychic pain can be dramatized and eventually relieved. The body becomes the container of pain, undifferentiated but concretely visible, because as such it is attended to and relieved by a mother who understands suffering only in concrete terms. There is no room for invisible, impalpable psychic pain. The somatic symptom becomes an expression, a dramatization of psychic pain which has the quality of a 'mime' rather than a 'play': a drama without words, through which the body of the sufferer will receive the primary care that will vicariously provide solace and comfort to the soul.

I have observed that somatic patients come from families where pain is concretely understood as illness. In the course of infant observation seminars I have noticed that, in families where the mother is unable to use imaginative or abstract language and where she denies imagination and fantasies, babies learn to avail themselves of the body, and of words referring to fact, to communicate with the mother.

The way in which I use the idea of the body as container is somewhat different from Bovensiepen's 'The body as a containing object', in so far as he describes adolescent patients who deal with their body in aggressive, self-destructive mutilating ways but who have fantasies about it and who seem to know, however dimly, what they are doing to their body, although they ignore *why* they are doing it. They seem to be stating: 'This body is mine and I will do with it whatever I like.'

In the psychosomatic patient, the bodily organ takes over, and the patient is totally unaware of what is going on. In the course of analysis, when the integrative process is set in motion, due to the analytically gained insight, somatization occurs as a specific form of 'acting out'.

Technical problems in working with psychosomatic patients

When these patients come to analysis and the integrative process begins to set in motion, severe somatizations often occur, which may cause serious anxieties and concern in the analyst. This state of affairs (often very dangerous even for the patient's survival) is also difficult for the analyst to bear and weather without being drawn into action. And yet, the patient will eventually surface from such states only if the analyst can maintain an impeccable analytic attitude.

During these dark times for the patient, the transcendent function (Jung 1947) has to operate in the analyst, who will then be able to perform the maternal reverie (Bion 1962) that the original mother was unable to do for the patient as an infant. The major difficulty is a technical one: how to reach out and touch the patient with words rather than concretely. The interpretation in these cases has to aim at re-establishing the broken link between body and affects: in other words, exactly the opposite of what happened in the patient's infancy, where this link had to be severed.

In order to obtain this result, it is extremely important to use words suggesting concrete images of affects. For instance, when a patient talks about his or her illness in terms of cold and cough, to comment about 'the cold feeling and the bad stuff inside related to the experience of having been left out in the cold by an icy cold mother who made him feel cold and lonely'. In this way, one attempts to provide the patient with an imaginative language where affective and emotional elements can re-enter the body and the inner and outer experience will eventually be allowed to coexist. In cases when the analyst relinquishes the analytic attitude and is drawn into action, he or she, by responding to the patient's body demands (for instance, by acting out sexually or in any other way), is repeating the early mother's behaviour, that is to say not attending to the patient's emotional need and pain. Thus, the patient's potential for symbolic development is lost once again and may be permanently impaired.

All three patients whom I have presented above tried very hard to make me act out, by making me feel deeply troubled about their sufferings. All had experienced panic and dread as infants to an unusually high degree, and these feelings could not reach consciousness as they were concretely stuck in an organ where they produced physical pain. On my part I had to contain and process their panic and dread and could not act out in a pseudo-comforting way to soothe my distressed feelings.

It has been observed in infant observation seminars that some babies exhibit strong egos from birth and are apparently able to tolerate

extremely distressing situations without crying or protesting aloud or even falling apart. These we call 'helpful babies', as they seem to understand their mother's fragility and behave in a supportive way. They appear to want to parent and protect the mother from breaking down; but we have noticed that from very early on they show the tendency to somatize. They become ill and require the maternal care and concern exclusively for their physical conditions, rather than for the emotional pain for which the mother cannot help them.

I have connected this tendency to somatize with a lack in the development of the transcendent function in certain areas of these patients' personalities. I have then related my hypothesis to McDougall's views on psychosomatosis, and I brought together Jung's concept of the bipolarity of the archetype with Fordham's developmental theories about deintegration/reintegration of the primal self in infancy. I have embodied Jung's concept of transcendent function in the metaphor of the mother-infant dyadic relationship.

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