

Ata: Journal of Psychotherapy Aotearoa New Zealand
Volume 24, Number 2

Special Issue: “Wiwini Wawana Wehi Ihi — Terror in the Transference”

November 2020

Ata: Journal of Psychotherapy Aotearoa New Zealand



Ata

Ata is a small word with a magnitude of meaning that encompasses the spiritual and the relational, and reflects what we consider essential to a Māori indigenous therapy. Ata refers both to the actual as well as to the symbolic and thus allows us to explore meaning and possibility. Ata connects us to the natural world, entices us into relationship, caressing and encouraging human potentiality in the most subtle and gentle ways. Ata is used as a connector which invites a variety of meanings:

Ata — referring to early morning; ata pō, before dawn; ata tu, just after sunrise or dawn; as well as ata marama, moonlight.

Ata — referring to form, shape, semblance, shadow, reflection, and reflected image, as in whakaata, to look at one's reflected image; wai whakaata, a reflection to look into.

Ata — used to express accuracy, or to validate.

Āta — (noun) indicating care, thoughtfulness, as in ātawhai, showing kindness and concern; (verb) to consider; (adjective) purposeful, deliberate, transparent; (adverb) slowly, clearly.

Ata also appears as a component in other words such as ātāhua, beautiful, pleasant; and waiata.

We take inspiration from this word ata and embrace the way in which it supports us all to shape, inform and inspire the psychotherapy community in Aotearoa to reflect the essence of and challenges to our people and our landscape. Nga mihi nui ki a koutou katoa.

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**Special Issue: “Wiwini Wawana Wehi Ihi
— Terror in the Transference”**

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Editorial

John O'Connor and Wiremu Woodard (Tuhoe)

Korihi te manu
Tākiri mai i te ata
Ka ao, ka ao, ka awatea
Tihei Mauri Ora!

The bird sings
The morning has dawned
The day has broken
Behold, there is life!

E ngā mana, e ngā reo, e ngā manu tioriori, tēnā koutou, tēnā koutou, tēnā koutou katoa!

In late March 2020, Aotearoa New Zealand entered Level 4 lockdown in response to the Covid 19 pandemic sweeping the world. In the same month, the Wellington branch of the New Zealand Association of Psychotherapists (NZAP) was due to host the NZAP national conference, celebrating the work and heart of NZAP and its members, and exploring the disturbing possibilities and creative potential of the conference theme, “Wiwini Wawana Wehi Ihi — Terror in the Transference.” Whilst some conference events were possible, including the delivery of the keynote addresses via Zoom by Dr Larry Hedges, sadly, most of the conference events, including presentations from psychotherapists based in Aotearoa New Zealand and in Australia, were cancelled, as the impact of Covid 19’s arrival in Aotearoa New Zealand dawned upon us all. Whilst some of the planned conference presentations have subsequently been offered via Zoom in 2020, the cancellation of much of the conference, and the rich embodied experience it would have offered conference participants, was a very painful decision for the NZAP Council, and particularly for the local organisers of the conference. The grief of those losses and the cancellations these entailed were shared by us all.

In many ways, the papers which appear in this latest issue of *Ata: Journal of Psychotherapy Aotearoa New Zealand* reflect the extraordinary mahi of the local conference organisers and are a tribute to them, for all but one of these papers was due to be presented at the conference in Wellington. Therefore, as we publish this issue, we wish to begin by offering our heartfelt thanks and appreciation to the local Wellington conference organisers for the tremendous work they did in preparing for the conference, and for the offerings which have been possible via Zoom. Whilst much of your work did not come to fruition in the way that had been planned, the creativity you brought to these challenging circumstances, and the work you undertook, which has enabled the papers that appear in this issue of *Ata*, are a reflection of your endeavour, commitment, and aroha. Kia ora and thank you.

The Covid 19 pandemic and its terrifying consequences have invited us all to face the implications of an approach to life in which for so long we as human beings have assumed

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our superior dominion over the earth and the nonhuman world. The temptations of consumerism, technology, individualism and material wealth have seduced humanity to believe the fiction of our superiority. Covid 19 and its relationship to the climate crisis that we all face have, like Icarus, brought us shudderingly back to Papatūānuku. And with this crashing fall we face our tremendous collective fear and grief, as we face the loss of the fantasy of a planet under our control. We meet instead the truth of our humanity: that the earth is not “our” planet, to be lived upon, dominated and owned, but rather that we are in and of the earth, that the human and nonhuman world are interdependent and inseparable, and that our lives are changing and must change, if we are to live a life that respects this intertwined interdependence. To do so we must grieve our losses, and face the future together, connected to the tenderness of our humanity and of the earth’s and our own vulnerability.

We suggest that the papers offered in this issue of *Ata* provide a stimulating invitation to face our grief, to stay close to the terror, to stay close to each other and our relationship with the world. The theme of this issue, in keeping with the theme of the planned March 2020 NZAP conference, is “Wiwini Wawana Wehi Ihi — Terror in the Transference.” Each paper, despite considerable differences in approach and topic, invites the reader to explore the nature of destructiveness and the possibility that recognising our destructiveness may allow for greater creativity, as we face the losses, terrors and potentials that lie ahead and before us, clinically, and in our lives.

In her provocative and eloquent exploration of the nature of pre-birth annihilation terror and infanticidal attachment, Violet Sherwood invites us to linger with these disturbing and murderous impulses, whilst movingly reflecting on the possibility that we might engage in such life-destroying forces creatively. Violet integrates a wide variety of theoretical lenses, along with entries from her own journals, to evoke the possibility of psychotherapeutic and life-giving responses to infanticidal experiences.

In Rod Sandle’s intelligent exploration of the terror that arises from our fear of death and longing for life, he considers the profoundly disturbing emotional impact this is likely to have on us all. Rod uses Sabina Spielrein’s 1912 paper, “Destruction as the Cause of Coming into Being” as a beginning point for attempting to deepen our understanding of her theory linking terror to primitive sexual transference. Rod creatively explores how we might work with the dissociative responses evoked by such terror.

In collaboration with David Nicholls, Seán Manning utilises his experience working in prison in Aotearoa New Zealand to explore the idea of the self as a performative assembly. In doing so, Seán and David challenge the more common developmental perspective found within psychotherapeutic clinical and theoretical realms, regarding the emergence of the self. In contrast, Seán and David utilise the work of Michel Foucault, Judith Butler, and Nikolas Rose to offer us a lens which perceives the self, and in particular the criminal self, as a construction. Seán and David offer the perspective that the “criminal self” might develop as a product of incarceration and as a natural extension of the self in the neoliberal era, with implications for why this may significantly limit the impact of psychotherapeutic intervention. Seán and David’s creative exploration challenges us all to grapple with the discourses underpinning subjectivity, and how these may give rise to the experience of a self which we as psychotherapists often assume is developmentally and relationally formed.

Jennifer De Leon wrestles creatively with the question of how to go on being. In this evocative piece, Jennifer utilises moving images and poetic narrative to invite the reader into a visceral, intellectual and emotional “dance.” In this, she invites us all to surrender to the divine and emphasises the notion of morphogenesis as a guide to this potent call.

Finally, John O'Connor, in the only piece appearing in this issue not prepared for presentation at the NZAP 2020 conference, provides an exploration of the challenges of staying close to the terror in clinical psychotherapeutic work. Beginning with Winnicott's (1974) engagingly titled paper “Fear of Breakdown,” John suggests that when working with patients with severe trauma histories, terror is often disguised by persecutory attack, both of self and other, leaving the psychotherapist with the disturbing clinical challenge of moving towards the terror, and inviting the patient to do the same. He suggests that such an invitation may enable the possibility that terror might transform to grief, and the possibility of creativity. John surveys a wide range of theoretical material, particularly from psychoanalytic and Jungian perspectives, and deduces a range of clinical principles and creative formulations to understand and respond to intrapsychic terror arising from traumatic histories.

We hope the combination of articles in this issue proves enriching for readers, particularly during these times of considerable disturbance and ongoing grief.

We thank Hineira Woodard for her generous and expert work providing te reo Māori interpretations of the abstracts; tēnā koe, Hineira. Our deep thanks to our creative, skilful, unfailingly cheerful and always punctual designer, Katy Yiakmis; tēnā koe, Katy. Thank you to Nikky Winchester who brings a keen eye for detail to the role of assistant editor. We are greatly appreciative of her dedicated contribution to the preparation of this issue: tēnā koe, Nikky. We thank Trevor Pye for the artwork which appears on the cover of this issue. Trevor's stunning work was originally designed as the logo for the March 2020 NZAP conference. It creatively captures the theme of the conference and of this issue, “Wiwini Wawana Wehi Ihi — Terror in the Transference”; tēnā koe, Trevor. Finally, we thank you, the reader (NZAP member or subscriber), for your continuing support of the journal; we hope you will find this issue an evocative, provocative, enjoyable and engaging read, and we look forward to editing the next issue.

Tēnā koutou, tēnā koutou, tēnā koutou katoa.

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The Black Sun: Symbol of the Unwelcome Child's Annihilation Terror in Pre-Natal Infanticidal Attachment

Violet Sherwood

PSYCHOTHERAPIST, HAMILTON

Whakarāpopotonga

E huri ana tēnei pepa ki taku rangahau kairanga mō te wheako roromi. Mai i te rarangatahitanga o te ariā tūhonotanga roromi, te whakapapa hinengaro e pā ana ki te kōhunga kōhungahunga me te mātai hinengaro mua-whānau whakapā atu ki te wheako o te kōhungahunga waingaio mua whānautanga, ka tūhuria te āhua matū o te rā pango me te tauira o Hine-nui-te-pō hai whakaputanga whakaaro kino mua whānautanga. E whakapae ana au i te wā e hapū ana, ka ara ake he honotahitanga o te kune waingaio me te whaea tenetene mai i ō rāua wheako whakawehiwehi ā, ka huri ki te herekore hai whai rautaki orange koia nei ka tahuri kē te kune ki te mate. Mai i tāku tirohanga kaiwhakaora hinengaro, tūroro hoki o mua, ka tūhura au i te putanga mai o te whakamatakutanga o Hine-nui-te-pō i roto i ngā moemoeā, ngā tohu mate, ngā whakaaro pohewa, ā, i ngā whakawhitinga ka whakaaro me pehea tā tātau pakanga i ēnei tūmomo tōpana patu-koiora.

Abstract

This paper draws on my doctoral research into the experience of psychological infanticide. Weaving together infanticidal attachment theory, the psychohistory of infant murder, and pre-natal psychology regarding the experience of the unwelcome child before birth, I explore the alchemical image of the black sun and the Death Mother archetype as expressions of pre-birth annihilation terror. I argue that during pregnancy, the unwelcome foetus and unwilling mother form an infanticidal attachment centred on their shared experiences of helpless terror, and utilising mutual survival strategies of dissociation that orient the child towards death rather than life. From my perspectives as a psychotherapist and a former patient, I explore how terror of the Death Mother reveals itself in dreams, symptoms, fantasies, and in the transference, and consider how we might engage with such life-destroying forces.

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Key words: psychological infanticide; infanticidal attachment; Death Mother archetype; black sun; unwelcome child; unwilling mother; annihilation terror; baby farming

Introduction

I acknowledge and thank the NZAP Education Fund for supporting my doctoral research from which this paper has eventuated. I also wish to acknowledge with deep compassion the predicament of the many women who became unwilling mothers of children they were unable to want or support, and whose grief, terror and shame is an archetypal story in its own right. Finally, I acknowledge the guidance of Williamina McCulloch (Minnie Dean), with gratitude and heartfelt thanks.

This paper draws on my research into the unwelcome child's experience of psychological infanticide. In my doctoral thesis I argued that during pregnancy, the unwelcome child and unwilling mother form an infanticidal attachment centred on their shared experiences of helpless terror, and utilising mutual survival strategies of dissociation that orient the child towards death rather than life (Sherwood, 2019). The alchemical image of the black sun, and the archetype of the Death Mother, represent this life-denying experience in the womb.

In my early 20s, at the precise age of my birth mother when she was pregnant with me, (although I did not know that at the time) I underwent a breakdown that brought my themes of psychological infanticide to consciousness. I have chosen to discuss aspects of my personal experience here, believing that lived experience brings a richness, depth and authenticity to theory. I feel vulnerable exposing my personal story, yet I also feel it is essential that survivors of psychological death speak out, describe the terrain, the traps, and the possible means of surviving the underworld. I intend that my journey may inspire hope for resurrection in patients, and in the clinicians who accompany them, and who must understand and embrace their role as guide for the patient who enters the land of the dead and hopes to return.

I begin with a definition of psychological infanticide and a brief explanation of infanticidal attachment theory. Next I explore the image of the black sun, and the concept of the Death Mother archetype. Throughout I illustrate the theory with examples from my personal myth and healing journey, revealing the pre-birth terrors of the unwelcome child and indicating a healing path.

Psychological Infanticide

Brett Kahr (1993, 2007a, 2007b, 2012), who pioneered the infanticidal attachment theory that underpins my research, describes psychological infanticide as the result of the transfer of a death wish, either directly or indirectly, from caretaker to child. He states that this emotional murder allows physical survival but leads to an internalised state of deadliness, an infanticidal attachment with caregivers, and the terror of being killed.

