Klein's Reparation and Jung's Coniunctio: Encountering the unconscious

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Abstract

Many patients report experiencing some form of intrapsychic attack, often manifesting in psychological and physical self-attack, and destructive interpersonal dynamics. Writers such as Melanie Klein (1940), Sigmund Freud (1917/1950), and Henri Rey (1994) offer hypotheses regarding the origins of such intrapsychic self-attack, and it is from these that the first ideas regarding the concept of the impulse to repair arise. However, an exploration of the relationship between Jungian perspectives, particularly in relation to the concept of the coniunctio, and psychoanalytic ideas regarding reparation of the inner world, is notably lacking. This paper explores both psychoanalytic and Jungian analytic theoretical perspectives, and the relationship between these, in articulating the ingredients which might contribute to true repair of the inner world within the patient, the analyst, and the therapeutic relationship. Clinical case material generated will be utilised to illustrate the clinical and theoretical material explored, and will illustrate my articulation of the elements which might contribute to true repair of the inner world within both the patient and the analyst, and within the therapeutic relationship.

Whakarāpopoto

He rahi ngā tūroro kōrero ai mō tahi tukinga hinengaro whaiaro, ā, mutu rawa ake ka puea ake ngā āhuatanga patu hinengaro, ā tinana ā-wairaua ki a rātau. Kua whakatakotohia mai e ngā kaituhi pēnei i a Merenia Kereina (1940), Hīmona Wherete (1917/1950), me Hēnare Rei (1994) he whakapae e pā ana ki te tīmatanga o ēnei tūmomo kaiākiri, ā, te pueatanga ake o ngā whakaarohanga tuatahi o te ariā whakatikatikahanga ohorere. Heoi anō, i kitea kāre i whakahuahia ake ngā ariā Huneiana (Jungian) e pā ana ki te whakapiripiringa me ngā whakaaro whakaora iho roto. Ko tā tēnei pepa he wherewhera ngātahi i te wetewetenga hinengaro me ngā momo putanga wetewetenga Huneiana me tō rāua piringatahi ki te whakaara ake i ngā mea ka whai pono te tapitapinga i te ao ā-roto o te tūroro, te kaiwetewetenga me te hononga ki ngā rongoā. Ka whakamahia ngā kitenga hei whakaatanga i ngā whakaaro whakapae me ngā mahi mahia, ā, ka kitea ngā pūmotu e kōrerohia ana e au e kitea ai he tapinga pono o te ao ā-roto o te tūroro me te kaiwetewete, i roto anō hoki i te hononga ki te rongoā.

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Introduction

In exploring the nature of a symbol, C.G. Jung noted, "A symbol always presupposes that the chosen expression is the best possible description or formulation of a relatively unknown fact, which is none the less known to exist or is postulated as existing (sic)" (Jung, 1971, para. 814). Symbol formation is of course traditionally considered the domain of the Self, in its dialogue with the ego, arising as it does out of the transcendent function. However, Milton (2014) suggests the Mercurius complex in which the capacity for precocious "symbol formation" can be overtaken by the ego in certain developmental contexts. Milton (2014) commented:

> The archetypal image of the psychic potential for symbol formation is the Mercurius (Jung, CW 12, CW 16) (sic) … [and] for a young child the emergence of archaic possibilities causes immense psychic turbulence that may manifest as profound anxiety (Sidoli 1989, p. 9): … So the reception of these possibilities needs to be mediated by adults … the Mercurius complex is a particular response to a less than good enough mediation of archaic experience. This complex arises when, threatened by anxieties such as abandonment and shame, the ego heroically and defensively identifies with the process of symbol formation itself … Symbolic capacity, normally a dynamic function of the self … becomes defensively appropriated "into" the ego (sic). (Milton, 2014, pp. 2–3)

It was these precocious "mercurial" capacities which were generated in me in response to my own disturbing early environment. Then, in mid-life, my world, and the egoic shell which contained my terror, and the soul of a frightened boy, literally, emotionally and metaphorically, like Icarus, came crashing down.

The accident

I had gone for a run, demanding that my body perform, and persecuted into action yet again. But this time psyche demanded I pay attention. I did not see the car that hit me. I remember thinking, "someone's had an accident" as I heard the crash. Only when I landed did I realise the "accident" had happened to me.

The accident had an enormous impact on my physical body, the consequences of which took three y\ears to fully resolve. More frightening was the emotional and spiritual descent. Previously, I had been able to perform my body as a vehicle for omnipotent and omniscient action, both in clinical work and in my life, as I sought unconsciously to heal the damaged feminine both before me and within me. But now my body had incapacitated my ability to inhabit the heroic wounded healer archetype and to split off the suffering into the other. Now it was me who was suffering. My intrapsychic and interpersonal capacities and precocious "symbol formation" abilities collapsed. I had no choice but to descend. The terror of the infant self I had so protected from the world for so long, erupted within me. I was indeed terrified.

Early in my analytic training I was both frightened and a little reassured by the discovery of Jung's (1961) own terrifying encounter with the unconscious which also brought him to his own emotional knees. The creative illness that was my accident and its consequences invited me to embrace rather than disavow the vulnerability of the child that I was, and discover the humanity of my divinity and the divinity of my humanity.

Perhaps inevitably, given the disintegration of my mind and soul following the accident, a theme of my personal analysis has been the concept of "reparation". My own journey of descent and inner repair profoundly informed my experience as an analyst and inevitably my deep and growing interest in the question underpinning this article: "What contributes to true repair of the inner world, within analytic work?"

Intrapsychic attack and the possibilities of true repair

As I encountered my own protective and persecutory "self-care system" (Kalsched 1996, 2013), I encountered these in my patients. Indeed, many if not most patients report experiencing some form of intrapsychic attack, whether this be the cruelty of anorexia, the viciousness of self-harm, the emotional and sometimes physical destructiveness of fraught interpersonal relationships, the desperate loneliness of an isolated self, or any one of countless other presentations reflecting a persecutory inner world.

Early psychoanalytic writers such as Melanie Klein (1935, 1940) and Sigmund Freud (1917/1950), and later Henri Rey (1994), offer hypotheses regarding the origins of such intrapsychic self-attack, and it is from these that the first ideas regarding the concepts of the impulses to repair arise. However, a detailed exploration of the intrapsychic, interpsychic and interpersonal processes which might contribute to intrapsychic "reparation proper" (Rey, 1994, p. 219) within both the analyst and patient, and within the analytic clinical dyad, have not been thoroughly canvassed, nor the possible relationship between psychoanalytic and Jungian perspectives on this complex art. This article explores both psychoanalytic ideas regarding reparation and Jungian analytic perspectives regarding the coniunctio, and the suggested relationship between these, in attempting to articulate the ingredients which might contribute to true repair of the inner world. I begin by briefly reviewing early psychoanalytic writings regarding the aetiology of internal persecution, and then explore Jungian perspectives on the coniunctio. I then consider these bodies of theory in relation to each other and to the central analytic challenge if true repair of the inner world is to be a possibility; how to respond analytically (rather than to react) to these terrors. In so doing, this article reflects the ongoing dialogue between analytical psychology and psychoanalysis, particularly between Kleinian perspectives in interface with classical and contemporary Jungian perspectives. Throughout this article I weave the personal relevance of these ideas for my development as an analyst. Clinical case material from a 12-year case will be utilised to illustrate the material explored[1].

Perhaps most significantly, the article reflects another step towards an inner coniunctio, between the boy who longed to be a priest but felt unable to as I met a painful conflict between the urges of my sexual body and the spiritual faith within which I had grown up, and a self that nevertheless longed to find a spiritual home.

1 All names and other identifying information have been altered to ensure patient confidentiality.

Aetiology of internal destructiveness and reparative impulses: Early writings

Of the early psychoanalytic writers, it is Klein (1923, 1929, 1935, 1940, 1946) who first grappled most disturbingly with the intrapsychic attack and consequent annihilatory terror that she perceived haunts the psyche of all infants. She perceived that the baby experiences their somatic distress as inevitably and inherently persecutory.

Klein's infant experiences their somatic distress of hunger, pain, tiredness et cetera as introjected intrapsychic attacks which produce internal annihilatory terror, perceiving via projection that the attack as coming from the external "bad breast", the frustrating other hatefully attacking the self. Such terror threatens what Donald Winnicott (1963) described as the infant's experience of "going on being" and thus produces annihilatory dread, necessitating the paranoid schizoid splitting of the object into good and bad, to prevent the fantasised destruction of the good by the bad. As the ego matures, Klein (1946) hypothesised that paranoid schizoid splitting reduces, as the infant comes to realise that the loved object is also the hated and aggressed against object. This leads to "depressive affect", that is guilt, and ideally the capacity for mourning, the realisation that aggression will not overwhelm love, that the bad will not overwhelm the good, and/or that repair of the object is possible if damage occurs. By contrast, she notes the impulses towards manic reparation when guilt and anxiety regarding previous paranoid schizoid sadistic attacks overwhelm the psyche[2].