I first recognised my own psychological infanticide as a result of a recurring dream that persisted in haunting me:

My grandmother takes me to visit a dead baby in a glass shrine. We enter the place

with reverence and a sense of mystery and holiness. My grandmother is revealing to me a previously unknown piece of my ancestry. I am curious about this baby who I know nothing about yet sense she is connected with me. My grandmother invites me to say a prayer for the dead infant. As I do so, I have a sense the child is listening and that I'm receiving some kind of grace. There's an aura of powerful presence emanating from her. Who is she and how is she related to me? Why do I feel such a strong and mysterious connection to her? Why does she seem so present when she is so little and dead? How did she die? Why are we venerating her?

I realised the dead baby was a part of myself and that in connecting to her I felt more connected to life. The questions I asked in my dream became guiding questions of my inner life. I began to ask further questions: what are the archetypal themes of the experience of psychological infanticide? What does it mean to feel you must be dead in order to be mothered? How does it alter the way you live and engage with life? Can it be healed, and if so, how?

Eventually, following the clue of this dead baby, my doctoral research led me into an underworld of desperate mothers, an unsupportive patriarchal system, and a painful history of the mass exploitation and murder of unwelcome infants, culminating in the 19th-century practice of baby farming. Throughout the 19th century, women who could not, or would not, care for their infants handed them over to baby farmers. Known as Angel Makers, baby farmers were representatives of the Death Mother archetype. Many profited from the systematic massacre of countless infants until adoption and child protection laws were enacted in the late 1800s (Hood, 1994; Rattle & Vale, 2011; Rose, 1986; Swain, 2005). Unfortunately, while adoption limited the likelihood of infanticide, it could not prevent psychological infanticides from occurring when unwelcome children received messages that they should not exist. My focus in this paper is not adoption. Rather, it is the infanticidal attachment that forms pre-birth when the unwelcome child experiences deathliness or deadness from which it is unable to escape. Pre- and perinatal research suggests that even before birth the unborn child may feel its life to be in danger, or even that it has died before it is birthed, and this has an impact on the experience of living (Grof, 1988; Piontelli, 2009; Verny & Kelly, 1991; Ward, 2006, 2017).

Infanticidal Attachment

This theory describes the relational attachment dynamic that forms when a child attempts to survive psychological infanticide.

Throughout the history of psychoanalysis there has been speculation on the nature and aetiology of severe pathologies and death-oriented clinical presentations. Kahr (2007a, 2007b) proposes a theory of infanticidal attachment — a sub-category of disorganised attachment, which exposes the infanticidal themes and actions underlying many extreme states of psychosis and dissociation.

Some of Kahr's (2007a) proposed aetiologies of infanticidal attachment occur before birth in a womb experience that is either deadly or deathly. Some examples he includes are: threatened miscarriage, attempted abortion, death of a twin in utero, or being a replacement

child for a dead sibling. The central theme is actual or implicit death wishes *received* by the child.

Adah Sachs (2007, 2008, 2017) suggests further distinctions to infanticidal attachment theory, arguing that concrete (actual) infanticidal threats are more likely to lead to severe dissociative disorders whereas symbolic (implicit) threats may be more likely to lead to schizophrenia (Kahr, 2007b). In addition, Kahr (2007b) suggests there might also be a further consideration to explore between unconscious and conscious infanticidal attachments.

Outlining the evidence that suggests there is an infanticidal attachment, Kahr (2007a) describes internal states of deadness or deadliness, terror of being killed, feeling one does not exist, frozen states, and murderousness or suicidality. Such symptoms are both a protection from a world perceived as annihilating, and a desperate attempt to communicate the internal terror, psychic death, non-existence and hostage in the psyche to internalised murderers experienced in psychological infanticide.

In order to understand the universal context of infanticide, Kahr (1993, 2001, 2007a, 2007b, 2012) draws on the work of psychohistorian Lloyd de Mause (1974) who claims that the earliest modes of child rearing were based on infanticide and abandonment. He reveals that from earliest times unwanted infants were exposed to the elements, or abandoned to almost certain death, carelessly slaughtered or ritually sacrificed. De Mause claims the infanticidal mode was the first recognisable style of child rearing. The infanticidal history of child rearing, and the destructive effects of psychological infanticide on both the individual and on societies, has been further illuminated by child-oriented psychohistorians and researchers including Robin Grille (2005), James deMeyo (2006), Jeffrey Moussaieff Masson (1984), and Alice Miller (1987, 1990, 1997).

It was only in the 18th century that there developed some tolerance of ambivalent feelings and the rise of a moral conscience with regard to killing infants, alongside the emergence of child-rearing modes that included some empathy and sensitivity to children (de Mause, 1974; Grille, 2005). Although more empathic modes of child rearing support mothers to form greater attachments to their children, infanticidal and abandoning practices continue as a form of intergenerational trauma (Grille, 2005; Yellin & Epstein, 2013; Yellin & White 2012). In our current culture it is accepted and even financially necessary that mothers abandon their infants to daycare so they can return to work. As psychotherapists we may question the impact on a society built on the disruption of the mother-infant bond.

Historically, when murder or direct abandonment were no longer morally acceptable, desperate mothers found other ways to dispatch their children, to baby farmers or foundling hospitals, both of which had notoriously high mortality rates (Rose, 1986; Styles, 2010). Infanticidal wishes were evident in the fee paid by mothers, many of whom had the expectation of never seeing the child again (Cossins, 2014; Hood, 1994; Rattle & Vale, 2011; Rose, 1986). Many baby farmers exploited these infanticidal wishes by starving, drugging, and neglecting children who died slow deaths, or they simply murdered them. Some baby farmers, for example Amelia Dyer, who had a lucrative practice in England for decades before she was convicted and hanged for child murder, had a specialty of smothering infants as they were being born. Pathologists of the time could not detect the difference between a stillbirth and smothering the baby before it had taken its first breath (Rattle & Vale, 2011).

Pinzon (1996), whose doctoral research also explores her family history of psychological infanticide, refers to the legacy of the collective unconscious — unspoken, unfelt or unremembered patterns that lead to the same responses; the historical memory of infanticide as the primary option for dealing with an impossible situation. The psychohistory of infanticide as a human truth occurring throughout time, place and culture has something essential to teach us about the way we kill off the most vulnerable, innocent and creative parts of ourselves and others.

In my thesis I suggested that infanticidal attachment begins in the relationship between mother and unborn child in the womb, and that infanticidal patterns of relating are already established before birth (Sherwood, 2019). The most powerful defence available between unwilling mother and unwelcome child is dissociation. There is a significant correlation between high levels of dissociation in women going through unwanted pregnancies and harm to their infants soon after birth. For example, Spinelli (2010) argues that the higher the mother's level of dissociation during pregnancy, the more at risk the child is of infanticide soon after delivery. Perhaps also there is a higher risk of a live child experiencing a psychological infanticide.

The internal world of the psychological infanticide is haunted by the infanticidal introject. Children internalise or introject their parent as a normal part of their development. When an attachment figure presents direct or indirect death threats, these internalised qualities are murderous (Kahr 2007a, 2007b, 2012; Yellin & Epstein, 2013; Yellin & White, 2012). Donald Kalshed (1996, 2013) states that the traumatised child internalises its experiences in unprocessed archetypal form, meaning they absorb the overarching thematic pattern rather than its limited human expression. The infanticidal introject internalised by the unwelcome child, and presiding in the psyche, is represented by the Death Mother archetype (Woodman, 2005). The experience of anti-life mothering, by whatever means, instils in the psyche a relationship with death as mother figure that seduces the child into believing its only orientation is towards death. Valerie Sinason (2017) articulates this deathly relationship, advising clinicians that when connection with an attachment figure is only felt in a near-death situation, it leads to extra levels of suicidality.

“The Death Mother energy feeds on humiliation and shame, powerlessness and the fear of annihilation” (Holmquist, 2015, cited in Sieff, 2017, p. 5). Consequently, the Death Mother drains vitality and paralyzes engagement in life (Harris & Harris, 2015; Sieff, 2017; Woodman & Sieff, 2015). Marion Woodman links the Death Mother energy to not being welcomed into life, and to feeling unwanted or wrong in the womb (Sieff, 2017; Woodman, 2005; Woodman & Sieff, 2015). According to Daniela Sieff (2017), “ultimately the Death Mother carries the wish that we, or some part of us, did not exist” (p. 5).

When the instinct for nurturing is blocked at the beginning of life the unwelcome child experiences the terror of impending or actual obliteration. This infant is walled up within, a tiny kernel of frozen life unable to take breath. The person continues to develop, and semblances of a self form scars round the dark place, the burial ground, the internalised black sun of an obliterated life. No tombstone is erected to suggest on the surface that a child has died here. Yet, as we saw earlier, the psyche may communicate evidence of this murdered infant self through dreams, and as we shall see, through symptoms and synchronicities.

Later in life, during times of crisis that may include separation, rejection, or loss, the

archetypal self-care system of the traumatised person intensifies, doing whatever it takes to isolate the self from the reality of loss and dislocation (Kalshed, 1996). Overwhelming combinations of annihilation terror and murderous rage may be unable to be contained and lead to terror in the transference as they spill into therapy and life. The self-care system becomes persecutory in its attempts to protect the self from further harm through isolating the person from reality. At its extremes this can develop into psychotic delusion or suicide attempts as the internal protector/persecutor determines to kill off the host rather than risk further possible harm to the self (Kalshed, 1996, 2013; Yellin & Epstein, 2013; Yellin & White, 2012). Let me illustrate this with my personal story.

My breakdown was precipitated by the loss of a relationship due to our different wishes about having children. Bereft, I began to feel and act as if I was a ghost. I believed I did not exist unless someone was thinking me into existence. I became terrified of being killed. I heard the voice of an internal mother urging me to die. I felt compelled to obey her instructions.

Although I was not able to articulate it at the time, the central dilemma that led to my hospitalisation was the belief that Mother was murderous, and in a twist of tortured logic, the only way to prevent myself from being murdered was to murder myself first. I attempted suicide. Lost in my internal terror, I could no longer distinguish between self and other, between internal and external reality.

I remember feeling exquisitely vulnerable and afraid in hospital, not believing I existed, fearing that if I did allow myself to exist I would be killed. I both longed for and needed a soothing mother at this time, and yet I could not risk letting a maternal presence near me for fear of being destroyed. It was as if in order to survive I had to die; in order to be mothered I had to be dead.

Much later, having recognised my psychological infanticide, with its profound sense of being eclipsed, I discovered Stanton Marlon's (2005) book *The Black Sun: The Alchemy and Art of Darkness*. This work validated my experience and led me into a symbolic exploration of psychological infanticide through the image of the black sun. Let us go on then to explore the black sun and solar eclipse in myth, history, literature, dream and symptom.

The Black Sun and Eclipse

The black sun is an image of total solar eclipse. It reveals psychological themes related to the negation of light and warmth. The word eclipse comes from the Greek *ekleipsi*, which means abandonment (Anderson, 2017). In his brief history of eclipse, Ross Andersen (2017) asks, "what could be more traumatic than the abandonment of the sun?" (para. 7). The temperate sun, giver of light and warmth, grants life, and nourishes growth. As such, the sun is a symbol of the positive mother, whose eclipse signifies the anti-life qualities of the Death Mother. With the death of the sun comes the death of our world.

There is a popular misconception (an interesting word in this context) that viewing an eclipse is dangerous in pregnancy and to the unborn child (Krepp, 1992). The experience of eclipse in the situation of the unwelcome child and unwilling mother is a psychological infanticide in which the very foundation for life is dead. Before birth, and as infants, Mother is our world. As Winnicott (1965) states, in the first year of life there is not a separate mother

and a baby, rather the mother-baby are an inter-related unit. Without her, our very world and foundation are destroyed and our survival, our existence, is at great risk.

Dorothy Bloch (1979) elaborates on the effects of childhood fears of infanticide. She described anxiety, terror, autism, psychosis, suicidality and criminality. When one's being is negated, instinctive murderous energies may take over. Adopted people for example, who are more likely than average to experience negation of their being, have a twenty percent higher rate of murder, including murder of parents, and serial murders, than the general population (Kirschner, 1992; Wierzbicki, 1993).

The incredible force of the negation of life-affirmed by life-destroyed was powerfully demonstrated in Hitler's inversion of the swastika, which was originally a symbol of the sun's life energy representing vitality and wellbeing (Zimmer, 2017). Hitler's swastika represented the anti-life forces against him in childhood, and internalised by him, that negated the lives of millions of people. Inversion of life energy into the death realm is a theme of psychological infanticide.

The sun is often considered a masculine symbol of power, reason, vision and consciousness. Hence a solar eclipse in mythology and history had ominous portent, especially signifying the death of the king. In alchemical psychology this has suggested the death of the ego (Edinger, 1994). A psychological eclipse affects the development of healthy ego, personal sovereignty and self-realisation.