For example, Klein (1927) noted in child analysis:

> One moment after we have seen the most sadistic impulses, we meet with performances showing the greatest capacity for love and the wish to make all possible sacrifices to be loved (p.175).... Sometimes he tries to mend the very same men, trains and so on he has just broken. (Klein, 1927, pp. 175–176)

Hinshelwood (1989) noted Klein's distinction between manic reparation and a deeper more creative reparation. He commented:

> Klein showed there to be various forms of reparation: (i) manic reparation, which carries a note of triumph, as the reparation is based on a reversal of the child-parent relation, ... ; (ii) obsessional reparation, which consists of a compulsive repetition of actions of the undoing kind without a real creative element, designed to placate, often in a magical way; and (iii) a form of reparation grounded in love and respect for the object, which results in truly creative achievements. (Hinshelwood, 1989, p. 105)

Henri Rey (1994), building on Klein, similarly distinguished between manic reparation and what he terms reparation proper, noting:

2 Klein (1935) suggested: "The ego feels impelled (and I can now add, impelled by its identification with the good object) to make restitution for all the sadistic attacks that it has launched on that object. When a well-marked cleavage between good and bad objects has been attained, the subject attempts to restore the former, making good in the restoration every detail of his sadistic attacks." (Klein, 1935, p. 149)

> The role of the internal object is the key to reparation proper … It is the internal object that must respond to the reparative efforts … the achievement of forgiveness through the internal object seems to be a vital aspect of reparation proper … This would mean that both mourning and tolerance and the capacity for maintenance and care have replaced intolerance and depression. (Rey, 1994, p. 223)

Suicide

Bell (2001), in building on Klein's ideas, and also Freud's (1917/1950) consideration of the internal attack characteristic of melancholia, explored the inner world of suicide. He suggested that with every suicide there is a homicide. As Freud observed, "The ego can kill itself only if … it can treat itself as an object" (cited in Bell 2001, p. 23), and Anna Stekel commented, "No one kills themselves who has never wanted to kill another, or at least wished the death of another" (cited in Bell 2001, p. 23). In all these, a primitive attack by one part of the self is enacted upon another part of the self. As Bell (2001) observed:

> Some suicidal patients, and this is typical of severe melancholia, are continuously internally persecuted by an archaic and vengeful superego from which there is no escape: psychic claustrophobia. Its punishing quality is merciless. It inflates quite ordinary faults and failures turning them into crimes that must be punished. In this situation suicide's submission to the internal tormentors may be felt as a final release. (Bell, 2001, p. 27)

Implications of a Kleinian perspective for clinical work

Rey (1994) suggested that in analytic work transference enactments or disruptions occur in response to patients' (and I would suggests analysts') primitive anxieties and splitting dynamics, and that due to the guilt that emerges in relation to the destructive impulses of our hatred, patient and/or analyst can be compelled towards manic restorative action in order to restore the interpersonal homeostasis of disturbed interpersonal relations; that is manic reparation (p. 219), in which the self of the analyst or patient is persecuted by internal anxiety to attempt to repair the perceived damage done[3]. But the more difficult challenge is not of speedy restoration of interpersonal disruption, a quick restoration which avoids any real transformation of the internal world, but rather of a deep and disturbing grappling with my own and the patient's destructive aggression, in order to seek a deeper reparation, one in which the vulnerability of my and my patient's internal terror is received and surrendered to, the inner persecuting and persecuted object is repaired, matured and softened, and compassion for our vulnerability generated, in order that a more honest meeting with the interpersonal other may also be possible. I suggest that Rey's repaired inner object within the analyst, capable of both aggression, forgiveness,

3 As Tom Main (1957), illustrated in his seminal paper "The Ailment," in which he described staff working in a therapeutic community with patients we would now perceive as struggling with severe early relational trauma: "Denial of guilt was accompanied by compulsive reparative efforts and omnipotent attempts to be ideal. … As a persecuting damaged object, the patient received frantic benevolence and placating attention until the controls of increased hatred and guilt in the staff became further threatened." (Main, 1957, p. 140)

being forgiven, and love, is crucial to the psyche's capacity for recognition of the other within the clinical dyad. As Rey (1994) observed:

> Only when the superego becomes less cruel, less demanding of perfection, is the ego capable of accepting an internal object that is not perfectly repaired, can accept compromise, forgive and be forgiven, and experience hope and gratitude. Perhaps it is then that love has won the day … (Rey, 1994, p. 227)

Contemporary developmental theory

Whilst a full review is beyond the scope of this article, I note here that Jungian and psychoanalytic developmental theory and research has subsequently placed much greater emphasis on the importance of the mediation of these intrapsychic persecutory terrors by the early relational environment, early relational experience now being perceived as midwife (Adern, 1998) to the emergence of the self, or indeed of selves. For example, Wilfred Bion (1962) placed more emphasis on the mind of mother as a containing other, Donald Winnicott (1965) emphasised the necessity of the facilitating environment, whilst Heinz Kohut (1979) focused on the essential need of self-object provision, and attachment theorists beginning with John Bowlby (1969) explored the crucial need for secure attachment figures. Anthony Bateman and Peter Fonagy (2004) emphasised the self-reflective capacity of the minds of the infants' caregivers. Michael Fordham (1963, 1993), in attempting to retain Jung's conceptualisation of the transpersonal self, posited the notion of a primary self *a priori* of the earliest relational encounters. Nevertheless, he emphasised the importance of the early relational environment if the potential of the primary transpersonal self is to be realised. Jean Knox (2004) similarly provided a developmental lens.

Projective identification

In particular, in considering the nature of internal attack and its manifestation within the analytic dyad, Bateman and Fonagy (2004), influenced by the ideas of Bion (1962), take a more interpersonal perspective regarding projective identification, suggesting that in response to the introjection of alien emotional states and persecutory tormentors in traumatising environments, projective identification, the process by which the infant and then adult patient evacuates alien states of helplessness and persecution into another, is the psyche's creative attempt to survive this internal persecution via the relief of experiencing it, if only temporarily, in another. Their formulation graphically captures the experience of internal persecution and the interpersonal and interpsychic challenges it presents. In the following I attempt to articulate a terrifying inner conflict that such patients experience, and which arrives in my mind in the crucible of the clinical moment:

> I hate myself and everything about myself. I have taken this in from a traumatising attacking environment that not only fails to congruently recognise the internal states I experience, but actively attacks these states, invading me with an alien self that persecutes my very being. My only relief is to find a potentially caring other

> with whom I can get close enough to hate. If another comes close, they represent the deep longing I have that someone somewhere might care enough to reach my terror. And yet they also represent the inevitability that this so-called caring other will become another persecutor determined to attack, abandon, abuse and hurt me. So, I will hurt them first. With all my might. I will attack the attacker that I know is in them. And then they can feel my powerlessness, and I will be relieved, if only briefly, of the terrifying terrorist and their powerless, dissociated victim within me.

All the above theorists leave me as an analyst with a central challenge. Given the prevalence of vicious self-attack, and the deeply disturbing transference dynamics this evokes, how am I to respond? Jung and other Jungians offer creative possibilities to guide this demanding task.

Jung and reparation: The coniunctio

I found only one reference to the term reparation in C.G. Jung's Collected Works, and this in a manner different to the ideas I am exploring in this article.[4] However, I suggest that the concept of coniunctio and Jung's articulation of the alchemical processes which underpin it allow a portal through which to engage in a dialogue between Kleinian notions of reparation, and Jungian notions of the coniunctio.

In his extraordinary exploration of alchemical processes, Jung noted the projective processes at work in alchemical explorations. He commented:

> The real nature of matter was unknown to the alchemist: he knew it only in hints. In as much as he tried to explore it, he projected the unconscious into the darkness of matter in order to illuminate it … while working on his chemical experiments, the operator had certain psychic experiences which appeared to him as the particular behaviour of the chemical process. Since it was a question of projection, he was naturally unconscious of the fact that the experience had nothing to do with matter itself. … but what he was in reality experiencing was his own unconscious. (Jung, 1953, para. 345).

In his impressive overviews of alchemical processes, and in particular the coniunctio and their relevance for analytic work, Edinger (1993,1994) explores the deep symbolism involved in the alchemical processes of prima materia, calcinatio, solutio, coagulatio, sublimatio, mortificatio, separatio, and ultimately coniunctio. Edinger (1993) quoted Jung from a 1952 interview:

Alchemy represents the projection of a drama both cosmic and spiritual in laboratory

4 Jung (1916) commented: "When, therefore, the demand for individuation appears in analysis under the guise of an exceptionally strong transference, it means farewell to personal conformity with the collective, and stepping over into solitude, into the cloister of the inner self … but inner adaption leads to the conquest of inner realities, from which values are won for the *reparation* (emphasis added) of the collective." (1916 para.1097) Thus Jung emphasised that the solitude of individuation can lead to possible reparative values which can be enacted for the benefit of the collective.

> terms. The opus magnum had two aims: the rescue of the human soul and the salvation of the cosmos … this work is difficult and strewn with obstacles: the alchemical opus is dangerous. Right at the beginning, you meet the "dragon" the chthonic spirit, and the "devil" or, as the alchemist called it, the "blackness", the nigredo, and this encounter produces suffering … in the language of the alchemist, matter suffers until the nigredo disappears, when the "dawn" (aurora) will be announced by the "peacock's tail" (cauda pavonis) and a new day will break, the leukosis or albedo. But in this state of "whiteness" one does not live in the true sense of the word, it is a sort of abstract, ideal state. In order to make it become alive it must have "blood", it must have what the alchemist called the rubedo, the "redness" of life. Only the total experience of being can transform this ideal state of albedo into a fully human mode of existence. Blood alone can reanimate a glorious state of consciousness in which the last trace of blackness is dissolved, in which the devil no longer has an autonomous existence but rejoins the profound unity of the psyche. Then the opus magnum is finished: the human soul is completely integrated. (Jung, cited in Edinger, 1993, p. 147)

Whilst a full review of the processes of alchemy, and their relevance for analytic work, is beyond the scope of this article, the above overview speaks to the excruciating disturbance involved in the alchemical process of analysis. In the spirit of this task, it also gestures to the centrality of coniunctio for a "reparation proper". The repeated exploration and distillation of psychic contents as they arise over time between analyst and patient, each exploration gradually contributing to a purification, the recovery of projected material, and the slow transforming of the human mind. In this transformational process the coniunctio is central.

The coniunctio

Andrew Samuels, Bani Shorter and Fred Plaut (1986) define coniunctio as:

> An alchemical symbol of a union of unlike substances; a marrying of the opposites in an intercourse which has as its fruition the birth of a new element … [Jung saw] … coniunctio … as the central idea of alchemical process. He himself saw it as an archetype of psychic functioning, symbolising a pattern of relationships between two or more unconscious factors … within the psyche. (Samuels et al., 1986, p. 35)

The greater and lesser coniunctio

Edinger (1993) describes the notions of the "lesser coniunctio" and the "greater coniunctio", very relevant I suggest, in relation to the process of what Rey has termed "reparation proper". As Edinger wrote:

> In attempting to understand the rich and complex symbolism of the coniunctio, it is advisable to distinguish two phases: a lesser coniunctio and a greater. The lesser coniunctio is a union or fusion of substances that are not yet thoroughly separated or discriminated. It is always followed by death or mortificatio. The greater coniunctio,

> on the other hand is the goal of the opus, the supreme accomplishment. In actual reality, these two aspects are combined with each other. The experience of coniunctio is almost always a mixture of the lesser and the greater aspects. (Edinger 1993, p. 211)

Inner repair and the coniunctio of aspects of psyche, as in alchemy, do not occur in a single analytic encounter, but in repeated encounters with the unconscious, interpersonally, intrapsychically, and interpsychically within the analytic dyad. Such encounters resonate with Rey's description of reparation proper, as opposed to the reactive responses of "manic repair" and the "lesser coniunctio". Edinger (1994) notes that the coniunctio can occur intrapsychically within the individual, interpersonally within the clinical dyad, and/or between groups, and is an engagement towards a resolution of opposites in the psyche, for example, conscious and unconscious, love and hate, ego and self.

Building on Edinger, Kalsched (1996) noted that the "two stage process portrayed in the fairy tales [he reviews], describes the healing of a split between the human and divine, the ego and the self, which is the inevitable result of traumatic rupture in transitional processes" (p. 149). He reflects, for example, on how Rapunzel falls under the spell of the witch:

> The narrative's hero or heroine then falls under the spell of this transpersonal figure and gets trapped in a tower … in these "transformation chambers" the traumatised ego is "the witch" trapped by the negative side of the primal ambivalent self … what alchemy refers to as the "lesser coniunctio" — a stage of union between two substances which have not yet been sufficiently differentiated and which is therefore highly unstable. (Kalsched, 1996, p.149)

Kalsched (1996) noted that:

> The dangers of the "lesser coniunctio" are primarily addictive. This first stage seems to be necessary for everything that follows — at least for the traumatised ego — but it is possible to get stuck here, and if this happens, then numinosum turns negative and destructive … used to escape from the rigors of real life … in the traumatised psyche, addiction to the lesser coniunctio is the usual result and an ever present danger, as we have seen. We might say that preliminary "bewitchment" is a stage of twoness and oneness, but not threeness. It is not yet "potentiated" as symbolical or dialectical process. (Kalsched, 1996, p. 146)

This is reflective of Thomas Ogden's (1999) exploration of the notion of the analytic third, in which he describes the dialectical interplay of oneness and twoness, the oneness of solutio, in which patients' and analysts' minds merge, and the frightening possibility of twoness, of difference, in which analyst and patient differentiate and find their own minds, their reverie becoming an object of analysis, giving rise to a potential third.

Clinical implications of the greater and lesser coniunctio

Milton (2015) notes the powerful unconscious invitation, if not demand, from patients whom he describes as borderline (and whom I might, in keeping with Kalsched's descriptions,

perceive are trapped in a protective and persecutory archetypal selfcare system), to maintain interpersonal homeostasis via the compromise of the lesser coniunctio. Hidden in their "selfcare tower", unable to let down their hair and enter the world, for such patients, Milton (2015) suggests, "Ultimately the primary dysfunctional coping mechanism is trying to modify the [relational] environment or their bodies in such a way as to reduce their intense anxiety" (p. 4). Under this "bewitching spell" the experience of the analyst having their own separate mind evokes the annihilatory dread of abandonment within the patient and the disintegrating fantasies that accompany this, leading the patient to unconsciously demand that the analyst contort themselves in order to calm the inner attachment disturbance the analyst's separate mind evokes. A premature union manifests, in which patient and analyst unconsciously engage in states of implicit relational knowing (D. N. Stern et al., 1998), as each reads the other's mind and responds to the unconscious pressure each puts on the other. As Jung noted:

> Alchemy describes, … the same psychological phenomenology which can be observed in the analysis of unconscious processes. The individual's specious unity that emphatically says "*I* want, *I* think" breaks down under the impact of the unconscious. So long as the patient can think that somebody else (his father or mother) is responsible for his difficulties, he can save some semblance of unity (*putatur unus esse!*). But once he realizes that he himself has a shadow, that his enemy is in his own heart, then the conflict begins and one becomes two … consciousness is depotentiated and the patient is at a loss to know where his personality begins or ends. … the patient has to cling to the doctor as the last remaining shred of reality; … often the doctor is in much the same position as the alchemist who no longer knew whether he was melting the mysterious amalgam in the crucible or whether he was the salamander glowing in the fire. (Jung, 1946, para. 399)

In the heat of such disturbing dynamics, Milton (2015) observed:

> Instead of transforming the mind, the patient insists on trying to change the environment. This is doomed to ultimate failure … it means that the client is not in fact working on transforming their mind but using multiple strategies to change/shape the response of the therapist. This often takes the form of intense pressure to configure the relationship with the therapist so that the therapist acts in such a way that it directly relieves the pain and intense enduring anxiety: to seek … soothing gratification rather than … 'inner' transformation. (Milton, 2015, p. 7)

As Lorna Smith Benjamin (1996) succinctly put it, "my misery is your command" (p. 115). In this merger state, reflective of Jung's picture five of the "Union Manifestation of the Mystery", in the Rosarium pictures, there is a state of fusion, and a premature collapse of difference, reminiscent of Klein and Rey's manic and sometimes compulsive reparation.

However, Edinger (1993) does not make the lesser coniunctio wrong, and indeed emphasises that it must always precede the greater coniunctio: that mortificatio always follows a lesser coniunctio and that there is a repetitive cycle of lesser coniunctio to be worked through each time deepening towards the greater coniunctio. As Edinger (1993) noted:

> Lesser coniunctio occurs whenever the ego identifies with contents emerging from the unconscious. This happens almost regularly in the course of the analytic process. The ego is exposed successively to identifications with the shadow, the amina/animus, and the self. Such contaminated coniunctios must be followed by mortificatio and further separatio. These identifications are contaminated mixtures containing both the individual's potential for noble loyalties and object love and also unregenerative desires for power and pleasure. They must undergo further purification before the greater coniunctio is possible. (Edinger, 1993, p. 215)

The demands of the greater coniunctio are much greater than the lesser coniunctio. As Jung emphasised:

> The alchemist's endeavour to unite the *corpus mundum*, the purified body, with the soul is also the endeavour of the psychologist once he has succeeded in freeing the ego-consciousness from contamination with the unconscious…. [It comes about through the] separation of the ordinary ego-personality from all inflationary admixtures of unconscious material. This task entails the most painstaking self-examination and self-education, which can, however, be passed on to others by one who has acquired the discipline himself…. [It] is no light work; it needs the tenacity and patience of the alchemist, who must purify the body from all superfluities in the fiercest heat of the furnace. (Jung, 1946, para. 503)

It is the application of heat which enables the process of nigredo, and necessitates a death, before any rebirth that might lead to the greater coniunctio. In the container of the vas, the analytic room and relationship, in the heat of transference disturbance and enactments, if the analyst is to have their own mind, separate and different from the patient's mind, and bear the disruption that this brings, mortificatio must be endured. As Edinger (1994) notes:

> Psychologically it corresponds, in smaller ways anyway, to what happens when any sizable identification or projection breaks down … when a person or object dies for us psychologically — it doesn't have to be a literal death. There's a psychological death when the projection that has been carried for us drops off. A piece of on-going life we were used to has disappeared, and we are in effect dead until that missing piece of our psyche is recovered. (Edinger, 1994, pp. 74–76)

Huskinson (2002) captured the disturbing experience of the greater coniunctio with her exploration of the inherent violence of self. For ultimately the greater coniunctio involves profound challenges to the ego attitude, intended from a Kalschedian perspective to protect, but ultimately persecutory of the fragile soul so wounded by early relational violence. Huskinson (2002) noted:

> The self is violent because it is experienced as an overwhelming force that violates the self-containment of the ego, and forces the ego, often against its will into a new identity …Self … must interrupt and effectively destroy the self-containment of the

> ego in order to express its hitherto unconscious meaning and creative capacity. (Huskinson, 2002, p. 438)[5]

Therefore, essential to the experience of the greater coniunctio, is the relationship of the ego and self. Edinger (1993) noted:

> The ego needs the guidance and direction of the unconscious to have a meaningful life: and the latent philosopher's stone, imprisoned in the prima materia, needs the devoted efforts of the conscious ego to come into actuality. Together they work on the great magistery to create more and more consciousness in the universe. This is the aim of the opus. (Edinger, 1993, p. 230)

In the heat of the clinical moment, greater coniunctio involves a potential encounter between the self of the analyst and the emerging self of the patient. Rather than the asymmetry of the lesser coniunctio, the minds of both patient and analyst are invited to exist together, differentiated, and intimately connected.

Whilst empathic attunement and the building of a secure attachment relationship are essential, particularly in the early stages of analytic work, Kalsched's and Edinger's lens on the greater coniunctio recognises that there is a danger in a sole focus on empathic immersion, that empathy on its own lacks the potency necessary to take on the destructiveness of the "antichrist" within the self (Jung, 1959, para. 79). For patients with persecutory annihilatory terror who often communicate unconsciously the belief that the analyst should implicitly recognise their unbearable emotional states, and 'do something', a central task in analytic work is to retain ones own analytic mind in the face of intense and terrifying persecutory anxieties and, more than this, to take on the task of transforming such disturbing inner torments, rather than changing the relational environment. Milton (2015) noted that alchemically this analytic work is painstaking:

> A process of circulatio or refluxing. There is a seemingly endless process of positive connection or interpersonal coniunctio, the frustration of mortificatio and its accompanying intense and enduring anxiety, processes of the lesser coniunctio on behalf of the client, dysiunctio, and dysruptio, followed by engagement, attempts at empathic attunement, clarification, even confrontation, interpretation and ultimately reparation of the relationship, establishing some small element of the greater coniunctio. Over a very long time if they can hold true to that insight and work at it, and if the therapist survives their own mortificatio, dysiunctio and dysruptio, and if the relationship survives these as well, then a more permanent and pervasive and enduring greater coniunctio might, deo cocedente, emerge. (Milton 2015, p. 8)

More poetically Kalsched (1996) suggested:

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5 As Jung comments (1934–39): "Whoever has suffered once from an intrusion of the unconscious has at least a scar if not an open wound. … for it became obvious he was not alone: something which he did not control was in the same house with him and that of course is wounding to the pride of the ego personality, a fatal blow to his monarchy." (Jung, 1934–39, p.1233)

> In this gradual deconstruction of the self-care system in the transference there is a constant movement back and forth between unconscious bewitchment, on the one hand, and reality on the other… Needless to say, this *rapprochement* [sic] stage is difficult to negotiate. The danger lies always in losing the tension between the two worlds previously separated by the 'wall' of the self-care system. If the therapist gets lazy, he finds himself in the garden of the enchantress and a collusive entanglement begins. If the therapist does too much interpreting, the wall comes down again and we finds ourselves in the sterile world of the wife before her pregnancy. Always the goal must be to maintain the tension between the two worlds .., so that the personal spirit, carried by the Rapunzel-part of the patient, can gradually emerge to animate life in the world. (Kalsched, 1996, p.154)