In more archaic mythologies the sun was considered feminine, the Great Mother, ruling over heaven and earth, the ovum producing and nourishing life (Krepp, 1992). In a solar eclipse the sun is obliterated, and this blotting out has its equivalent in the psychic annihilation felt by the child who experiences death wishes pre-birth. The eclipsed child does not exist, or is not allowed to exist in the realm of life. The eclipsed child lives in darkness and exile in an underworld of invisibility and formlessness, of non-self and non-being (Marlon, 2005; Ward, 2017).

Marlon (2005) says the black sun is the ultimate expression of the death force. Just as the sun's light is negated in an actual eclipse, tipping the world into an off-centre nightmarish darkness, the internalised eclipse caused by the Death Mother tilts the infant into a traumatic reality that continues to threaten existence through life.

Here is how writer Annie Dillard (1982) describes witnessing a total eclipse, eerily attuned to the psychic experience of the psychological infanticide:

The sun was going, and the world was wrong ... everything was lost ... my mind was going out; my eyes were receding the way galaxies recede to the rim of space. (p. 17)

As the eclipse became total she details the feeling of deathliness:

There was no world. We were the world's dead people rotating and orbiting around and around, ... our minds were light years distant, forgetful of almost everything. Only an extraordinary act of will could recall to us our former, living selves and our contexts in matter and time ... seeing this black body was like seeing a mushroom cloud. The heart screeched. It obliterated meaning itself. (p. 19)

In my own experience of eclipse, not only did I have the feeling of having been killed off, I suffered terrible migraines accompanied by a feeling of dread and impending doom, a crushing darkness that obliterates life. The migraines were so intensely painful I lost consciousness. It was as if I had been killed and then slowly was returned to life. This horrific form of extinction felt imposed by an overwhelming force against which I was helpless. Eventually, I learned to recognise that my migraines also communicated the resurrection theme that is the essence of healing infanticidal trauma.

My psychologically infanticided clients variously describe this annihilation as a black menacing cloud descending, an enveloping darkness that destroys the capacity to think or feel, a black void of nothingness, a black figure who crushes aliveness, being sucked into a black hole, and even a giant hand descending to crush the person. It may feel like a grave, being buried alive, entombed in a dark vault in which one will soon run out of space and air.

Marlon (2005) links the black sun with "a chronic, psychic atrophy that can sometimes be literally fatal" citing the case of Robert whose "black hole in the psyche" felt like cosmic black holes that draw all matter into themselves" (p. 37). Robert had dreamed of a black hole that swallowed up the world. Later he had disturbing images that included abortions, miscarriages, stillborn babies and monster or mutant births. He developed severe migraines and sensory disturbances, became ill with cancer and subsequently died. The images reported in Robert's case show a strong parallel with the causes and effects of psychological infanticide.

Returning to themes of the black sun in Western mythology and literature, an image emerges of a lost, shipwrecked or castaway self in a world turned upside down; visiting or inhabiting the underworld; being exiled from home and blinded or in the dark. These themes reflect the psychological world of the unwelcome child.

The theme of blindness reveals a loss of, or altered, vision, and dissociative states of unknowing as we face death up close. Michael Comenetz (2009) describes the blindness of the black sun as a practising of dying and being dead, like Socrates, "until he becomes unable to see life as others do" (para. 1). From the trauma-world of the Death Mother, one is indeed incapable of seeing life as others do.

I experienced myself as having crossed over into an underworld, a realm of ghosts. I could not be fully alive nor could I be fully dead. In this threshold place there was a deep pull to get back to the relationship with death, which is where I felt more fully oriented and was, I surmise, my earliest normality. I was one of the invisibles, exiled and cast adrift from any sense of home.

Through dreams, symptoms and journal reflections, fictions, and reveries I was gradually able to enter my underworld consciously. I wrote in my journal:

I begin my journey back down into the deep. One must never underestimate the land of the dead where you can lose your self in oblivion without the ability to think or act. Something, some part, must stay conscious and hold the thread, record the experience and return to the world sane and alive. The first time I went down into darkness I lost myself in a breakdown suffering the guilt of being alive, of having survived the death of my birth. Alone in the wilderness you are both lost and given up for dead. Given up for dead. Isn't that what happened to unwanted infants handed

over to baby farmers? Isn't that the psychic landscape of adoption? Paradoxically, I anticipate that surviving being given up for dead can provide a powerful revelatory connection with Self, and a connection to a wellspring of deep inner life. (2015).

Sieff (2017) states, "If a trauma-world is formed during childhood, it becomes our normality, whereupon we are unconscious of its impact on our lives" (p. 170). How much more so when the trauma-world begins before birth? This is a psychological blindness that continues to impose traumatic history and attachments in our lives.

Comenetz (2009) links blindness with the theme of the exile. In the tales of Odysseus, Helios the sun god responds to Odysseus's appropriation of the Sun's cattle with threats to disappear into the underworld to shine for the dead — an example of the inversion of the natural order. Odysseus also visits the dead and returns profoundly affected by their emptiness, just as the person with an infanticidal attachment style may appear eerily flat and dead.

In the Oedipus myth, claimed by Freud as the foundational myth of psychoanalysis, Oedipus is abandoned in an infanticidal act by his parents, and survives after being adopted by strangers (Sophocles, 1947). Oedipus's blindness occurs because he cannot know himself authentically. He makes terrible mistakes for which he punishes himself harshly, blinding himself as he himself has been symbolically blinded by the disruption to his self knowledge and context.

Blindness suggests how painful it is to see truth. In my dreams I began to witness what I had previously "known but not known":

There is a serial killer about. A feeling of menace, and also mystery. I see an infant being held out by a dark figure. She is being held out in space and she is not held safe. The scene turns and I witness her face, my infant self, looking terrified. I find it hard to look at her because it is so distressing. I reflect on the serial killer and begin to realise I am the murderer. (2016).

In this dream I faced into my early annihilation terror and the serial ways I continued to kill off the small, weak, vulnerable and unwanted parts of my self.

Blindness and exile are also linked in Milton's *Paradise Lost*, when God casts Satan (the light-bearer) into the "fiery gulf" of "darkness visible," reminiscent of the outraged Helios threatening to shine only for the dead in the underworld (Milton, n.d., p. 77).

The negating darkness and exile from the realm of life are also expressed in the first stanza of the poem *El Desdichado* (The Disinherited), by 19th-century poet Gerard de Nerval. The image of the black sun is included in his description of living death:

Je suis le Tenebreaux, — le Veuf — L'Inconsole,
Le Prince d'Aquitaine a la Tour abolie:
Ma seule Etoile est morte — et mon luth constelle
Porte le Soleil noir de la Melencolie.

I am the man of shadows — the man in the shadows — the man of darkness — the man lost in the dark — the shadowy man you cannot see. I am the widower; I am the

Unconsoled, the disconsolate, the grief-stricken man. I am the Prince of Aquitaine ... I am the Prince with the abolished, shattered, stricken or blasted tower, or the Prince standing by that tower. My only star is dead, burnt out, extinguished (the noun is feminine). And my star studded lute, or my lute marked with constellations, or the zodiac signs; my lute carries, or is emblazoned with, the Black Sun of Melancholy or Melancholia. (cited in Holmes, 1985, p. 211).

This stanza illustrates the obliterated self of the mortally rejected child. He becomes lost in the shadows, bereft of relationship, inconsolable and unloved. His identity and status in the world have been destroyed and he has no foundation. His star — any sense of illumination or guidance — is dead; and his lute — his instrument, voice, or soul — is burdened with melancholy (Holmes, 1985). This image is richly, densely packed with ideas centred around mythic journeys into the realm of the dead. The black sun is a portal into the underworld from which de Nerval strove but failed to escape.

De Nerval links the black sun of melancholy with Dürer's engraving *Melencolia II*, which evokes the cold, dark, dead and paralysing inertia of Saturn. Yet *Melencolia* is female, her image reminiscent of Medusa, which has been considered a primary myth speaking to the healing of trauma (Bright, 2010; Levine, 2010), and in particular the healing of the Death Mother wound (Harris & Harris, 2015). I discuss the Medusa myth further in a later section. De Nerval became increasingly engulfed by psychotic terrors and depression. Unable to hold the thread and find his way out of the underworld, he killed himself in mid-life.

Blindness, dissociation and death are again linked when Andersen (2017) describes eclipse as a vision of the unknown. When one is eclipsed one is unknown, a non-self. Marlon (2005) goes further, exploring the complexities, mysteries and paradoxes of the black sun as an archetypal image of the non-self. Linked with depression, psychosis, cancer, murder, suicide and other destructive processes, the black sun has a malignancy that takes it utterly into the essence of obliteration. Yet this archetype of the non-self is also the unknown quantity which holds an "invisible design" of "sourceless possibility" (p. 214). In the transference, this obscure illumination that lights the path of healing is hidden within the original experience, and re-enactment, of pre-birth annihilation and the terrors that accompany it.

Terror in the Transference

In therapy, the infanticidally attached person may be terrified of non-existence yet drawn into the black hole of this familiar place of dissolution. They may also be terrified of existing, for it is in the act of existing, of becoming visible and real — in birthing into embodied reality — that the psychologically infanticided person becomes most vulnerable to the terror of being killed. It is at this point in therapy that both therapist and client may walk a knife's edge between life and death.

When frightened, the psychologically infanticided person instinctively turns towards death. They may project their fears or murderous rage onto the therapist so that the therapist may fear violence from the patient or may experience violent feelings towards the patient. The sense of responsibility, anger, fear, terror and/or helplessness therapists feel with these

clients may be intense (Kahr, 2007a; Liotti, 2012; Sinason & Silver, 2019; Yellin & Epstein, 2013). They may feel like a mother with a newborn.

My own terrors included attempts to escape hospital care out of fears of being killed by staff; I was frightened that my psychotherapist was colluding with the hospital, handing me over to be murdered. When I left hospital I dissociated when I heard ambulance sirens, waking sometimes hours later hidden in the dark of a wardrobe; I disappeared into frozen states, unable to move or communicate. I frequently saw murderousness in my therapist's face.

To be fully alive and authentic in one's self one must face into the ways one has been sacrificed and has sacrificed one's self. I turn now to my healing journey as a means of exploring what needs to be healed and how it might be safely worked with.

The Death Mother and Minnie Dean

Global myths and stories indicate that healing of psychological infanticide requires a descent and return from the underworld, a recognition of the cycle of eternal return, and a resurrection from death into the fullness of life (Eliade, 1954; Harris & Harris, 2015).

Through the fairy tale "The Stone Child," Clarissa Pinkola Estes (1997) shows that the healing journey of psychological infanticide involves surviving death, reigniting the flame of life inside the self, and growing a nurturing and wise inner mother who guides us through life and through which our creative potentials can be birthed and thrive. The journey involves facing into the fear and despair, becoming warmed by relationship with feelings, and building a sense of stability through a connection with the archetypal good mother

The healing work of infanticidal trauma involves relating to archetypal persons, or infanticidal introjects, in a way that both reveres them as powerful forces in the psyche and humanises them (Kalshed, 1996, 2013).

Harris and Harris (2015) describe the Medusa myth as a direct healing myth for the Death Mother archetype. A sovereign of female wisdom, the female mysteries and cycles of time and nature, Medusa represents universal creation and destruction in eternal transformation, making her part of the cycle of eternal return that I experienced in the death/rebirth cycle of my migraines (Eliade, 1954; Grof, 1988). According to Bonnie Bright (2010), the Medusa myth illuminates dissociation and disregard — key aspects of infanticidal trauma. The Medusa myth suggests a transformational journey through the lifelessness enforced by the Death Mother to the wholeness of the Sacred Feminine.

I instinctively, and later consciously, engaged with the Death Mother through an imaginal journey with New Zealand baby farmer Minnie Dean, who was hanged for child murder in 1895. I felt compelled to understand Minnie's life, motives and context. From different angles she represented a rescuer of abandoned children, and a woman who might neglect, abuse and kill infants. The therapist may hold all these roles for the client: the longed for rescuer who is also dangerous, a killer of the fragile Innocent who lies seemingly dead within. The inner murderous mother may be projected onto the therapist, or the therapist enlisted to save the baby client from a murderous mother part of the self; the therapist may even be invited to collude in killing the baby client.

I offer a caution before I describe my imaginal journey with Minnie Dean: imaginal engagement with archetypal forces may lead to psychosis if archetypal material overwhelms

one's grip on conscious reality. In researching psychological infanticide I initially experienced life-threatening physical symptoms, episodes of psychic disintegration and internal chaos, periods of extreme vulnerability and anxiety and a brief return of suicidal despair. I also experienced deathly synchronicities, for example, just as I embraced a sense of my own existence, a chair flew off a truck as I was driving on the motorway, smashing my windscreen at eye level. Had it broken through the glass it would have been fatal. This level of engagement needs to be well grounded, and supported by a therapist who understands the perilous nature of the journey.

As I introduce Minnie Dean, it is essential to clarify that the Minnie I write about here is imaginal, not a literal Minnie, just as the infanticide I'm exploring is psychological rather than literal. I do not presume to know the whole truth about the real Minnie Dean's story.

Minnie Dean was a baby farmer found guilty of the murder of two infants. More than a century later the question of Minnie's intent, and therefore the degree of her guilt, are still debated. This ambiguity was useful in my internal process as I engaged with the complexities of infanticidal attachments. In Minnie's case some children died under very suspicious circumstances. Others went missing, unable to be traced. Those left were well cared for.