Reparation and the greater coniunctio: Similarities and differences

I suggest that the above review reflects analytically rich similarities regarding "reparation proper" and the "greater coniunctio" which are as follows:

1. Both reparation and the greater coniunctio are processes which focus on a repair of the *inner* world. They are intrapsychic in nature before they are interpersonal or intergroup. For reparation this is conceptualised using Kleinian language as the process of the integration of split part objects, good and bad, hate and love, into whole objects. The Jungian notion of the greater coniunctio focuses on integration of the tension of opposites, conscious and unconscious, sol and luna, ego and self, enabling the manifestation of a creative third.
2. Both perspectives recognise the profound and disturbing disjunctions (dysjuntio) that can occur in the interpersonal realm as a result of the intrapsychic tensions, conflicts and violence within the inner world of the patient.
3. Both perceive that the possibility of true repair of the inner world arises out of repetitive exploration and working through of disruptions and enactments, as they manifest in the analytic dyad. That is, true repair of the inner world (reparation proper and the greater coniunctio) requires dedicated ongoing efforts by both analyst and patient, to experience solutio, dysruptio, and mortificatio in the service of new birth.
4. Both recognise a greater and a lesser potential for repair as attacking states manifest in the interpsychic analytic dyad, and which reflect the terror of the persecutory and frightening inner world. The Kleinian view, as emphasised by Rey (1994), describes the temptation in response to guilt and the perceived damage of previous aggressions for a manic or obsessive approach to repair in which omnipotent efforts are made to quickly restore the homeostasis of interpersonal disruption, and to avoid the terror that is required to be faced for a deeper repair of intrapsychic contents.
5. The Jungian view of the lesser coniunctio, as articulated by Edinger (1993), Kalsched (1996; 2013) and Milton (2015), reflects the temptation to submit to the unconscious demands of the other. The archetypal saviour and powerless victim, with all the healing potential in the analyst and all the need in the patient, rather than to face the necessary

mortificatio and separatio as patient and analyst discover their separate minds, with the terror of abandonment that this can produce in the traumatised soul, and the ongoing working through of these terrors necessary for movement towards the greater coniunctio.

6. Both recognise, as Kalsched, Jung, Klein and Rey in particular emphasise, that mourning, grief and loss, as we face the loss of the fantasy of the omnipotent "monarchy of the ego" (Jung, 1934–39, p. 1233), are central if the truth of our vulnerability is to be given birth, the sequestered child to be freed from their imprisoned status, and the soul to be released to express its creative potential.
7. Both reparation proper and the greater coniunctio are recognised as ongoing processes, never completed accomplishments.

The central difference

The central difference between the reparation perspective of Kleinian psychoanalysis, and the Jungian perspective of the greater coniunctio, is the view of the psyche which each brings. For each produces a different "myth" of the psyche. For the Kleinian the inner world is made up of part and whole objects, the result of early infant introjective and projective processes that arise out of the material physical body, the body of the infant, with all its projective terrors.

For Jungians of a classical perspective, psyche is the home not only of body and mind but of soul incarnate. The concept of the greater coniunctio assumes the archetypal substrata of mind, and the organising archetype of wholeness, the Self, and all the transpersonal resources and dangers of the transpersonal realm, as articulated and made manifest in dreams, myths, fairy tales and images that reflect universal archetypal themes.

Kalsched powerfully makes this point in his reflection on the self-care system. Rather than perceiving, as John Steiner (1993) does in his notion of the psychic retreat, that the retreat from the world of the schizoid, borderline or narcissistically oriented patient, is a purely defensive retreat into a barren emotional and spiritual landscape, the protective aspects of the selfcare system are preserving the soul of the child as it awaits the conditions that may make possible its rebirth and in this place of retreat there are both destructive and creative resources.

Kalsched (1996) notes:

> The retreat of Rapunzel to her inner sanctum is not just a retreat to previously introjected "archaic inner objects" or a regressive defense in pursuit of infantile omnipotence but, as Jung emphasized, a regression to a world of mythic and archetypal "objects with its own healing order and efficacy. Although frequently beginning as a defense and later placed in service of defense, this fantasy world also provides these patients with genuine access to the collective psyche and to inward mysteries … This is the transpersonal or archetypal meaning of the self-care system. (Kalsched, 1996, p. 156)

Of course, for some Jungians the original archetypal tradition is not one to which they hold any more. Knox (2004) for example, whilst attempting to retain the archetypal perspective, argues for the view that psychic innateness is purely reflective of emergent structures that

arise in interaction between genetic heritage and environmental contact.

I suggest (as Kalsched also argues, 2013), that whether we take a developmental and emergent lens, a Kleinian intrapsychic conflict lens, or a traditional archetypal lens, all are equally mythic in their attempts to understand psyche. For mind and psyche are not things we can ever definitively know, they are ultimately a mystery about which we create myths to match realms we can only experience.

For me, all of these "myths" are valuable. Early object relational perspectives, with their links to Bion and other developmental understandings, enable me to think deeply about how the early relational environments mediate Kleinian anxieties, or if they fail to do so, how this is introjected into the terrifying inner world of the traumatised patient, leading to the unconscious guilt which generates manic reparative impulses. At the same time, the archetypal realm offers transpersonal perspectives which provide a home for mythic and archetypal encounters in my analytic work, as the archetypal emerges in my own and in patient's dreams. The resources and potential dangers of the self care system and its link to the transpersonal realm, and the centrality of the ego self dialogue, are made meaningful via the words of Jung, Kalsched, Milton, Edinger etc: they enrich me as an analyst.

Clinical principles to guide repairing the inner world

With these multiple lenses in mind, I have gradually developed a set of principles that guide my clinical approach to true repair of the inner world, distilled in my dialogue between the boy who was captured by the mercurius complex, and the gradually individuated soul that I continue to discover.

Principle one: The analytic attitude — receptivity and surrender

Robert Snell (2013) links the origins of the deeply receptive stance of the analytic attitude to the development of Romanticism, a stance he described as an 'undirected but somehow actively receptive state of mind', one which provides "a commitment, founded in respect, to maintaining a radically open-minded stance: a suspended state somewhere between passivity and readiness for emotional and verbal activity" (p. 1). As Keats famously observed, "I mean Negative Capability, that is, when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason" (1817, cited in Ou, 2011, p. 1).

Snell (2013) provided a poetic evocation of the analytic attitude. He began with Freud's description of the foundational psychoanalytic pairing of the patient's free association and the therapist's evenly suspended attention, a pairing which Bollas (2007) suggested articulates the beginnings of relational intersubjectivity in psychoanalytic thought. Snell admired Bion's (1967) reverie without memory or desire. He movingly affirmed Symington's (2008) emphasis on spiritual generosity within analysis in which the analyst's presence provides "the mind of the patient with what, if it were a matter of physical experience, one could say was good food" (Bion, 1990, cited in Snell, 2013, p. 52).[6]

6 Snell (2013) also appreciated Winnicott's (1965) primary evocation of maternal preoccupation as capturing the analyst providing a mind "as an open space available for the patient to move into, come and inhabit, and crucially shape as his own" (p. 52).

But perhaps most prescient of early analytic writers in relation to the deeply disturbing and intersubjective nature of analytic work is Jung, who passionately advocated what we now refer to as a relational approach many decades before the relational turn was alleged to have commenced. Indeed, Jung famously proposed that crucial to the analytic task is allowing the patient to influence the analyst:

> By no device can the treatment be anything but the product of mutual influence, in which the whole being of the doctor as well as that of his patient plays its part … For two personalities to meet is like mixing two different chemical substances: if there is any combination at all, both are transformed. In any effective psychological treatment the doctor is bound to influence the patient; but this influence can only take place if the patient has a reciprocal influence on the doctor. You can exert no influence if you are not susceptible to influence. (Jung, 1946, para. 163)

> Doctor and patient thus find themselves in a relationship founded on mutual unconsciousness. (Jung, 1946, para. 364)

> [The doctor] too becomes affected and has as much difficulty in distinguishing between the patient and what has taken possession of him as has the patient himself. This leads both of them to a direct confrontation with the demonic forces lurking in the darkness. (Jung, 1946, para. 375)

> The touchstone of every analysis that has not stopped short at partial success or come to a standstill with no successor at all, is always this person-to-person relationship, a psychological situation in which the patient confronts the doctor on equal terms. (Jung, 1928, para. 289)

Clark (2006) builds on Jung's ideas, observing that of critical significance is our own wounding as a portal through which to receive the wounding of the other: "the wounded healer actually heals through his or her … survival, management and recycling of his or her [own] wounds" (p. 81). It is this which enables containment and processing of the wounds of the other.

In this I am reminded of Ghent's (1990) writing on surrender but not submission: "the sense of giving over, yielding the defensive superstructure, being known, found, penetrated, recognized" (p. 118). As James Hillman (2013) notes in relation to the threat of suicide, "This involvement goes beyond medical responsibility for a charge: it is rather a participation in the other as if it were one's self" (p. 21).

Ghent (1990) noted that surrender involves an act of faith, one which I suggest is enabled by the capacity for faith in the possibility of inner transformation and the greater coniunctio (Edinger, 1993; Milton, 2015; Rey, 1994; Steiner, 1993). Ghent suggested, as Jung (1946), Edinger (1993), Kalsched (1996) and Winnicott (1969) emphasised, that surrender requires the therapist experience the patient within their own mind, including the patient's attack, neither retaliating nor submitting, and crucially that the therapist survives. As Winnicott described, "I destroyed you, I love you. You have value for me because of your survival of my

destruction of you" (p. 713, cited in Ghent, 1990, p. 123). Ghent noted the uniquely disturbing yet profoundly rich opportunity our profession offers:

> What other occupation requires of its practitioners that they be the objects of people's excoriations, threats and rejections … When the yearning for surrender is, or begins to be, realised by the analyst, the work is immensely fulfilling and the analyst grows with the patient … [This] involves an act of surrender and risk-taking on the part of the infant (or later, patient), as well as a degree of surrender on the part of the facilitating care giver, or later analyst. (Ghent, 1990, pp. 133–34).