Reading Lynley Hood's (1994) biography of Minnie Dean, I too was drawn into the question of Minnie's intentions — did she mean to murder the children or did their deaths happen unintentionally? This was of course my own psychological dilemma. But underneath this I was worried about the established fact of two dead infants. The reality of 19th-century history resonated with my personal history — in a different time, I could have been one of those dead children. Suddenly I had an historical context for the myth I had been living.

Moving to Oamaru in my mid-thirties led me into an unusual synchronicity of events. I was actively engaging with Minnie in my internal world. Now I also began working in Oamaru's historic Victorian precinct, which was like a live piece of history, with people practising traditional Victorian occupations and wearing Victorian dress. My life and history had interweaved. Living a Victorian life brought me closer to my imagining of Minnie's life.

Dressed in Victorian clothes, I rode the steam train imagining I was Minnie on her last journey, having picked up baby Eva Hornsby, with Dorothy Carter, already dead, stuffed in her hatbox. Eva also died on that train. In my imagination I was Minnie, knowing she had two dead infants in her hatbox. Keeping her composure. Stifling the frantic panic inside.

In my street there was a 19th-century cemetery. I began another imaginal dialogue with a deceased 19th-century infant named Susan. This was a way of engaging an imaginal relationship with the dead baby inside myself. During this time both the dead baby and the murderous mother were being given vital and vitalising attention in my psyche.

Reflection, and journals kept over a long period of time, revealed a persistent sense of annihilation around the time of my birthday when I felt I could not exist. In this time of darkness I yearned for a figure I called the child killer. Realising that I attempted to soothe myself by reaching out to a killer helped me to recognise the internal dynamic between unwelcome child and infanticidal mother. I wrote:

Wanting the solace of the child killer, wanting to destroy. No life. Opening the lid of a grave and letting out what? Life? Hope? Despair? Wanting to be killed. Wondering if I am the killer. When I thought about drawing my inner prison I realised how

womb-like it is, and how strong is the pull to get back there. And then thinking about being willed dead in the womb, that numbing of feeling of life — trying to resolve the situation of the child killer, whether for criminal intent or not the outcomes were the same, the pain is the same. (2015).

As I engaged with the presence of Minnie she came to symbolise for me the concepts of mother I needed to understand inside myself. At times it felt terribly risky to invite her inside my head and I intentionally kept her outside of me. At other times she was very much present inside my mind as part of myself — the aspects of me that were complex and conflicted about relationships between mother and infant, and that involved and included potential murderousness, abandonment, and neglect. Dialogues with Minnie enabled me to recognise and work through these aspects of myself.

Over time Minnie developed in her complexity as a person and took on a new role in my psyche as guide and advisor. Through our growing collaboration, trust and care were emerging. I experienced this blending of her and myself as similar to the attunement of a mother following the signals and needs of her child.

Through my relationship with Minnie Dean as representative of the Death Mother, I was engaged with the archetypal feminine wound in the psyches of desperate mothers and unwanted children. Unfolding the image of the black sun eventually revealed a mythology of the Sacred Feminine, a connection with earth, body, matter and soul that literally helped me to matter, and to manifest a place to root and to flourish. This offered a new vision of the potentials of the annihilating void. It gave me a perspective of the dark emptiness of oblivion as a womb place where something might be dreamed into being. This creative feminine mythology was a necessary counterpoint to the deep negation of the Death Mother.

Exploring the ways Minnie's story has reflected something of my own helped me shift my perception and broaden and deepen my insight as she enabled me to reflect on the collective story of women in trouble without support, and as she helped me to reflect on the murdered, murderous and ghostly aspects of myself. I eventually experienced a profound sense of wholeness, unity and healing as parts of me that felt abandoned, murdered, neglected and exiled were attended to with compassionate care. Equally abandoned and rejected nurturing parts were able to grow and become the caring, holding supports I needed. I also had to face into and accept with compassion the internalised murderous parts of me who had lived only in darkness.

This deep healing is reflected in another dream, which suggests healing of the feminine wound between mother and daughter:

I visit two simple old folk who are my original parents. Everything in their home, and they themselves are simple, homely, as if they are from another time, or outside time. In the house there is the palpable absent-presence of their "lost" daughter. The old man hands me two pieces of jewellery that belonged to her. I have the sense suddenly I am on the right path in my life. Then I am sitting with the old woman. She's behind me, telling me her stories and I lean back against her. She wraps her arms around me and holds me close. I can feel her voice resonating deep inside my body. It is the original voice from before I was born and I experience such a sense of belonging and

being at home. I rest in this homecoming. I tell her how I might cry as I tell her about this feeling of belonging. She responds and we are held in a deep warm embrace. (2017).

The result of my imaginal process was a shift from living enclosed within a personal myth of archetypal intensity to being more fully integrated in my human presence and an experience of the human dimensions of the world. The humanising of the psyche and the self in the world is described by Kalshed (1996, 2013) as the process and effect of the healing of archetypal wounds. My acceptance and humanising of the Death Mother ultimately resulted in a healing vision of the Great Mother:

I have a sense of inner/outer falling away. There are patterns of colour (violet, blue) and an intensely luminous light forming deep in my inner eye. I sense an orb of blue light around me, enfolding me as a little baby sinking into sleep. In this orb I feel the divine consciousness of the Great Mother. I feel connected to the Earth, deeply held by this mother and I feel her blue mantle of protective love spread over me, leaving a space for the blue orb field. I feel even younger, glimpse or sense myself as a cosmic embryo forming inside this blue egg of fluid/light. I realise there is a silver cord attached to me and coiling down into the earth. I feel even more warmly held and nourished by this deep connection to the Great Mother. Deeply loved. My consciousness expands and contracts, moving towards and away from actual sleep. I am content here in this breathing space of unfolding potential nourished by the divine love of all creation. (2017).

Conclusion

There is hope for the healing and growth of people who live the effects of psychological infanticide through a compassionate understanding and care that these people's infant lives were sacrificed. Self-expression through art, creative writing and journaling points to some means of healing through imaginal engagement with images, dreams, symptoms, and dialogues with personified figures.

Psychological infanticide remains an extremely controversial and difficult experience to speak out about as many people wish to remain in denial about the infant's experience of an unwilling mother pre-birth. There is an understandable societal protectiveness against perceived blame of mothers, which can serve to re-silence the child. Unless we are aware of the power of this denial, clinicians working with infanticidal attachments will be drawn into a psychological re-enactment of it, resulting in further reinforcement of the original psychological infanticide.

Healing requires a steady infusion of positive, nurturing and validating mothering energies and support to journey through the underworld, face the Death Mother and return fully alive. Healing requires a positive experience of embodiment, and connection with living nature, grounding in relationship with Mother Earth. Symptoms need to be respected as the wisdom and communication of these murdered selves. Wounds are a part of life, and we cannot always expect to cure a symptom. Neither should we banish it, discounting and

invalidating these metaphorical communications from the infanticided soul.

As we face into planetary crisis and its many extinctions, can we recognise the relationships between our own annihilation fears and infanticidal introjects? Can we wake from the dissociative blindness we enter in our terror? Does the symbol of the black sun alert us to the ways we negate life? Holding a space for the mystery of the Sacred Feminine, we invite recognition of the need for nurturing life-giving energies to be valued and restored in our relationships between each other and on this planet, this Mother Earth who holds us all in her embrace, and without whom we will all be lost.

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Rediscovering Sabina: Terror and the Primitive Sexual Transference

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Whakarāpopotonga

Putā ake ai tēnei mea te wehi i runga i te matakū ki te mate me te ngākau nui tonu rānei ki te pupuri ki te koiōra. I roto i ngā mahi puea ake te wehi i te wā whakawhitinga, ko te wero ki te kaihaumanu ko te mau ki te mauri tau ā-tinana, ā-mātauranga, ā-hinengaro, ā-wāhi katoa, nā te mea he tino kaha te tōpana ō te wehi ki te whakatimana i te tōpana taurite o te hā kare-ā-roto ā-hinengaro, ā-tinana. Ka huraina e tēnei tuhinga tēnei wero mā te huri whakamuri ki te aka o te tātarihanga hinengaro me tētahi pepa i tuhia nei e Sabina Spielrein i te tau 1912: “*Destruction as the cause of coming into being*/Kaiākiri; te take o te koiōratangaa.” Mai i te mahi a Pierereina, ka whāia he mātauranga whakahōhonu ake i tāna whakahau e hono nei i te whakawehiwehi ki te whakawhitinga taera. Ko te mea hai kapo ko te kite i te noho wehe o te tūrōro me te kaiwhakaharatau ka hari ai ki roto i te whanaungatanga haumarū. Ka pā atu ki te wāhanga o te whakawehi me te wehewehe i roto i te hāpori whānui, o namata ki nāianeī.

Abstract

Terror arises on the one hand from the fear of death and on the other the passion for life. In working with terror as it manifests in the transference, a challenge for the practitioner is to maintain homeostasis in its physical, intellectual, emotional and relational aspects, as terror is a strong force for tipping the balance of emotional regulation with consequences mentally and physically. This paper will explore this challenge, starting by going back to the roots of psychoanalysis and a paper written by Sabina Spielrein in 1912: “Destruction as the Cause of Coming into Being.” Building on Spielrein’s work, it will attempt to deepen understanding of her theory linking terror to the primitive sexual transference. Of particular interest is the recognition of dissociation in both patient and practitioner and working with it in the therapeutic relationship. The presence of terror and dissociation in the wider community, both currently and historically, is touched on.

Key words: Terror, transference, dissociation, emotional dysregulation, symbolism, social structure, evolution, population genetics

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Introduction

Terror is the experience of the catastrophic failure of the balancing act which is living in the present. It is the fragmentation of the sense of self; of the sense of “going on being,” as Winnicott (1960) put it. Even when not fragmented, our sense of self can still be weakened when our awareness of the impact of our past on our current feelings and behaviour is lessened and leads us, in effect, to live in the past unconsciously. This can lead to fear of change (the future) and can generate anxiety. When we are able to observe our past with equanimity we also become able to accept the process of change that is an inevitable part of our future. Psychotherapy can be seen as the process of re-establishing balance through the acknowledgement of the ways in which our past influences our perception of the present and through the establishment of dynamic stability (homeostasis) as we address our future.

The process of relating to the past is different for each individual; it is a personal journey of rediscovery. This is also true for our understanding of psychotherapy. Freud (1917/1953) saw himself as a kind of archaeologist, rediscovering ideas. He encouraged those interested in psychoanalysis to engage in a similar journey of rediscovery, saying of the work: “I shall not however tell it to you but shall insist on you discovering it for yourself” (p. 431).

When reading the theme of this conference, “Terror in the Transference,” I recalled an article written in 1912 and reprinted in 1994 in the *Journal of Analytical Psychology* by Sabina Spielrein, “Destruction as the Cause of Coming Into Being.” What first attracted me to her paper was the fact that unlike later writers, including Freud (1920/1961), she did not split the concepts of sexuality and death and oppose them to each other. She says:

Throughout my involvement with sexual problems, one question has especially interested me: Why does this most powerful drive, the reproductive instinct, harbour negative feelings in addition to the inherently anticipated positive feelings? (Spielrein, 1912/1994, p. 155)

As she explores this question, Spielrein (1912/1994) develops an understanding of the source of these powerful feelings and, as a result, ways of holding them in the transference without dissociation and splitting. She places their origin in the tension that arises between the individuating ego and its source in history. The integrating factor that contains these she places in the biology of sex. She sees sex as both contributing to new life (the developing ego) and also as destructive. An example of the destructive aspect she gives is that of the egg and sperm, which both must both be destroyed in order to create the zygote.

Connecting the development of the ego to the past, she says:

An event is feeling-toned for us only to the extent that it can stimulate previously experienced feeling-toned contents that now lie hidden in the unconscious. (p. 157)

Despite the background which we all share, like being born and having a mother, the more our ego develops, the more it differentiates from other egos. Spielrein says of this:

The closer we approach our conscious thoughts, the more differentiated our images; the deeper we penetrate the unconscious, the more universal and typical the images.

The depth of the psyche knows no “I,” but only its summation, the “We.” It considers the ego to be an object to be observed and subordinated to similar objects. (p. 160)

And:

In this Great Mother (the unconscious), each differentiated image will be dissolved, i.e. it will be transformed into an undifferentiated state. (p. 158)

This destructive process is paradoxically also a potentially creative one. She says:

The collective psyche wants to assimilate the more recently developed personal psyche while the ego — indeed every part of the ego — strives for self-preservation in its present form (inertia). The collective psyche denies the present ego and, directly through this denial, creates anew. The floundering ego-particle, inundated with new, more richly adorned images, begins to re-emerge. (p. 162)

I would add here that the “floundering ego-particle” can also be a source of destruction as it attempts to preserve itself. This is a primary source of terror.

Regarding this, Spielrein consolidates the sexual foundation of the interaction between individuation and destruction, naming the conflicted nature of our sexual foundations.