Again, Jung (1946) anticipates Ghent's ideas with his emphasis that:

> This situation is difficult and distressing for both parties; often the doctor is in much the same position as the alchemist who no longer knew whether he was melting the mysterious amalgam in the crucible or whether he was the salamander glowing in the fire. Psychological induction inevitably causes the two parties to get involved in the transformation of the third and to be themselves transformed in the process, and all the time the doctor's knowledge, like a flickering lamp, is the one dim light in the darkness. (Jung, 1946, para. 399)

In Ogden (2004) I discover an eloquent contemporary advocate of the possibilities of this most complex of interactions. In his concept of the analytic third as it emerges via the intermingling of the patient's and analyst's body-mind-psyche, we discover the possibility of something new emerging, a third arising from the matrix of the patient's and analyst's minds.

> The individuals engaging in this form of relatedness unconsciously subjugate themselves to a mutually generated intersubjective third for the purpose of freeing themselves from the limits of whom they had been to that point. … The act of having oneself "given back" by the other is not a returning of oneself to an original state; rather, it is a creation of oneself as a (transformed, more fully human, self-reflective) subject for the first time. (Ogden, 2004, p. 189)

Ogden (1999) commented, that poetry can convey "what I can only talk about":

> Not so much looking for the shape
> As being available
> To any shape that may be
> Summoning itself
> Through me
> From the self not mine but ours.
> (R. Ammons, "Poetics", 1986, cited in Ogden, 1999, p. 491)

Such deep receptivity is foundational to my work.

But when the poetic beauty of such evocative invitations towards negative capability meets the reality of a patient wracked by vicious self-hatred and potentially lethal impulses, what does such a stance really mean? Is a receptive mind enough? And beyond receptivity, how and what do I make available to my patient?

Clinical Vignette 1: Jenny

Jenny had a violently neglectful childhood. Early in our work, whenever a break occurred, she would retreat into silent withdrawal before threatening suicide. On my return she would refuse to engage, sitting, motionless, silent, rageful and withdrawn. After 18 months of therapy Jenny wrote what I found to be a powerful evocation of the phenomenology of projective identification:

> I wanna be stubborn. I want you to feel inadequate and incapable. I want you to feel like you failed, because that's how I feel. Failed. I might be resentful towards you. You say you'll do things and then you don't. I can't trust you, rely on you. Ever since I told you it makes me anxious when you lean forward, not a single session has gone by without you doing that. You don't take me seriously, you want to intentionally hurt me. That's OK, I'll hurt you back. How do I show you? By creating as much distance between us as possible. I still get anxious though. I really am scared that you're gonna leave — hand me over — lock me up — die soon. I can explain the fear, rationalise it but it doesn't make the fear any less intense. So I'll leave you before you leave me.

Later she drew a picture with a lightning bolt through the centre reflecting the violence she experienced in these breaks.

She explained:

> You're literally holding a little part of me, the infant part of me. On the right I drew the little part of me when you go on a break. All by herself, no clear features, just a black outline that I want to attack.

Jenny also drew an image of inner violence, which captured how she had introjected not just her early relational history, but the archetypal violence of the self-care system (Kalsched, 1996) that both protects and turns upon the soul of the child within.

The requirement to stay close to this terror, hidden within a persecutory retreat, is daunting and deeply disturbing. The temptations of "manic repair" and the "lesser coniunctio" are considerable. Whilst bringing an analytic attitude of receptivity, indeed surrender without submission to Jenny's inner world was foundational, I needed more than this to guide my work.

Principle Two: Staying close to the terror

In his seminal paper "Fear of Breakdown", Winnicott (1974) noted that "the clinical fear of breakdown is the fear of a breakdown that has already been experienced." Winnicott (1974, p. 104) described the analytic opportunity such terror presents:

> The way is open for the agony to be experienced in the transference, in reaction to the analyst failures and mistakes … There is no end unless the bottom of the trough has been reached, unless the things feared have been experienced… The patient needs to remember this, but it is not possible to remember something that has not yet happened, and this thing of the past has not happened yet because the patient was not there for it to happen to … The only way to remember in this case is for the patient to experience this past thing for the first time in the present. (Winnicott, 1974, p. 105)

This is resonant with Kalsched's (1996, 2013) hypothesis that the soul of the child that the patient was has retreated to the inner sanctum whilst longing for a relational environment into which the soul of the self might re-emerge. Similarly, I suggest that in the patient's confrontation with the unconscious, with an alien tormentor to whom their vulnerability is addictively bound, and with the archetypal energies which sequester the patient's soul, there is the possibility that the patient is returning to a vulnerability which has previously been disassociated, obliterated into powerlessness, a terror that has never been formulated (D. B. Stern, 2009). Jenny represented both the intrapsychic and archetypal nature of this addictive bond in an image she drew depicting her experience of a job interview in which she experienced the interviewers as is prosecutorial.

To accept the invitation to stay close to such terror, so often disguised by vicious attack of self and other, is disturbing for both patient and analyst. And it is also essential if I am to enable the symbolisation of what has never been symbolised and, more than this, that the shared labour of intrapsychic and relational mourning may give rise to something new. To accept this opportunity, or at least receive it, is I think an act of extraordinary emotional courage on behalf of both analyst and patient. To do so, I must navigate the emotional terror of my own inner world as well as that of my patients, and the often fraught interpsychic encounter that emerges between myself and my patient.

Principle Three: Know thyself — the wounded healer and the interpsychic challenge of staying close to the terror

It is not just the patient who is filled with the anxieties of self-persecution. In line with Jung's archetype of the wounded healer, the child in me was often required to care for the very adults on whom my survival depended. Thus when the wounded patient meets my wounded analyst, the unconscious to unconscious interaction of these wounds leaves me open to the disturbing possibility that in the emotional forcefield of projective identificatory dynamics the patient who communicates to me that "you are a dangerous abusing other" may well meet the wound in me that says "I am bad if I am not providing love." Such unconscious to unconscious communications have been highly likely to lead to states of manic reparation and the premature union of the lesser coniunctio. The impulse to react with manic attempts to submit to, serve and save the other, is sometimes overwhelming. Patients' disturbed states land in my mind and body not as an empty, unsoiled container (to use Bion's (1962) metaphor), but as a psyche with my own complex filled inner world, a point well made by Donnel Stern (2009) but articulated many years earlier by Jung (1946), who noted:

> Even the most experienced psychotherapist will discover again and again that he is caught up in a bond, a combination resting on mutual unconsciousness. And though he may believe himself to be in possession of all the necessary knowledge concerning the constellated archetypes, he will in the end come to realize that there are very many things indeed of which his academic knowledge never dreamed. (Jung, 1946, para. 367)

Indeed, I believe I have been interacting with the terror conveyed in the images in my patient's pictures my whole life. Thus, I must negotiate the labyrinth of my own mind including the powerlessness and fear that gripped my body whenever Jenny withdrew into apparent suicidal retreat. These affective disturbances met an inner world within me already populated by maternal distress, and an infantile demand within me that I fix, heal, and save the distressed other.[7]

Creating a space to find my own mind, rather than to be compelled to act has been a hard won, and ongoing analytic achievement, requiring faith in the possibilities of inner transformation, and the capacity for intrapsychic forgiveness. Rey (1994) emphasised the capacity of the superego within the therapist and patient to soften, to accept and forgive the humanity and vulnerability of what Rey termed the ego, and Jung described the self. (Indeed, Bion, 1962; Edinger, 1993; Jung, 1946; Kalsched, 2013; and Klein, 1940, all emphasise the centrality of "inner" repair, in notable contrast to the contemporary relational emphasis on interpersonal reparation.)

This process of self-acceptance, self-forgiveness, self-compassion, is the same task for me as it is for my patients. Such tenderness towards myself allows me to also trust my more potent aggressive states, to use these in service of describing and introducing the patient to their own tortured inner world, neither fleeing from the forcefulness of our own minds, lest I fear a potent clinical authority might damage the already damaged other, nor unconsciously projecting my vulnerability and fear into the patient, and seeking to save the damaged other from the challenging work of softening their own inner world. Jung (1946) emphasised this inner repair in describing a process in which the heat of the alchemical vessel enables a dialogue, not between ego and superego, but between ego and self. This I suggest is resonant with Edinger's greater coniunctio:

> This is the highest degree true of psychotherapeutic work (sic). A genuine participation, going right beyond professional routine, is absolutely imperative, unless of course the doctor prefers to jeopardize the whole proceeding by evading his own problems which are becoming more and more insistent. The doctor must go to the limits of his subjective possibilities, otherwise the patient will be unable to follow suit. It must be a genuine process of purification where "all superfluities are consumed in the fire" … No longer the earlier ego with its make-believes and artificial contrivances, but another, "objective" ego, which for this reason is better called the "self." … These first indications of a further synthesis of personality. (Jung, 1946, para. 400)

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7 Rey (1994) noted, "in states of manic reparation [the ego] seeks to defend against the internal attack of the punishing superego, by seeking to enlarge the ego via defences of omnipotence and omniscience', enabling the self to thus 'feel superior to the menacing and punishing [inner] object … by being bigger than the object; by making the [inner attacking] object smaller" (1994, p. 209).

In this I feel invited to compassionately accept my own complexes and the inevitable mutual enactments they evoke.

Clinical vignette 2: Jenny continued

Three years into my work with Jenny I was ill and had to take a month off work. On my return, Jenny inhabited a very different self state. Often wordless, withdrawn and angry, she let me know she could not take me in. I felt powerless, impotent, and fearful. She then began to aggressively attempt to sexually seduce me, and when this did not happen, she approached a man who she knew was dangerous and who then violently sexually assaulted her. I felt ashamed. I had failed her. I felt unable to make use of rather than to be encumbered by my shame, fear and anger. Jenny's trauma, both cultural and personal, intrapsychic and interpersonal interacted with the matrices of our known and unknown relational histories, separate and shared, emerging between us as the lost fragments of experience: vulnerability, hatred, love, care, sadistic and masochistic aspects revealed to ourselves and to each other. I found myself thinking "How can you do this to yourself?" I found a refusal to understand why she did what she did, a refusal to understand myself as her tender and hated and hateful selves. I found a temptation to shut off. Her hate and my mind fused. And yet they created a compatible internal relational matrix in which I was invited to let her vulnerable self and its attacking other find a place in my mind. To accept this invitation I had to give something up; I had to give up the stable coherence of my own mind. In so doing I allowed myself to keep Jenny company in her shame and her despair. An excruciatingly disturbing experience.