In its nature, preservation of the species is ambivalent. Therefore, the impulse of the positive component simultaneously summons forth the impulse of the negative component and opposes it. (p. 174)

The attempts of self-preservation of the ego can reflect the developmental periods in which this struggle has peaked. The results of these developmental conflicts are then reflected in the ego structure of the individual. Spielrein touches on these briefly; of the oral stage she says:

There are concrete practical experiences that, through sexual impulses, can often substitute the process of eating for coitus. (p. 159)

And of the masochistic stage she notes:

In our depths, there is something that, as paradoxical as it may sound, wills self injury while the ego counteracts it with pleasure. (p. 160)

But it is of the schizoid phase that she is most descriptive:

As you know, when one begins to suffer, strong feelings arise. In patients with dementia praecox who transform ego-images into objective or collective images, inadequate affect, indifference, appears. This decreases when we succeed in establishing a relationship with the ego. For example, a patient said “The earth became dirtied with urine” instead of “I became dirtied by the sexual act.” Therein

lies my concept of symbolic expression. The symbol is analogous to the painful image, but less differentiated than the ego-image. (p. 161)

And:

Thoughts become depersonalised and ‘affect’ the patients since they come from outside the ego, from the depths that already have transformed the “I” into a “we” or perhaps a “they.” (p. 162)

In my experience it is this level of primitive sexual transference, dissociative in its nature, that can evoke the strongest experience of terror in the therapist.

In the wake of the Christchurch terror attack, a client who had followed the alt-right online said: “Kill all Muslims, kill all Jews, kill all Communists, kill all feminists, they want us dead.”

The floundering ego particle, attenuated and struggling, expresses itself in the dissociated and generalised language of the undifferentiated self, still merged with, and struggling hopelessly to separate from the “Great Mother,” who it experiences as destructive — the vagina dentata (toothed vagina).

Terror and Dissociation

We are all capable of entering this schizoid space in the face of terror. The therapeutic task is to relate to this place in ourselves rather than occupying or denying it and I think that an awareness of its sexual underpinnings helps.

It seems that the impact of World War I may have been one of the factors that turned Freud away from an integrated sexual theory, causing him to modify it by developing the concept of thanatos, the death instinct, which he saw as opposed to libido, the sexual drive (Freud, 1917/1953). Such a polarisation can be seen as a form of dissociation, something that Spielrein had avoided.

I think it is useful to look again at Freud’s sexual theory, prior to the dissociation of libido and thanatos, from a current scientific perspective.

Humans’ ability to learn and socialise in complex ways has evolved concurrently with the physiology that undergirds behaviours related to sexuality and sexual development. As Freud elucidated by taking up the Oedipus myth, our lifelong search for understanding about the world and human relationships is directly related to sex (as was that of Oedipus) and specifically involves a journey that negotiates the attractions and perils of incest and exogamy. Furthermore, this journey begins at birth or before (as it did for Oedipus) and potentially involves physical, emotional, and social trauma inflicted by both ourselves and others. It also involves a logical approach (Oedipus’s search for answers) and a symbolic one (his visits to the Oracle).

To summarise the Oedipus myth here; King Laius and Queen Jocasta produced a son, and as was the custom, asked the Oracle what was to become of him. The Oracle replied that he would kill his father and marry his mother. In shock, Laius commanded a servant to kill his son, but the servant instead hung him by his foot in a bush on the edge of the kingdom

for the vultures to find. The foot of the infant swelled up as a result — hence his name Oedipus or swollen foot. Symbolically and bioenergetically the foot is linked to the genitals and, as we shall see later in this myth, to the eyes. The servant of the king and queen of the neighbouring country found Oedipus still alive and took him to them where he was raised as their own son. When Oedipus became a young man, he went to the Oracle to ask what his future held and was told that he would kill his father and marry his mother. In shock, he banished himself into the neighbouring country which, unbeknownst to him, was the kingdom of his birth parents, Laius and Jocasta. On the narrow road his party was confronted by another party who refused to give way, as did Oedipus. A fight ensued and Oedipus killed the stranger, who was his birth father Laius. Oedipus continued his journey to the capital and was confronted at the gate by a sphinx, with the body of a lion and the head of a woman. The sphinx was demanding, as rite of passage, an answer to the riddle, “What walks on four legs in the morning, two at midday and three in the evening?” Failure to get the correct answer resulted in being devoured by the sphinx, and the remains of those who had failed lay about the sphinx as a warning. Oedipus however, recognised the allusion to the developmental process and gave the answer “Man.” The first man who got the answer correct got to marry the widowed queen, so Oedipus unwittingly married his mother. He was curious however, about who had killed the king, and his researches led him inextricably to his own guilt. Shocked, he blinded himself and set off as a wandering mendicant, guided by the daughter he had had with his own mother.

We can link back here to Spielrein’s approach, and see how Oedipus was, in effect, destroyed and transformed through his relationship with his mother, finding his core self and moving forward guided by the daughter who was the result of this union and a symbol of integration. We see one important aspect of dissociation in this story which is the impact of shock to the “floundering ego particle,” both of Laius and of Oedipus. As a result of that shock, both men went “into their heads” and disconnected with reality in an attempt to control things. By combining the creative and destructive aspect of sexuality, Spielrein speaks to this story.

Like Oedipus, we all have a tendency to inbreed, facilitated by the way we learn which limits our social contacts. One example of this is the way we acquire language, becoming limited to our mother tongue as time progresses unless we are exposed to other languages. In turn this limits our ability to relate to others who do not speak our mother tongue. Language is one among many factors which give rise to a chaotic pattern of group formation (the social structure of the world) that has a sexual basis. Among those speaking the same language, many other factors such as education and politics also contribute to group formation. Grey (1970/2017) noted:

The data supporting the hypothesis of homogamous selection range in content from premarital residential propinquity to similarity in race, age, religion, social status and physical and psychological characteristics. (p. 9)

As the Oedipus myth lays out, this process of group formation and maintenance is full of conflict. At its peak, its incestuous nature constitutes warfare with those who are or have become members of another group, and it can also manifest within a group as interpersonal

conflict of greater or lesser intensity. Power struggles can be seen as the outcome of (sexual) competition and a means of symbolising and stabilising conflict within and between groups.

When the boundaries of a group or individual are challenged, symbols can help facilitate the recovery of healthy relationships but can also contribute to violence if they become concretised (a regressive and dissociative process). Spielrein (1912/1994) names this in terms of both the symbol's place in artistic creation and communication and also as its genesis in a response to pain. I think here of Tame Iti in 2005 shooting the New Zealand flag with a shotgun during a powhiri for the Waitangi Tribunal in the Urewera; a symbolic act of great power, demonstrating the need for entering into the destructive process of "The Great Mothers" (1912/1994, p. 158) and also an expression of the suffering of Tuhoe at the hands of the Crown. This was, and was seen to be by the Crown, a breach of the sanctity of the flag, and dissociation set in. When this happened, the other (Iti) was demonised and seen as worthy of attack by the Crown and its representatives, and relationship became lost. Beyond this event however, Tuhoe continued a process of recovering Mana of their land and autonomy.

Vignette 1

Intrapersonal dialogue from the 2020 NZAP Conference:

I watched online as the conference began to unravel and felt both frustrated and deflated when local presentations, one of which I was to deliver, were cancelled. I turned up to the venue early, not knowing what to expect but wanting to offer what support and help I could to the planning committee. I helped setting up chairs for the powhiri and was encouraged by Cherry to speak if the opportunity arose. I spoke in Te Reo of the earth, the ancestors and the house, Whaia Pu Aroha, and Mother Aubert. For me the ancestors continued their presence from the belly of the earth, both supportive and challenging. As Tangata Whenua spoke of Mother Aubert's encouragement for us to live in the present, I found myself thinking of Maui, and how his attempt to find eternal life could be seen as the challenge we all have to live in the present and adapt to change. His death in the pounamu teeth at the entrance to the womb of Hine Nui te Po was close to the theories of Sabina Spielrein I had been exploring in my paper. His companion Piwakawaka, the fantail, had led to Maui's death when he awakened Hine Nui te Po as Maui tried to enter her womb as a Namu (sandfly) larva, and she crushed him with the pounamu teeth of her vagina dentata. I thought of him as a schizoid structure, his injury being abandonment at birth by his mother Taranga, which led to his ongoing search for her in the underworld.

Larry, the keynote speaker, isolated in his hotel room, spoke by Zoom from the big screen, and as he did so Piwakawaka (a fantail) came into the room and flew about, calling out. I felt fear come upon me, who was going to die? Several possibilities passed my mind, including myself and Larry. I noticed Larry blowing his nose and feared he might have the virus.

My voyage into the symbolic realm in the presence of Larry and the virus and its consequences chastened me and renewed me, helping me accept the “death” of the conference and my presentation.

The mechanisms behind the formation of groups include violence and terror and arise from their sexual source. As psychotherapists, our task is to help our clients negotiate and understand the impact of this process of group formation on their own lives, in part by joining them on their life’s relational journey. This helps us build a relationship with the client’s history and its narrative and lessens the chance of re-enacting the past. Re-enactment occurs when the historical narrative is experienced as actual rather than historical/symbolic (essentially a dissociative process) and contributes to aggression at group, individual and intrapsychic boundaries. When we retain a present-centred perspective, we avoid or lessen the conflict, and if we are aware of our own historical narratives and can relate to them, this can help us ground ourselves in current reality and avoid re-enactment.

On the international scale Campos (2014) described the role polarised (dissociated) thinking plays in conflict leading to war, citing as an example US President George W. Bush’s statement in 2001 regarding the invasion of Iraq: “If you’re not with us, then you’re against us.” This can be recognised as a regression to a primitive ego state which is vulnerable to the fracturing evident in such splitting. This is the infant’s experience around birth that leads to early ego state formation and includes his or her introjection of the world, experienced at the time as either nurturing or dangerous. When we act from this ego state, such expressions can foster the ungrounded process of denigrating and objectifying others. Characterising them in this way places them outside the group and unavailable for relationship.

The ego and the body are the product of developmental experiences and as such are a reflection of the past as Spielrein (1912/1994) describes (p. 157). By building a relationship with the past, we are less likely to be captured by it and regress. The Oedipus myth refers to this developmental process when in answer to the sphinx’s riddle, “What is the creature that walks on four legs in the morning, two at noon, and three in the evening?” Oedipus answers, “Man.”

Another aspect of the past that resides in our ego states and our bodies is repression. Repression can be understood as repression of sexual energy in the way that Reich (1942/1972) described.

Man’s authoritarian structure — this must be clearly established — is basically produced by the imbedding of sexual inhibitions and fear in the living substance of sexual impulses. (p. 30)

The processes of denigration and objectification that can result from repression may block grounding and relationship and feed the cycle of violence described by Widom (1989).

Denigration and objectification are not just primitive regressed processes but also processes that impact us from the outside (i.e., we are objectified), and this is often internalised as part of our ego state structure. If we identify with that internalised or introjected ego state structure, then we act by repressing others or ourselves — a dissociative process. The individual can discount, for example, his or her ability to contain his or her

angry feelings or discount the ability of the other to act autonomously in a safe manner. This discounting becomes culturally imbedded in such forms as misogyny and racial or cultural prejudice.

Where there is repression, there is frustration. With frustration the sympathetic nervous system kicks in, for better or worse. This is a major source of fighting. Another manifestation of frustration is anxiety, which can lead to attempts to deal with a situation by acting in an idealistic and ungrounded manner.

Reality is a dynamic, relational process, and any freezing or concretising of it results in a loss of grounding and a simultaneous loss of contact with reality. The myth of Narcissus, also rediscovered by Freud, speaks of this in terms our need to become attached to our own image (the floundering ego particle described by Spielrein) and our willingness to reject those who cannot relate to this image meaningfully. A partial reflection (as provided by Echo to Narcissus) is not enough. If the need to become attached to our ego can be recognised, it can be transcended. To me, this describes my job as a therapist fairly well: an understanding of my ego states enables me to transcend the need to become attached to my own image or group image. I am thus less likely to become caught up in the processes of regression, repression, and frustration. By not avoiding the positive and negative aspects of erotic transference and countertransference, I am better able to deal with conflict.

An understanding of the client based on sexual theory can help to integrate the primitive merging transference, described by Sills (2001) as the “need to be met and understood by a calm, competent other that arises from the unresolved infant need to have the other be a soothing and powerful extension of self” (p. 230). However, this merging transference can have a terrifying erotic shadow of the vagina dentata, that is, the destructive component of regressive and merging desire referred to by Spielrein (1912/1994).

Vignette 2

Further intrapsychic dialogue from the 2020 NZAP conference:

At the end of his second talk, Larry asked us to speak of ways in which we had been profoundly affected by the coronavirus and his talk. I remained silent.

I had woken early worrying about the paper I had written and was not able to deliver. As I watched Larry on the big screen, I found myself feeling slightly judgemental about what I experienced as his stiff delivery and disconnected headiness. I was irritated by what seemed to me to be his repeated promotion of his books and upcoming workshop.

His partner then turned his laptop around so that Larry could see us on screen and he named his relief and softened noticeably. I felt my judging of him fade and was able to listen to him more fully.

In response to his request to speak, as people began to share their experiences, Larry remained strangely non-responsive. With regard to questions seeking clarification

about the early sources of terror he said he would be talking about that for six hours on Monday (in a presentation outside the conference) and gave no answer.

I noticed myself leaving the conference a little abruptly and once home I felt exhausted.

I woke early the next morning with thoughts of the story of the Wizard of Oz. The coronavirus, like the tornado in the Wizard of Oz, had ungrounded me and the conference and there we were in the Land of Oz. Had I come to the conference to get a brain, a heart or courage, like the Scarecrow, the Tin Man and the Lion? Had I failed to find my way back to Kansas, like Dorothy? Toto had winkled the snake oil salesman out from behind the big screen and Dorothy had confronted him: "You're a very bad man!" He had replied, "No my dear, I'm a very good man, just a very bad wizard."

Again, as when Larry had relaxed when he could see us, I felt myself relax and become energised. The narcissistic, self-protective "floundering ego particle" can take the form of the wizard and I felt relief in recognising my good self (and Larry's) behind the wizard image.

The Relational Nature of the Development and Maintenance of Affect Regulation

Neurobiologist and psychotherapist Allan Schore (2012) has studied how both the proto-self and the conscious self develop in the relationship between the infant and its primary caregiver. He spoke about Winnicott's concept of the isolation of the true self in a conversation with David Bullard:

Winnicott talked about the child in the second year achieving a complex developmental advance — the adaptive ability to be alone, and the creation of true autonomy. That is, to be separate, to be processing one's own individuality and one's own self system in the presence of another. The other is a background presence, so it doesn't get swept into the child. But they're literally both individuating in their presence together. And this is a kind of silent being together without having a need to take care of the other or support the other, of literally that kind of comfort. (Schore in Bullard, 2015, Section 8)

This state could be understood as Winnicott's (1960) state of "going on being" which I have suggested is the same as spirit (Sandle, 2016) and could be understood as living in the present. Schore (2012) has researched the relational development of neurophysiology which leads to this state. This is the development of what he calls affect regulation. When reading what Schore means by affect regulation, we can see that he is referring to more than the regulation of emotion, including other aspects of the mental and behavioural process in this term.

During spontaneous right brain-to-right brain visual-facial, auditory-prosodic, and tactile-proprioceptive emotionally charged attachment communications, the sensitive, psychobiologically attuned caregiver regulates, at an implicit level, the infant's state of arousal. (p. 124)

Through this process of relationship the infant develops a “right brain emotional-corporeal implicit self, the biological substrate of the human unconscious” (p. 126). This stable sense of self is developed in relationship and maintained in relationship. This is a living process rather than something structural, a process Winnicott (1960) called “going on being.” It is an emotionally regulated state, based in the present, from where the individual can look backwards and forwards with relative safety.

Neurologist Antonio Damasio (2000) describes this Self as “the feeling of what happens when your being is modified by the acts of apprehending something” (p. 10). This is based on mechanisms which maintain the body within a narrow range of conditions: homeostatic mechanisms. These have a non-conscious component, the proto-self, and a conscious component. The conscious component involves the regulation of the organism by actions in the world (p. 24), and can both maintain homeostasis and also cause imbalance. In terms of Spielrein's model, this imbalance arises from the actions of “the floundering ego particle” which is trying to avoid change. The loss of balance which this causes, when extreme, can lead to dissociation — the loss of contact with reality: this is the realm of terror.

The Genetic Evolutionary Background Behind Emotional Dysregulation

This loss of contact with reality can be understood as serving the function of maintaining the small breeding group (Sandle, 2013) and is linked to the sexual nature and evolutionary context of the process that Freud rediscovered. When we inhabit a grounded and relational body, transitional phenomena, including myths such as that of Oedipus, become available to us as guides and help inform the relational dynamics with others and as psychotherapists with our clients. The myth of Oedipus also stands as a warning against trying to work things out with our heads alone, in that his attempt to do so led to him becoming further ensnared in the trap from which he was trying to free himself, that is, the trap of the past and consequent fear of the future. In the face of the probable terror he experienced on discovering his history, he could be seen to dissociate from his feelings and live in his head.

Returning to Spielrein's observation of the harbouring by the reproductive instinct of both positive and negative feelings, the dual nature of sexuality, I will explore the possibility that the genes underlying social behaviour have co-evolved with those responsible for emotional dysregulation. In other words, genetic selection may have favoured a tendency towards social behaviour that is genetically linked to emotional dysregulation. The function of the dysregulation is the fostering of genetic drift by effectively dividing a population into small breeding groups.

Sewell Wright (1945), one of the founders of the field of population genetics, pointed out that in a randomly breeding population, genes contributing to social behaviour would be lost through selective pressure, as on the individual level they are disadvantageous to

individuals bearing them. Wright saw a solution in the concept of neutral genetic drift, which is the process whereby a particular gene or group of genes can become fixed in a population in the absence of selective pressure. He proposed a model of a population structure which allows the selection of the genes behind social behaviour despite their disadvantages to the individual carrying them. This model, which has since been named the “island model,” is of a population divided into small, inbreeding groups. This allows genes behind social behaviour to become fixed in a small group on a chance basis, free of selective pressure, and by conferring their benefits to that group, increase its breeding success and their own prevalence. If there is a small amount of outbreeding the genes are then spread to other groups and can eventually become fixed in the population as a whole.

Emotional dysregulation is one mechanism which allows such a population structure to develop and be maintained. Social change can cause emotional dysregulation and lead to the behavioural avoidance of change, taking the form of conservative behaviour in an attempt to lessen change. This is Damasio’s (2000, p. 24) emotional regulation by means of actions in the world; a process which he describes as both contributing to homeostasis and disrupting it. In psychological terms it involves identification with, or cathexis of, an ego state that formed in the past. Such cathexis contributes to what Freud (1914/1950) called the repetition compulsion. This conservative behaviour can in turn magnify emotional dysregulation by preventing or slowing adaptation to a changed social environment, thus effectively maintaining the small breeding group by means of a spiralling of dysregulation, which has also been demonstrated to have a direct effect on reducing fertility (Whirledge & Cidlowski, 2010). Fertility is also reduced in this manner by the limiting of social contacts to those we are familiar with. In Spielrein’s sense this is a return in the direction of a merged state with the unconscious or more specifically the mother. Oedipus’ incest with his mother symbolises this. The cathexis of, as against the relationship with, an ego state therefore involves emotional dysregulation in the form of anxiety and depression. The earlier the formation of the ego state the greater the dysregulation and dissociation and the greater the experience of terror.

In summary, the ability to learn and socialise in complex ways can be seen to evolve concurrently with the physiology that undergirds behaviours related to sociality and sexuality. These behaviours involve mechanisms of cognition and emotion which both limit social contact and give the potential for limitless social contact. This contributes to the tendency to inbreed along with the potential to outbreed, giving rise to a chaotic pattern of small group formation that has a sexual basis. This process can manifest within a group as inter-individual conflict of greater or lesser intensity. It can trigger intrapsychic stress, which increases the likelihood of conflict occurring. The stress response, generated by conflict, causes hypervigilant behaviours that impact emotional and inter-individual dynamics. From the perspective of population genetics this can be seen as a mechanism that functions to keep the breeding group size small and that fosters the process of genetic drift, which enables the evolution of social behaviour in the way Wright (1945) describes.

Dissociation and Repression

Terror can also come from outside; that is, we can be terrorised. One mechanism for this is repression which can be understood from the perspective of population genetics as another

mechanism that functions to keep the breeding group size small and that fosters the process of genetic drift.

Repression or oppression of another can generate dissociation and terror in them, but the act of repression almost always involves some dissociation on the part of the oppressor. In the Oedipus myth, Laius acts in an oppressive manner when he orders his son to be killed. Laius acted out of fear of the unconscious process which was communicated to him by the Oracle. His fear is strong enough to cause him to dissociate from his feelings of empathy and love for his son.

Spielrein talks about the generalised language of the destructive unconscious, the language of “we” and “they” rather than “I” and “you” and we can notice that the language of the oppressor takes this form. As Spielrein notes, the more we individuate, the more specific to us our experience becomes and the harder it is to communicate this experience to others. We can resolve this problem by allowing our ego to be modified by entry into the realm of the unconscious by way of metaphor. As long as we allow ourselves to inhabit this transitional world, we can communicate successfully with others, including those from a different background to ourselves, and allow our ego to continue to be modified. Belonging as it does to Spielrein’s (1912/1994) world of the “Great Mothers” (p. 158), however, this transitional world can evoke the fear of destruction of the ego with the consequent terror and dissociation that is evoked. One form this dissociation takes is the concretisation of the metaphor and its removal from the transitional world. In this way the generalisations that form the various prejudices that drive oppression are formed. As Freud reminded us, the Oedipus myth can be used as a universal transitional metaphor regarding the sexual nature of human development. It also carries within itself the description of the concretisation I have named above, when Laius orders his son to be killed and when Oedipus bans himself from what he thinks is the country of his birth. The first of these is an example of oppression and the second repression, both dissociative phenomena, and both a consequence and a source of terror.

Clinical and Social Implications

A supervisee spoke of her feelings of disgust in the presence of a client. These feelings were so strong she was considering referring the client on. The client had survived significant trauma experiences both physical and social but presented in a polite and relational manner. The therapist had sought and received permission from the client to video sessions for the purposes of supervision and together we watched a session to see if we could identify the source of her feeling of disgust. By observing closely the verbal, emotional and physical behaviour in the client that led to the therapist’s feeling of disgust, we were able to identify multiple manifestations of dissociation as the source. The very recognition of this enabled the therapist to maintain her presence in the following sessions and as a result the client began to overcome the dissociation and process the trauma. The identification of the dissociation and the consequent countertransference allowed the therapist to stay in the present and observe this manifestation of the past as against becoming engulfed by it and the feelings associated with this engulfment. In my experience dissociation in a client can have an immediate and somatic impact on the therapist, which is felt by them if they do not dissociate themselves. By

relating to the dissociation in this way the therapist was able to facilitate the same in her client and enable the trauma to be remembered, felt and grieved for.

Similar phenomena occur on the social level, but are often harder to process because they stay stuck in mutual dissociation. This can manifest as positive idealisation of one's own social group and associated beliefs and negative idealisation of the other's.

How do we engage with the other who has become our "enemy"? Pure logic will not work as it can involve dissociation "into our head," much like Oedipus. Pure emotion will not work as it can lead to hypervigilant conflict. Somehow we need to maintain balance in the present moment and look at our own history and the history of the other with something approaching indifference or neutrality. In this way we can maintain a relationship with our history and that of the other, and if we are able to do this then the future can be seen in a creative and adaptive way. This involves allowing ourselves to face the terror of our own destruction in the "Mothers" and in so doing to lessen the chance that we will terrorise others and increase the likelihood of creative and adaptive change.

Conclusion

In exploring the nature of terror and dissociation, I have looked at the place of the past, present and future regarding emotional regulation, suggesting that the ability to live in the present facilitates regulation. From the present we can look back on the past with fresh eyes and lessen the probability of blindly enacting it in the future. I have presented the work of one of the fore-mothers of psychotherapy, Sabina Spielrein, with the intention of enabling our past as psychotherapists to freshly inform our future with regard to the relational development of emotional regulation and dysregulation. I have presented my own thinking in this regard, expanding on Spielrein's observation that the reproductive instinct is both creative and destructive, by introducing ideas from population genetics and its implications for social structure. I have proposed that emotional dysregulation plays a part in the formation and maintenance of our social structure and briefly explored the implications of this for our work, focussing in particular on the nature and management of dissociation and terror in the transference.

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Rod Sandle has been a member of NZAP for 35 years. He is a certified transactional analyst, a certified bioenergetic therapist and a registered psychotherapist. He studied psychology and zoology at the same time at university and has remained interested in the links between them. Currently for him one such link involves what lies behind the phenomenon whereby dissociative personality traits can evoke both positive and negative idealisation from others. This can be true of the therapist's relationship with their client and can also be evoked

in us by these characteristics in people taking political action.

The Assembly of a Criminal Self

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Whakarāpopotonga

Ka timatahia ki te wheako mahitanga i te taha o ngā tāne i roto i te whareherehere me ētahi atu he rahi tonu nei te wheako herehere, te katoa nei he hitori taihara roa, ā, me te whaiwhakaaro ki te teitei o te pāpātanga mauhere, inarā o te iwi taketake. Ka whakamātauria e tēnei tuhinga he ariā e whakaahua ana he minenga whakaari te kiriaro ehara i te whanake whakatipu — te tirohanga matua a te haumaruru hinengaro. Koia nei ka horaina atu he paku kōrero whakapapa mō te kiriaro mai i te timatanga o te rautau ruatekau, e whakaatu ana i te āhua o te panononga o te kiriaro, kua i roto i tirohanga takitahi noa iho, engari i waenganui o ngā reanga o te whakapapa o te hapori Te Uru. Ka whakamahia tēnei tirohanga hei whakamārama he pēhea i whanake ake ai he “kiriaro taihara” mai i te mauheretanga, ā ka mau hei āhua/momo mōna ake i roto i te wā o te ao ōhanga whānui, ā, me te take kāore e aro ake ki ngā mahi whakaoranga hinengaro. Mai i ngā mahi a Whaukarata, Rōhi, me Pātara, arā atu, ka whakaarahia ake te ariā ‘whakaataatahanga whakahaurangi’. Ka tūhuria te mahi o te riri hai whakatāokenga pākarakarutanga. Ka whakaputahia ētahi whakaaro mō te kaha rahi o te nui rawa akehanga o te kanohi iwi taketake kitea ai i roto herehere tērā ki tō te iwi whānui.