Principle Four: Finding my own mind and the analyst's act of inner freedom

The capacity to be influenced, to surrender and to recognise the fear camouflaged by attack, is not on its own sufficient. I also need the capacity to find my own mind, to undertake what Neville Symington (1986) described as the analyst's "act of inner freedom". Symington (2003, 2007) wrote eloquently of the tendency of therapists to be obedient to the dictates of internal and external injunctions, of avoiding the necessity to go beyond these internal commands, to find an emotional truth similar to Bion's (1963) "selected fact" that might arise if the therapist can courageously find their own mind. Symington (2003) noted:

> There is one group of therapists who embody an imprisoning attitude, and another group who, when they are confronted with the patient's own imprisoning attitude, do not address the problem, do not hear the patient's declaration of what is hampering his or her freedom. So, we get, within the psychotherapy world, those schools of psychotherapy who imprison their patients through embodying the inner disapproving critic, and the other school that does not help the patient face and transform their inner tyrant. The first school looks persecutory and is so: the other school, in oppositional revolt, is kind and benign to patients. But in each case the core problem remains: the patient is imprisoned through a powerful inner critic. If therapists of all kinds value freedom and have a concept of it in them, then when it is being hampered, they would address the issue. (Symington, 2003, p. 22)

Symington advocated:

> I follow Fairbairn (1958) in saying that emotional contact is what people deeply yearn for (p. 11) … [P]atients sense whether interpretations have been arrived at through internal struggle … When a patient senses that it is the product of [internal struggle], he feels at a deep level the union of souls in a common endeavour (pp. 21–22) … The analyst's task is to reach his own feelings … To reach his own feelings means pain and loneliness. If, however, he reaches his own feelings, it frees the patient and favours his emotional development. This inner task is a life's work for the analyst. (Symington 1996, p. 34)

The resonance with Jung's emphasis on the analysts dialogue between ego and self and Edinger's (1993) emphasis that such a dialogue aspires towards the greater coniunctio, the "aim of the opus" is notable. And whilst truth of course is a complex notion, the emotional and phenomenological experience of truth speaking is of intimacy.

Transcending the injunctions of obedient "therapeutic action" is essential if the potential for true healing is to be realised. The shy and obedient boy in me is often tempted by internal and external injunctions to be the "good" analyst. Increasingly the crucible of my analytic training is enabling something freer: the capacity to receive the unformulated states of my patients, receive states of terror, hatred, love, sexual desire, primitive anxiety, and desperate persecution, all as they intermingle with the internal states of my own mind, populated by the states of hatred, love, sexual desire, and persecutory terror as they have emerged in my own life. And more than this, to find my own separate mind and speak from this.

Creating a space to find one's own mind

Reparation and the greater coniunctio requires a thinking, "containing" analytic mind if the distillation of psychic contaminants is to be "purified". Foundational to Wilfred Bion's (1962, 1963, 1967/1988, 1970) exploration of this capacity for thinking under emotional pressure were his experiences as a very young tank commander in the First World War when trapped in a shell hole with a mortally wounded runner. As Brown (2012) noted:

> Sweeting started incessantly to beg Bion to be sure to write to his mother and these appeals appeared to grate on Bion's already frayed nerves, "Oh, for Christ's sake shut up," shouted Bion, revolted and terrified" (p. 255). Then later, "I wish he would shut up. I wish he would die. Why can't he die?" … Sweeting's horrific injury and his panicked desperate entreaties for Bion to contact the boy's mother confronted Bion with an overwhelming in vivo experience from which he learned about the nature of alpha function and its limitations. (Brown, 2012, p. 1199)

From these terrifying war experiences Bion (1962, 1963, 1970, 1997) spent the rest of his life reflecting on the nature of thinking under emotional pressure, how we might find thinking for "thoughts without a thinker", and symbolise beta elements of somatic, emotional, affective horror. Like Bion, Jung's own life, specifically his "confrontation with the unconscious" (Jung,

1961) and willingness to surrender to this, is testament to this "Courage under Fire" and willingness to "learn from experience". I think in my own way, my courage to face the heat and emotional disintegration that followed my accident was an alchemical fire that brought me to my knees, to mortificatio, and that has proved to be an extraordinary resource in the difficult clinical moment. For in the heat of clinical intensity, if I am not to succumb to omnipotent restorative impulses and the interpersonal lesser coniunctio, I must continually seek to create a space in my own mind, to dream my own thoughts, under the emotional pressure of the twoness of the clinical encounter.

Principle Five: The dialectics of secure attachment, interpretation and phenomenological exploration

The emotional pressure of the wounded other evokes the impulse to provide emotional resonance, but how to do this without succumbing to the "unconscious" pressure to contort oneself to the others unconscious demand I suggest requires moving dialectically between differing analytic stances. In finding my mind, I find myself moving between empathetically attuned phenomological explorations and more interpretive and sometimes confrontative work. Bateman and Fonagy (2004) in their mentalising-based therapy emphasised staying close to the patient's phenomenological experience. More poetically Meares (2000) emphasised "a form of conversation in which 'aliveness' emerges out of deadness … a form of language, resembling the artistic process as Susan Langer (1957, p. 112) defined it, which strives towards the finding of 'expressive forms to present ideas of feeling'" (p. 145). I often discover a dialectical tension between offering my patients' experience near, empathically attuned phenomenologically focused explorations, and offering more depth interpretive work, and that relaying between these two modes of intervention gradually enables a creative expansion of the patient's mind. To do so is not to succumb to the emotional pressure of the lesser coniunctio (Edinger, 1993), but to create space to think and feel together and to think and feel about our thoughts and feelings. This also relates to the delicate ongoing balance of provision of empathic attunement, and secure attachment reliability, alongside interpretive offerings and confrontation, as trust increases. In offering these differing interventions, I find the following formulations of the traumatised patient's tortured inner world provide a helpful roadmap for the analytic use of my own aggression and vulnerability.

Principle Six: Aligning myself alongside the trapped child and against the internal-attacker — the therapeutic use of aggression

I suggest that in working with traumatised patients I am often working with an intrapsychic pair that has been diverted from its developmental path. On the one side there is aggression, essential to the infant's capacity to communicate its need. The infant, when hungry, tired, sad, scared, in pain, frightened, angry, communicates often unbearable affect through somatically aggressive gestures. As Sidoli (1993) noted, "A potential to generate meaning for affect-loaded discharges is innate in the human infant" (p. 176), but that in the early stages it needs to be "guided and sustained by the mother [and/or relational other]. She serves as a model for symbolic functioning whenever she is able to offer a safe container for the infant's instinctual attention" (p. 176).

If these affect-laden states are well mediated by the infant's early relational childhood

environment the infant gradually begins to build the personal self to which Meares (2000) referred. This aggression is thus transformed from its primitive origins in early life to the potency and capacity for agency which we all need in adulthood, the capacity to stand loyal to one's own need, to take potent creative action. But if these psychosomatic and relational communications fail to be received, the infant is left with no choice but to turn potentially creative aggression against themselves, to make their own need bad, and disavowed. In traumatised environments, this aggression is converted against itself. As Kalsched (2013) noted:

> With this traumatic splitting, aggression that should be available to the child to protect itself against its persecutors is diverted back into the inner world to attack the very vulnerability that threatens the "old order" of control. As Fairbairn (1981, pp. 114–15) writes, the child, unable to express either its neediness or its rage, "uses a maximum of its aggression to subdue a maximum of its libidinal need". (Kalsched, 2013, pp. 83–84)

As Jenny once painfully explained, "My mind is constantly going 'to cut or not to cut, to cut or not to cut?'" Foundational, as Winnicott (1949) potently articulated, is the necessity that the therapist survive, and more than this that the analyst's capacity to think survives the relentlessness of the attack. But to do so I think it is necessary for the analyst to mobilise their own creative aggression in the service of aligning with the distressed infant trapped by the hatred which is turned on the self, whilst vigorously engaging with the violence of the self-destructive aspects attacking the self. It is a delicate but also forceful engagement. As Kalsched (1996), reminiscent of Symington (2007), noted:

> Often in this process we must struggle with our own diabolical impulses, developing enough neutralised aggression to confront the trickster's seductiveness of the patient and ourselves, while at the same time maintaining "rapport" with the patient's genuine woundedness and need. The struggle constitutes a genuine "moment of urgency" in the therapeutic process and many treatments have been shipwrecked on the Scylla of too much confrontation or the Charybdis of too much compassion and complicity with the undertow of the patient's malignant regression. If the patient's traumatised ego is to be coaxed out of its inner sanctum and inspired to trust the world again, a middle way will have to be found between compassion and confrontation. Finding this "middle way" provides both the daunting challenge and the enormous opportunity of psychotherapeutic work with victims of early trauma. (Kalsched, 1996, p. 40)

In the face of persecutory hatred, I need on the one hand to receive and be influenced, and at the same time I am called upon to speak the truth, as best I know it, often forcefully, to the destructiveness. I often attempt to convey, "The hatred of the vulnerability you experience is enormously understandable. Your early history was filled with such hatred — understandably, you turn on this vulnerability — to kill it lest it kill you — but this destructiveness is not the only possibility for life. Terrifying though it is, vulnerability, need, and tenderness can be

embraced and cared for, and that is your challenge, a challenge I can help you with — but you will need to let me."

Vulnerability: mine and my patients'
Jenny once said:

> Self-attack seems to be my default mode; and it's hard to look after my vulnerability in any other way than attacking myself ... love, affection, connection, care ... I get those things by attacking myself or by getting someone else to be hurtful, rejecting towards me.

The complementary partner to aggression is vulnerability. In healthy developmental relational contexts this vulnerability is available to be felt as legitimate need, desire, attachment longing, vulnerability to which the psyche is called to be loyal. It is the fuel of the psyche which enables tenderness, honesty, and intimacy. Horrifically, in traumatic environments this vulnerability is converted into states of powerlessness and dissociation. One of the great tragedies of childhood trauma, if the child grows up with a terrorising other on whom they also rely for survival, is that the child is forced to turn their legitimate fear of the other because the other is dangerous to them to a fear that they might lose the other. This is the birthplace of a magnetic addictive bond in which their fear of the other's dangerousness is converted into fear that they will lose the other. The traumatising other becomes essential to the self's survival, and this unconscious adhesive bond leads to the ongoing recreation of traumatic dynamics in adult relationships; the psyche's desperate unconscious need to hold on to the traumatising primary other, whilst sequestering the terrified child (Bateman and Fonagy, 2004; Kalsched, 1996).

Beyond the internal dyad of self-attacking aggression, and attacked vulnerability, is absence; often originally inhabited by the second parent, who submits to the overt persecutor in the early relational environment, in so doing failing to protect the traumatised child/patient from the disintegrating horror of the persecutor's attack. The failure of this protective function leads the traumatised child to introject absence, André Green's (1986) dead mother; where there should be protection there is only emptiness, dissociation, powerlessness and impotence.

Jenny put it graphically, commenting that she had come to realise "the monsters in me": a dementor within, revealing the archetypal layer of the protective, persecutory self-care system Kalsched so graphically describes:

> I think the monster symbolises my mother when she was angry. And how her words could be so hurtful. ... My mum's anger and viciousness ... A Dementor is a dark creature, considered one of the foulest to inhabit the world. Dementors feed off human happiness, and thus cause depression and despair to anyone near them. They can also consume a person's soul, leaving their victims in a permanent vegetative state, and thus are often referred to as "soul-sucking fiends" and are known to leave a person as an "empty shell". ... The blob ... is my father ... I don't think I'll ever be like how I might have been if I had had a nurturing, loving, well-balanced carer, and a person that was more like you, more assertive and protecting.

When I challenge the destructive hate which infuses the traumatised patient's psyche I am challenging the inner world of the terrorised patient to release the patient from their imprisoning magnetic bond, a connection to the persecuting other that the patient's unconscious is convinced is essential to their very existence, its archetypal persecutory "home", terrifying to leave. Transformation of such destructiveness therefore often involves fierce, even ferocious, intrapsychic and interpersonal struggle; a confrontation with the destructiveness is needed. In this I am always at risk, as Messler-Davies and Frawley (1991/1999) noted, of becoming the abuser of the patient's inner world, re-enacting the persecution of earlier times; the balance is a delicate one, as I attempt to reach the vulnerability, whilst forcefully challenging the destructiveness.

Principle Seven: The heat of transformation — the greater coniunctio

Jung (1946) emphasised the alchemical heat required; the transformations which arise as heat is applied within the crucible of the therapeutic dyad, with the hope that a distilled and precious taonga (gift) may emerge. Edinger (1993, 1994) notes the process of mortificatio which follows the lesser coniunctio and produces the blackening. The death of ego is a painful process and one seldom chosen but rather usually imposed, in my case in the form of my accident.

In the analytic context, this means that in the repeated transference counter transference enactment explorations that occur between patient and analyst, there is an ongoing distillation and purification of projectively identified material, as unconscious material seeks a thinking mind for thoughts without a thinker, and gradually a home within the patient themselves. To do this, the petit morts of mortificatio are essential. Edinger (1993) notes the archetypal image of the union of Romeo and Juliet, two young souls, two star crossed lovers, whose premature lesser coniunctio inevitably leads to mortificatio, and the tragedy that they lacked the relational presence of another mind that might "midwife" a greater coniunctio.

By contrast, in the analytic context the lesser coniunctio and the mini deaths that arise from it, slowly enable the possibility of the emergence of something new. Kalsched (1996) illustrated this in his exploration of the inevitability that such deaths evoke grief. And that it is out of grief that transformation and true repair is made possible. In the passage below he links the process of the lesser and greater coniunctio with the concept of reparation when disjunctions between analyst and patient occur. He emphasised that in Jung's intermingling of the psyche of analyst and patient, the patient needs to feel that the analyst's own grief is available as part of the solutio, eventually facilitating the greater coniunctio.

> Patient and therapist go through times when the connection seems to be utterly broken. And yet, if the tension can be held during this period, a true "coniunctio" is possible. One of the healing factors in this working-through period is the fact that this time, the therapeutic "trauma" comes after a period of essential self-object "illusion" in which a true "pregnancy" can occur in the relationship. First, a true union has occurred; second, a full protest is heard from the patient — the protest that could not happen as a child. In small doses, this is the poison that cures. … And this is a mutual process. The therapist must also recognize his or her own "disillusionment". A crucial

> part of my work with the above female patient, for example, was acknowledging my own difficulties. The patient needed to see that I was suffering too, before she could feel the *reparative* [emphasis added] side of her own anger and cry the tears which could heal the eyes of her wounded relationship to reality. She needed to see me struggle with authentic reactions to her anger and her love before she could accede to my expectation that she struggle with hers. In this process, the therapist's humanity distinguishes him from the cruel perfectionism of the patient's inner caretaker. This is the essential grief work done during this period. (Kalsched, 1996, p. 164)

Principle Eight: Analysts' vulnerability and the working through of enactments

Whilst the intrapsychic lenses described above assist me in understanding how the inner world manifests inter-psychically, Jessica Benjamin (2004, 2009) assists with the interpersonal dimensions, as inner states are interpersonalised. When inevitably, particularly via the powerful forces of projective identification, I contribute to, and patients find in me, the traumatic relational dynamics of their early history, this is fertile ground for impulses towards manic repair and the lesser coniunctio, the *mea culpa* of the therapeutic apology, but also the potential for something deeper. Benjamin (2004) advocated:

> As analysts, we strive to create a dyad that enables both partners to step out of the symmetrical exchange of blame, thus relieving ourselves of the need for self-justification. In effect, we tell ourselves, whatever we have done that has gotten us into the position of being in the wrong is not so horribly shameful that we cannot own it. It stops being submission to the patient's reality because, as we free ourselves from shame and blame, the patient's accusation no longer persecutes us, and hence, we are no longer in the grip of helplessness. If it is no longer a matter of which person is sane, right, healthy, knows best or the like, and if the analyst is able to acknowledge the patient's suffering without stepping into the position of badness, then the intersubjective space of third may be restored. (Benjamin, 2004, p. 33)

Central is my relationship to my own vulnerability. If I, in self-defence, am tempted by the lesser coniunctio of submission or retaliation, therapeutic derailment awaits. The more I have dissociated from, attack, or otherwise disavow my vulnerability, the less I am able to access this essential resource in service of reaching the vulnerability of the other. I risk mutual enactment, what D. B. Stern (2009) described as dissociation interpersonalised. In this, my compassion towards my own inner world (Rey, 1994) is crucial. And as Benjamin (2004) noted, "this step out of helplessness usually involves more than an internal process: it involves direct or transitionally framed communication about one's own reactivity, miss attunement or misunderstanding" (p. 33).

When strong affect arises between me and the patient, I seek to take my time, and an explorative stance: "Something difficult has happened between us, can we take time to understand this together?" The work is slow, often very painful. I am not shy to offer an apology if I find I have responded in a way that I regret, but I usually aim to leave some space for exploration first. More often together patient and I will slowly discover that we each

contributed to something difficult, but that just because something difficult has occurred does not mean that something bad has occurred and that someone must be bad, either the frightened patient, or the inevitably human analyst. There exists the opportunity for genuine grief in the giving up of omnipotence, the possibility of the creation of something new between us; where there was disavowal and attack, there might now be acknowledgement, recognition, grief and shared intimacy. As Benjamin (2009) suggested, reminiscent of Jung (1946), the co-construction of the symbolic third within the intersubjective matrix enables the possibility that:

> I can hear both your voice and mine, as can you, without one cancelling the other out: I can hear more than one part of yourself, you can hear more than one part of yourself—especially not only the part that is negating me, but also the complementary part that I have been carrying as you negate it. (Benjamin, 2009, p. 442)

Clinical vignette 3: Jenny continued — "I'm furious"

After six years of work, Jenny was now more settled, no longer self-harming, a little more self-compassionate, but struggling with her most tender and vulnerable self. She had recently argued with her mother and was close to tears as we explored her grief. Unexpectedly I heard a knock. I went to the front door, guilt and anxiety persecuting me into action once again. A woman loudly announced, "I'm the midwife." She had arrived to see my friend and her infant who were staying with me; they were at the back of the house. I asked the midwife to use the side entrance. As I returned to Jenny I felt guilty for not having protected the therapeutic space sufficiently. Jenny glared. She appeared to inhabit a completely different self-state. She provocatively spoke of her fantasy of sexually seducing me. I felt ill. My mind whirred.

The "ill" feeling was familiar, the feeling of wanting to evacuate the most primitive parts of myself. As we were coming to the end of the session I firmly suggested, "Before the knock at the door, you seemed very tender. I think your shift to talking of wanting to sexually seduce me is an attempt to rid yourself of the most tender and youngest parts of yourself, as if perhaps you fear that there may be another baby here, whose attention is taking me from you, and your wanting to seduce me, is a preemptive attempt to rid yourself of your most vulnerable self, for fear that I may reject her."

Jenny appeared furious. She asserted, "You seem angry." I felt caught. She was right. I was angry. If I fudged her enquiry, I would repeat the trauma of her history, relational environments in which her own emotional experience was disavowed. If on the other hand I was honest, the internal persecutor in my own psyche might attack me with the shame that my aggression might be destructive. And might my anger drive her emotional tenderness and honest hate back further into retreat? The temptations of manic repair, of the lesser coniunctio, avoidance of my anger, the obfuscation of an analytic *mea culpae*, were strong, and may at one time have compelled me. Instead, I replied, '"I'm furious. I feel furious on behalf of your tenderness which seems to have been obliterated as if her need for contact was too dangerous." To which my patient replied, "Well, I'm angry too." And we parted that day in hostile silence.

Was I enacting a complementary identification with an attacking object within my

patient or was there something freeing in the potency of my aggressive care for her tender selves, in contrast to the aggressive attack she tended to enact upon herself? Did this help her to come out from the self-care retreat of sexualised self-hatred? In the next session Jenny was tender. She spoke of her wish that she be my only patient, that she did not want to share me. Slowly we explored her archaic attachment longings; her grief that her mother could never pay attention to her earliest affect-laden body/mind experience.