Abstract

Beginning with the experience of working with men in prison and others who have considerable prison experience, all of whom have long criminal histories, and considering Aotearoa’s relatively high rate of imprisonment, particularly of indigenous people, this paper attempts to describe a theory of self as a performative assembly, rather than as a developmental achievement, which is the dominant view in psychotherapy. In doing so, a brief history of the self from the beginning of the 20th century is presented, illustrating how the self changes, not just in an individual subjectivity, but between eras in the history of Western society. This perspective is used to understand how a “criminal self” might develop as a product of incarceration and as a natural extension of the self in the neoliberal era, and why it might prove resistant to psychotherapeutic intervention. Drawing on the work of Foucault, Rose, and Butler, among others, the concept of “intoxicating performativity” is introduced. The role of anger as an antidote to fragmentation is explored. Some thoughts are added about why indigenous people are overrepresented in prison compared to the population at large.

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Key words: Self, crime, prison, Foucault, performativity, identity

Prologue: Stories from Prison

For some years I have been visiting a prison about once a week to offer funded therapy in relation to histories of historical sexual abuse. On one occasion, it turned out that a man whom I was due to see was no longer in the prison — he had been moved to another facility. The officers were helpful, offering to bring the next man's appointment forward. One officer made a joke. He pointed to the men in the visitors hall, talking with their visitors. They were all wearing the same one-piece garment, a neck-to-ankle suit of brightly coloured heavy cotton, zipped at the back and fixed at the neck with a tie that could only be removed with clippers. He said, "don't worry, look, they're all the same, just pick one, any one, *they are all the same.*"

Over the next few weeks I became more observant, and I saw that actually, in many ways, men in prison do appear to be the same. There is a familiar rolling walk, a tone of voice, a way of holding the head, a way of talking, a language, gestures, a way of sitting, and, perhaps most important, what seemed to be a sort of pride. I began to ask, what was I witnessing? What had that clumsy, poor-taste joke brought to my attention? This is the story of the man in the orange suit.

We are talking in a room in a prison, one of four along one side of a hallway. Each has one glass wall, beyond which visitors and staff walk past while uniformed officers watch from their station across the hall. There is a camera in the room's ceiling, constantly recording the scene, and clipped to my belt I am wearing a small alarm button. Down the wide corridor is the main visiting hall, with its 5x6 grid of low round tables and stools, all bolted to the floor, at which are sitting men in one-piece bright orange suits, one per table, with their visitors, mostly parents, partners and children. The scene is observed by at least two officers who may or may not be wearing cameras.

The man with whom I am talking, and have visited weekly for almost a year, has a history of violence, drug use and organised criminal activity, and has been surrounded by these things since early childhood. There is physical and sexual abuse and considerable neglect in his early life.

We are discussing his forthcoming appearance before the Parole Board, a body appointed by the Attorney-General to consider risk and which in this case will set a date and prescribe some conditions that will apply upon release. One condition will be that this man does not reside, or associate with, his partner. Both he and his partner, whom I have met, are resolutely opposed to this condition. I asked whether he will be represented at the Parole Board, if he will plead his case.

The significance of his answer only began to dawn on me after I had left the prison that day and was on the highway driving back to the city. Meanings, created as they are from successive readings of a text, are still emerging.

What he said, was, "Fuck no. I am going to ignore the conditions. Then I'll get breached and do another three months, then I'll be released without conditions. I'm not going to spend fucking two grand on a lawyer when I can be completely free in three months. Fuck that." It might have been then, or perhaps later, that he added, "Seán, you don't understand. There are two worlds out there, and in mine, I am normal."

Some Background Data

Reported crime in Aotearoa has been declining, slowly but steadily, as it has internationally, for several decades (data compiled from Newbold, 2000, 2016; Pinker, 2012; Stats NZ, 2020). When corrected for the increasing population, the decline is gradual, but clear. However, since 1950, our prison population has been rising. In the first 18 years of this century, it almost doubled, from 5,500 to 10,500, in round figures. A quick calculation will show that this rise is 62% faster than population growth. The numbers of Māori, who are between 51% and 52% of the prison population, rose by a factor of 1.9, while the numbers of Pākehā rose by a factor of 1.7 (extracted from Johnston, 2020).

Looking at our rates of imprisonment relative to other OECD countries, it is clear that we imprison a lot of people relative to other nations. At the top of that league table is the United States, where about 650 people per 100,000 of population are incarcerated, but they are out on their own, with their nearest rival, Turkey, at just over half the US rate. They are followed by Israel and Chile at just over 230, and Aotearoa/New Zealand, at over 200. For further comparison, another 31 countries imprison less than we do. The UK, on average, has a bit more than half of our rate, though the figures vary widely between England/Wales (139), Scotland (150) and Northern Ireland (76). Most of the rest of Europe comes in at less than 100, with, for example Germany at 77, the Netherlands at 61, and right down at the bottom of the table, Finland 51, Japan 41 and Iceland 37. Even allowing for cultural differences, these figures suggest not just different demographics but very different responses to crime. It is difficult to believe that our crime rates are double those of the UK or Germany, so, while a discussion of trends in imprisonment and of crime in Aotearoa is tangential to the purpose of this paper, for the time being we can note that we appear to favour imprisonment, and particularly the imprisonment of indigenous people.

Why this is, and what makes an apparently liberal society confine so many of its population, is unclear. An analysis of trends in crime and punishment and associated legislation would undoubtedly illuminate just how this happens, but the *why* is still likely to be a mystery, particularly when the comparison with other OECD countries is considered. For instance, it's clear that rates of imprisonment do not parallel rates of crime within Aotearoa, so it seems unlikely that it would be the case between countries. To approach these questions, we must consider what environment of discourse produces such an apparent anomaly.

This paper necessarily narrows the focus of interrogation, to consider some of the effects of imprisonment, with particular reference to the concept of the “self” — a central idea in psychotherapy. To do so it may be useful to begin with a historical context.

A Brief History of the Self

This section takes a look at the background of the idea of the self, prior to returning to crime via the idea of a criminal self.

Brett Kahr, writing in 2015 about the influence of John Bowlby on the treatment of children, describes the late 19th-/early 20th-century treatment of the child as an object. For instance, campaigners aiming to improve conditions in workers' homes were certainly concerned for children but they confined themselves to improving *physical* conditions (Kahr, 2015). The common response to behavioural problems in children often involved

what might seem to us brutal treatments. Night terrors were treated with bromide, and it was recommended that those who walked in their sleep be tied to their beds. Powerful drugs, including hypnotics and opiates such as laudanum and apomorphine, were used to treat childhood hysteria, which was regarded as an inherited “cerebral affliction” and which covered a wide variety of symptoms and presentations. Kahr provides a quote from Dr. Edmund Cautley, a senior physician at London’s Belgrave Hospital for Children: “Intentional neglect is advisable in convulsive affections, and indeed for most symptoms” (p. 301). Bed wetting was often treated with electric shocks to the perineum or by means of an electrical probe inserted into the urethra, and with bladder massage *per rectum* (Kahr, 2015). There is little sense that the subjective experience of children, so important to us today, was of any importance at all.

As late as the 1930s, medical literature contained almost no information on how to treat psychological disturbance in children. Winnicott’s (1931) *Clinical Notes on Disorders of Childhood*, which suggests that many apparently physical disorders in childhood could be explained as anxiety and depression, excited considerable antagonism among his medical colleagues, and when Bowlby began writing prior to the Second World War, he reported that most colleagues completely rejected his ideas. His two early hypotheses, that hysteria was not an organic but a psychogenic condition, and that *separation* was a key element in childhood disturbance, were mostly met with derision.

Many of Bowlby’s contemporaries regarded any expression of ordinary kindness towards children as unhelpfully indulgent. As Bowlby reminisced, “You’ll spoil him, you’ll spoil him” was the regular cry. (Kahr, 2015, p. 301)

In Aotearoa, popular wisdom on the treatment of children was dominated by Truby King’s (1940) *Feeding and Care of Baby*, at the time a boon to women who found themselves caring alone for a child, but from a 21st century perspective, quite uncompromising in its treatment of the child as a kind of unruly body in need of discipline. Feeding was on a strict régime and forbidden at night because it was the cause of night crying, which was to be ignored. Cold baths were recommended as the child grew older (p. 39), and “dawdling” in the bath was not to be allowed. Toileting was particularly important, to avoid constipation and the resulting irritation from worm infestation, leading to the horror of masturbation (p. 219).

The child’s feelings are irrelevant; its character is developed through discipline and strict training. Despite the efforts of Winnicott and Bowlby, despite there having been systematic attention to the psychological needs of children among psychoanalysts since Hermine von Hug-Hellmuth published in Vienna in 1914 (cited in Kahr, 2015), and despite the work of Anna Freud and Melanie Klein in London in the 1920s (Young-Bruehl, 1988), the self as a product of rigid discipline was a dominant discourse for at least the first half of the 20th century in European and English-speaking cultures.

Philippe Ariès’ (1960/1962) *Centuries of Childhood: A Social History of Family Life* expands on the way the dominant view of childhood has changed. In Ariès’ view, today’s long childhood is a recent development. Previously, at best, young children who survived infancy were a source of joy, but from the age of between 5 and 7 they became workers, bringing

income to the family. Childhood was over; they were little adults. Outside a very small group of psychoanalysts, whose views were treated with profound suspicion by mainstream medicine and psychology, there seems to have been no common construct resembling the sense of self as based in childhood experience, apart from character as a consequence of discipline, as it became commonly conceived later in the 20th century (for instance, Stern, 1985).

In the years after World War II, a change in popular discourse appears to have taken place in Europe and the English-speaking world. Psychoanalytic ideas about child development began to attract attention beyond the narrow and hitherto isolated community of psychoanalysts and social workers who had been its adherents up to that point. Bowlby's *Child Care and the Growth of Love* was published in 1953, and by about 1960 a noticeable shift in popular views of the self is evident. "Humanistic" schools of psychotherapy began to popularise the psychodynamic developmental narrative, and although there was considerable deviance from Freudian orthodoxy, the legacy was often acknowledged. Berne's (1961) *Transactional Analysis in Psychotherapy* and *Games People Play* (1968) were readable and even at times humorous, and Fritz Perl's (1971) *Gestalt Therapy Verbatim* described a kind of therapy that lay readers could understand. There developed an intense interest in *listening* to each other. Jacob Moreno's psychodrama and the encounter group movement, alongside its psychoanalytic big brother at the Tavistock Institute for Human Relations in London (Bion, 1961) provided a uniquely egocentric and at times dramatic experience, in which people's inner life became *interesting*.

When Bowlby published the first of his three-volume series on *Attachment and Loss* in 1969, it seems the world was ready for it. The self was becoming, in popular literature as opposed to that circulated among a small group of psychoanalytic initiates, something that could be understood in terms of past relationships, and there was the tantalising possibility of changing it voluntarily in whatever direction one wanted. There were winners and losers, and everybody could become a winner.

By the time Daniel Stern published the first edition of *The Interpersonal World of the Infant* in 1985, Bowlby's (1969, 1973, 1980) three-volume magnum opus was complete and a watershed had been reached. The early experience of children was where the template for the adult self was constructed. The literature on attachment and the development of a sense of self from the perspective of relationship and from a neurological point of view developed rapidly, in volume and complexity. Psychological difficulties in adulthood became the consequence of anxious and disorganised attachment in infancy, and of the impact of trauma (for instance, Antonio et al., 2017; Fonagy, 2001; Fonagy et al., 2002; Main & Hesse, 2001; Schore, 1994; Siegel, 1999, 2012; Stern, 1998). The self was seen as coherent or fragmented, connected with secure or anxious attachment schema, and ultimately, if things go reasonably well, as agentic (Knox, 2010).

Similar developments can be seen in relation to another psychological construct, that of *stress* (Ogden, 1995). Early in the 1900s, the individual was a passive responder to external events, just as the addict was the unfortunate victim of a hereditary disease and the hysterical child carried the burden of its inherited defects. From the 1930s, stress resided within a stimulus/response framework, in line with the emerging behavioural psychology, and then, as Jane Ogden (1995) puts it, "a more animated object began to appear in psychological

theory.”(p. 410) Cognitions and individual processing capacity entered the formulations. George Kelly (1955) developed personal construct theory, Albert Ellis (1975) was working on rational emotive therapy, and a little later Aaron Beck’s name became associated with cognitive therapy, to become known as CBT (for instance, Beck, 1989). All of these involved an interaction. The self, now an individualised entity, a consequence of experience, with considerable self-determining power, interacted with the environment, with the stressor, principally by means of thinking. It was a two-way conversation, between mental representations and stimulus characteristics. In 1977, Lazarus (cited in Ogden, 1995) redefined stress as a transaction between the individual and the external world, and by the time we get to the 21st century, our wealth, our wellbeing, our happiness, our physical survival, our longevity, our feelings, thoughts and behaviour and our stress are all the consequence of the actions of our agentic selves (P. Kelly, 2013).