Reflections on my work with Jenny

When the door was knocked upon, I felt disturbing somatic anxiety. My inner world persecuted me. "Shit, I shouldn't have my friend at the back; I should keep things more private." I felt my badness. I was also tempted to transform my guilt into counter-attack, for her to become the bad one who is attacking me, and I would not have to feel my own badness. Yet despite this, the shame that used to drench me did not capture me. I was able to find my own mind despite the internal disturbance. I paused, needing time as I navigated the internal attack within me and the interpersonal impulse to submit to my shame, or to counterattack. I found a firmness in me, firmness in which I sought to face Jenny and me into her intrapsychic destructive attempt to eradicate her vulnerability, whilst also discovering compassion for the vulnerability she was seeking to protect, the tenderness of the infant so often left, abandoned to her own distress.

This freedom from my own shame has been hard won. I have had to face the intrapsychic terror of my own infant as it has emerged in my dreams and nightmares and my analysis, and to regather my own infant body self into my own arms. I have had to learn not to submit to the feeling that my fierceness would damage the already damaged other, but rather to bear being with the terror of my patient's infant self. I think Jenny felt my emotional struggle, as Kalsched advocated, and this enabled the alchemical heat of my forceful challenge to reach the obliterated child within Jenny.

In a subsequent session Jenny revealed the following dream:

> My parents are arguing, and I feel really tense. You walk next to me and you keep encouraging me: "You can do this now, you've come through way worse than this, it's ok, you can do this now." We walk close to each other, it isn't sexual, and it's not even fatherly. Maybe a bit fatherly, but the way a father would treat his adult daughter, not his young daughter. [A friend] treats me the same way if my parents drive me nuts. There's something really gentle about your presence. I feel myself calm down.
>
> I always felt that sex was about the closest I could get to you. But to think that perhaps me giving up the pursuit of making you sleep with me would mean we get a closer therapeutic relationship, in a different way, really moved me. I had never considered that possibility. I felt really, really moved, comforted in a way; my dream this time was very different from any other dream I have ever had about you. It felt like we were a partnership, without that taking away from my adult self. I didn't have to be five years old to get your closeness and I didn't have to seduce you either. I felt encouraged by you that I had the strength to get through whatever I needed to get through.

Whilst the layers of meaning within this dream are many, I suggest it gestures towards a movement in Jenny's mind of loyalty towards her most infantile vulnerability. Moreover, archetypally I suggest her dream gestures towards an evolving greater coniunctio; a manifestation of her transcendent function, as she experiences the Self within reassuring her ego attitude that, like Rapunzel, she can now emerge from the banishment within which she had been sequestered, and trusting the Self that reassures her dream ego that it is safe to re-enter the world. That psyche manifested such a symbol, "the best possible representation of a relatively unknown fact" (Jung, 1971, para. 814), arose out of multiple lesser coniunctio over many years, each one enabling the working through and ongoing "purification" of psychic material, as we again and again encountered the terrors of her primitive inner world. It was this analytic history, and the trust that it had built, which enabled me to navigate my shame, and nevertheless retain the freedom and emotional honesty of my own mind, and more particularly, enabled Jenny to make use of my honesty, as psyche courageously embraced the tender child that she was. And it was the heat in the vas of our relationship which facilitated the mortifictio of the patient's destructive self-attack, and enabled psyche to form a potent dream symbol.

Principle Nine: The facilitation of mourning and grief

French analyst Jean Laplanche (1987) has suggested "All work is the work of mourning" (p. 298). Whether it is Freud or Jung, Klein or Rey, Winnicott or Edinger, Kalsched or Steiner, at the heart of all the writing I have reflected upon, whether the focus is on the intrapsychic, interpersonal, transpersonal or intersubjective, is that if the traumatised psyches who inhabit our clinical rooms are able to free their imprisoned souls, face the terror of their inner lives and gradually transform their persecutory hatred into creative potency and protective aggression, the dissociated powerlessness into human vulnerability and need, then the capacity for mourning and grief is central. The adult must grieve the child's losses, the hurts, pains and terrors of early life, but more than this they grieve the loss of innocence, and the possibility that omnipotent control can keep at bay such horror. In feeling the soft centre of our vulnerable humanity, facing the truth of the tender soul that we are, we have the possibility of living a life of creativity that can be born from the deep and profound acceptance of our humanity. As Jenny represented to me in an image she drew and expressed to me after an exquisitely tender session:

> After more than three years with John … I cried with him for the first time. And I cried. And cried. And John bore with me.
>
> He sat down on the remaining chair and respectfully allowed me my space by not looking directly at me and staying well away from my line of vision. We talked and we were quiet, and as the tears subsided, I could feel myself slowly being reformed. I had dreaded this moment for months, years even, for fear of falling apart and not being put back together, that if I would start to fall apart, I would disappear, for John wouldn't be able to glue the pieces back together. And yet today, this is exactly what seems to have happened.
>
> I barricaded myself behind two chairs, where my quiet sobs would not be ridiculed, nor punished. John just sat down and was gentle with the little girl sobbing on the

floor and "held" and as much as he could, from one chair away.

Today, I cried.

Principle Ten: Symbol formation and the midwifing of the soul

Bion (1962), Adern (1998), Moore (1990) and others all reflect on analysis as the spiritual task of midwifing the soul. I suggest the grief which arises as lesser coniunctio are worked through and tears are shed, is the transformational water of the mercurial fountain. In this the analytic attitude encompasses receptivity to the mystery of the numinous. One year into my own confrontation with the unconscious, as I was recovering from my accident I had the following dream:

> I was in a prison. An old man said, "You have to move to another prison." It was the prison where prisoners die. I resisted but the old man insisted. At the new prison, other prisoners walked morosely. Black shapes floated ominously. I felt terrified. Suddenly the black shapes became trees, growing up and up and out through the roof. I immediately knew the trees were the path to freedom. Other prisoners started climbing. A voice came over the loudspeaker system, saying, "Do not climb the trees until they're fully grown, otherwise you will die." I waited. The prisoners who had started to climb prematurely, suddenly fell to their deaths. I awoke feeling calm.

For me this dream reflects all that I have been exploring. At one level from a Kleinian view the dream is about "restoration proper". It invites me to avoid the temptation to manic flight, the speedy impulse to climb the tree and prematurely escape the prison of my body. Rather it encourages me to wait, to grieve the loss of my omnipotence, to feel the terror of my imprisonment, to experience the repetitive encounters with my unconscious that are the foundation of reparation.

At a deeper level, the dream reflects the archetypal nature of psyche. Having been persecuted by anima nightmares and their archetypal images of the terrible mother, fractured through the lens of my actual and frightening maternal experience, now this dream offered a symbol of the Self, the divine aspects emerging firstly in the guidance of the man, perhaps mediated through the experience of my analyst, who guided me to face the deeper terror of the second prison, mortificatio; and then the tree and the voice of the self that says "wait, don't climb prematurely". The dream reflects access to a transpersonal realm beyond the knowing of the material world. To surrender to it, to trust its meaning, is of course an act of faith. We cannot know the unknowable. But we can trust what psyche offers us. Just as Jenny trusted the "dream" union of her frightened child, and the dream John who said "you can do this".

The word symbol comes out of the Greek syn, and ballien, meaning thrown together. Thus, a symbol is always something "thrown together" by the psyche, representing more than can be known just by the ego. This symbol formation capacity is far greater than the precocious capacities of the youthful ego of my childhood, who "colonised" the symbol-making function prematurely, captured as I was by the Mercurius complex. By contrast my dream represents the fruition of the hard work of the multiple coniunctios. For the dream was preceded by many, many, many months of terror, of ferocious attacking dreams in which anima figures of primitive persecutory horror devoured me, the archetypal energies of the

terrible mother. I was captured, imprisoned and terrified. I had no choice but to face the enormity of my grief. The omnipotence of my body and the omniscience of my mind had been obliterated by the crash of my Icarus-like fall. I faced a tremendous and terrifying ego death. It was the enormous gift of my analyst's and supervisor's analytic holding, and of the analytic training overall, which allowed me to navigate this terrifying descent. And at its bottom, as I despaired, the possibility of new growth emerged.

Conclusion: Reparation and the greater coniunctio

Henri Rey (1994) noted,

> Only when the superego becomes less cruel, less demanding of perfection, is the ego capable of accepting an internal object that is not perfectly repaired, can accept compromise, forgive and be forgiven, and experience hope and gratitude. Perhaps it is then that love has won the day … (Rey, 1994, p. 227)

Kalsched (2013), building on Jung, went further, bringing a spiritual lens to work with traumatised patients, suggesting that the self-care system that leads patients to isolate and attack the vulnerability of their infancy, is also a creative and protective response. He suggested, "An inner child regresses into an inner sanctuary in order to preserve a sacred core of personality from further violation …. But something is being saved for future growth" (p. 192). He quoted Margaret Adern (1998) who noted:

> The miracle of psychoanalysis — and it is a miracle — is that when a person comes to understand the core of his or her childhood experience, all the anger, all the rejection of life, turns out to have been for one purpose — to preserve, at whatever cost, the child who is capable of love. (Adern pp. 4–5, cited in Kalsched (2013) p. 240).

In relation to my patient Jenny I believe our therapeutic exploration has been deeply enriching. For whilst our engagement has been rigorous, aggressive, dangerous, tender, and heartfelt, it has gradually allowed the birth of selfstates previously unformulated in us both. Aspects of tenderness, infantile need, dependency, aggression, vulnerability, and love have been birthed between us. Indeed, it has enabled the birth of creativity.

This birth has been literal as well as psychic, as the synchronistic appearance of the midwife played its part in midwifing not only the birth of a self, but also enabled Jenny to finally in her life create new life, in the form of a young daughter to whom after much psychic preparation, she gave birth. And in our penultimate hour, as our work concluded, she brought her daughter in to meet me and allowed me to hold her daughter in my arms. Jenny was utterly maternally preoccupied. I was but an audience to the beauty of her devotion. I felt redundant, at ease, and in the presence of the universe in a mother's arms.

I had one final meeting with Jenny. She came to tell me she was pregnant with her second child. She was delighted. Throughout our work she had wanted me to get a sand tray. My failure to do so was the subject of much playful teasing by Jenny of me, her "amateur shrink". Only after our work concluded had I managed to get the requested sand tray. So, in the last act of this

last meeting, Jenny did her first sand tray with me. She placed a heart shape around the large owl in the corner, and described it as her Self looking with love upon all the aspects of her life and self, her home, family, children, husband and land; whilst Edinger (1993) points out that the greater coniunctio is always in process, never achieved, in that moment, I allowed myself to dream that this was indeed a beautiful image of a greater coniunctio, an ego and self in rich dialogue with each other.

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