Similarly, in parallel with psychological constructs such as the self and stress, crime goes through several transformations, from being a consequence of heredity or defective character formation, to being a consequence of structural factors, such as poverty and *anomie* to being “a kind of behavior grounded in culture, ... which can be transmitted through social learning” (Melossi, 2008, loc 224, 1520), that is, a consequence of one’s childhood, to being a *choice* in the 21st-century neoliberal economy, where the self is a project, a work in progress.

The Developmental Hypothesis and Its Coming Apart

This idea, that our selves, our identities, our sense of who and what we are as individuals, is a consequence, or an achievement, of our relational history, especially our history early in life, I am calling the “developmental hypothesis.” It can be regarded, in the language of Michel Foucault, as a discourse, or as a discursive environment (for example, Foucault, 1966/1989, 1981).

Jeremy Holmes (2020) suggests that psychotherapy is a practice in search of a theory. I suggest that for those of us who work immersed in this terrain occupied by the developmental hypothesis, this practice is based on a series of ideas that we are very fond of, and around which the bulk of our literature has developed.

1. We can view the past through the eyes of the present, judging events and past behaviour according to our current morality, in the service of reconstructing narratives about the past that make sense today. The idea that we can reconstruct the past at all relies on the assumption of a consistency of experience and discourse surrounding the self — for instance, if a child experienced *that* today, it would feel like *this*, and therefore we can understand the impact on the development of the person of past events. Yet on closer examination, this reasoning is flawed. We can construct the past in the present, of course, but not as it was, only as it seems to us through the eyes, the discourse, of today, as if *that* had happened *now*.
2. We see the development of our selves, and the selves of our clients, as continuous, a process of accretion, one thing building upon another, the structure ruptured by trauma and repaired by mutuality in relationship. While this view is backed by almost

all literature in the field of psychotherapy, it seems based on a subjective sense of continuity, one of the characteristics of the self (Siegel, 1999). Upon waking up, we believe we are the same person who went to sleep, that our memories and habitual feelings are familiar. There is a growing literature on how this occurs in our brains (for example, Damasio, 2011) but the mechanism remains something of a mystery. From the point of view developed in this paper, it is as though a massive literature has developed out of a subjective experience, possibly the most unreliable approach to defining an external reality.

3. Thirdly, we like to think that we are free, or that we can become so, that we can reach a state where we make decisions voluntarily, design our lives, *work on* ourselves, although this view is mitigated, among the more thoughtful practitioners, by two contradictory belief systems:
 - that our choices are limited, circumscribed, scripted, controlled by an ‘unconscious’ that can never be known; and
 - that there is a way out of the script, that something approaching autonomy can be achieved, and we use that title to describe the adult version of “secure attachment.”

So we tend to see scripting, or the effect of a reified unconscious, as a part, or consequence, of a continuous sequence, a result of the circumstances of development, and we hold to the idea that psychotherapy can change the outcome of that sequence, providing the opportunity to create or improve what we term as autonomy, or *agency* (for instance, Knox, 2010).

When I began to look at what I am calling a criminal self, it was almost exclusively from the perspective of the developmental hypothesis. I was using the tools, the perspectives, the wisdom, the literature, with which I was familiar, which I had been studying and teaching for decades. I saw mannerism and gesture, I listened to histories with their emotional articulation, and I distilled what I was experiencing into attachment schema, life scripts, and the intersection of those scripts in the dramas that played in the room between us.

I saw ways of walking, tones of voice, and ways of using language; I noticed the effect on me of these observed phenomena and my response to them. I saw my warmth, my alienation, my disgust, my sorrow, my sympathy and the lack of it, and I abstracted from all of these transference phenomena stories told in non-verbal ways.

All the tools of my trade were deployed. However, the more I saw, heard, experienced, and in particular the more I read, the less effectively these familiar tools served to guide me. The limited effect of psychotherapeutic intervention with habitually criminal men was painfully obvious, both in my experience and in the literature. The hubris I must confess to carrying concerning the role of a psychotherapist, worn like a garment, and with pride, began to show signs of wear, fraying a little at the cuffs and collar, a hem drooping, becoming a little tired and old, in tune, I could not help reflecting, with the body that wore it.

Problematics of Individuation

This argument therefore problematises the notion of individuation, or individuality, or self-agency, which is the basis of all cognitive-behavioural interventions and the hypothesised

outcome of psychotherapy based on the developmental hypothesis, in all its iterations.

Attachment theory (for example, Wallin, 2007) is probably the dominant discourse in psychotherapy at present, backed as it is by a lot of research and clinical expertise. Here individuation is one end of a bipolar construct, the other side of which is represented by connection, in its extreme form, in the sense of enmeshment. Each position in this relational space is associated with an “attachment schema.” Each extreme is associated with a certain kind of pathology in relationship — “dismissing attachment,” associated with individuation, and “preoccupied attachment” at the extreme of connection. On one hand I am detached from relationship and easily overwhelmed by it, on the other I am worrying about it, incessantly seeking reassurance. “Secure” or “autonomous” attachment lies in a kind of sweet spot between the two, where I can explore and connect in equal measure. This model presupposes, in the autonomous position where I am neither on the run from people nor drawn to them obsessively, the reality of personal agency, the ability to design our own lives.

The cognitive-behavioural model, deriving from the work of Aaron Beck, also presupposes agentic action. (To this extent we must regard CBT and psychodynamic models based on attachment theory, often juxtaposed in a hostile dialogue, as deriving from the same set of ideas in the modern era.) In the Corrections setting, where CBT is the intervention of choice in government-funded programmes, thinking is the target of intervention — learn to think differently, predict the consequences of your feelings and impulses, and you gain control of your life and need not get into trouble. In the psychodynamic model the target is attachment — achieve the balance point between individuation and connection and you will learn to control what you do next, and thus control the future. With habitual offenders, both approaches fail in about equal measure. The best programme offered in our Corrections system is the Special Treatment Unit Rehabilitation Programme (STURP). It achieves a 13.5% reduction in reconviction within one year. Drug treatment programmes in prisons, based on the same cognitive principles, achieve 6.8% (Department of Corrections, 2018, 2019). Figures for psychodynamic approaches are not available, as it is not so systematically practised, but there are multiple references in the literature that predict a similar outcome.

The idea of self-agency as a consequence of a developmental sequence is so familiar, so much a part of the everyday work of psychotherapy, that it seems impertinent to question it, but there are other ways of seeing ourselves if we can stand a little to the side of our habits for a bit. In a Foucaultian analysis, as expressed by the British sociologist Nikolas Rose (1998, 1999), leaning on the philosopher Giles Deleuze, individuation, agency, and autonomous attachment, are aspects of being that are “enfolded” from the discursive world we inhabit. We are encouraged to believe in ourselves and our agentic capacity, but it appears as a function of late capitalism, an achievement of the discourses of the neoliberal era, rather than a real freedom. The journalist and essayist Jia Tolentino (2019) puts it succinctly:

the underlying idea that would drive twenty-first-century technology and culture — *the idea that ordinary personhood would seamlessly readjust itself around whatever within it would sell.* (p. 39, emphasis added)

As Peter Kelly (2013) puts it in his book *Self as Enterprise*, we are encouraged to act as a “Me &

Co., selling ourselves on the marketplace” (loc 195). Thus one of the subheadings within the current project is to problematise the individuality of the offender, as an aspect of the criminal self. What is the project of such a self, and what within it *sells*?

Foucault (1966/1989) asks, in the introduction to *The Order of Things*,

What conditions did Linnaeus (or Petty, or Arnauld) have to fulfil, not to make his discourse coherent and true in general, but to give it, at the time when it was written and accepted, value and practical application? (p. xiv)

My question can now be modelled thus: what conditions does a young male experiencing the effects of imprisonment have to fulfil to give his discourse value, meaning and application? The provisional answer is a description of the technologies of the criminal self, the criminal identity.

I cannot just ignore the developmental hypothesis and go off into a world of postmodern uncertainty (after all I am a psychotherapist), but neither can I uncritically accept it any longer. One tries not to fall into the trap of thinking that one view is better than another. They belong to different eyes, different eras, different bodies. On a theoretical level, it may still be useful to think that we possess qualities that are best considered from the developmental hypothesis — overall level of arousal, for instance, and perhaps some specific triggers for hyperarousal. This is not to say that the developmental perspective is *true*, only that it is available and at times convenient. The self, on the other hand, the way we construct ourselves from within, the way we describe ourselves, our attractions and alienations, our specific talents, interests, preferences, tastes, the minutiae of how we act in relationship, our chosen occupations, our belief in ourselves, or the lack of it, while driven by arousal patterns, in the detail of their iteration, owe far more to the world of discourse. In Foucault’s analysis of discourse, we express dominant themes in the world of ideas that we do not notice but are like the air around us. In Rose’s (1998, 1999) sociology, we *invent* ourselves from moment to moment. In Judith Butler’s (1990, 1993) analysis (though she writes of gender and sex, it works for other aspects of identity), we *perform* ourselves.

Before returning to criminality, it is worth noting at this point an opposing argument, put beautifully by Carol Worthington in a personal communication:

in my ... view you confuse thinking with material change. The self as I see it is not a matter of Western words and thinking, it’s a very real embodied thing which can be *felt*, not just thought of. I’d fully agree that criminals *think* they’ve found their real self, but that’s a far cry from the changes Winnicott had in mind, changes that developmentally bring about fundamental changes in the personality. ... “Solid” is the key word, and this is why I agree with Winnicott that there is a real *embodied* self which can be felt and related to. ... I think your criminals have adopted the prison-self as a substitute for having a real self in the Winnicottian sense.

There is no doubt that Winnicott’s formulation of real and false self, and Worthington’s identification of the self as *embodied* accord much more closely with our phenomenology, our experience of ourselves. I argue simply that phenomenology, while certainly the most

popular and intuitively believable way of building models of ourselves, runs into problems when it becomes defined as *truth*. I am as prone to nostalgia as anyone. Just as Kristof Koch (2012) writes of a neuroscientist's experience of letting go of religion but still feeling attached to cathedrals (p. 165), I have had to acknowledge that, though the church of developmental theory still holds my affection, I can no longer worship there.

From the views of the self as expressed by Foucault, Rose and Butler, identity, self, soul, rather than being seen as an achievement of relational development, is defined as a subjectivity, an achievement of discourse based on what we 'enfold' from the environment, which for all of us consists of whatever ideas are on sale at the moment, and whatever sells.

The Criminal Self

Rose (1998) uses a concept from Deleuze, the idea of "folding." It is as though we are able to take things from our environment and enfold them into ourselves, in such a manner that we imagine that they are a natural part of ourselves:

If, today, we live out our lives as psychological subjects who are the origins of our actions, feel obliged to posit ourselves as subjects with a certain desiring ontology, a will to be, it is on account of the ways in which particular relations of the exterior have been invaginated, folded, to form an inside to which it appears an outside must always make reference. ... This diagram of the fold describes a figure in which the inside, the subjective, is itself no more than a moment, or a series of moments, through which a "depth" has been constituted within human being. (p. 188)

The narrative, or *identity*, is regarded, is *felt* to be natural, but the self, and in particular the criminal self, seems largely an assemblage of current ideas rather than a developmental achievement, and while it can certainly be formulated as Worthington does, as a thought entity, disguising a real self, it is precisely its *embodied* nature that makes it so functional, and, as recidivism data suggests, enduring:

styles of walking, dressing, gesture, expression, the face and the gaze, body hair and adornment — a ... machination of being in terms of the look that operates ... between the outer and the visible and the inner and invisible. (Rose, 1998, p. 195)

Now we can return to the prison, to the walk, the voice, the tone, the look, the prisoner's manner of sitting, the way the head is held, the way the arms swing at some distance from the body, gestures as though designed to take up as much space as possible. All these displays seem to have been enfolded, borrowed from the surrounding field of discourse. Allied with these gestures are narratives with themes of battle, trickery, mastery, and cruelty; of pleasure taken rather than found; of training and hard physical work; of drug and alcohol use; and of gangs which are often described as *whānau*. Women are objectified, and given the definite article — *the* missus — and violence toward them is legitimated, even considered essential.

All of these stories are accompanied by ways of feeling, ways of keeping emotion within a narrow range of pleasure and anger, and by ways of thinking, of clear ideas of right and

wrong, albeit somewhat distant from their equivalents in mainstream culture.

In prison the small, repeated, everyday interactions, the body language, the humour, the tone of voice, all build and reinforce a series of role stereotypes which are gendered and class specific. These are practised every day in postures, ways of walking, various roles taken, for instance, when joking, in the types of joke favoured, in ways of carrying the head, styles of eye contact, silences, and expressive ways of *not* communicating (Manning, 2019). These styles are alienating to others outside the criminal culture, and these selves are alienated from the mainstream, but they are coherent. To use a neoliberal concept, they *sell*.

These “technologies of the self,” to use a term from Foucault (1982/1994), these ways of constructing identity, can be seen as ways of *doing* crime, just as we talk of *doing* gender (for example, Butler, 1990; Ranger, 2015), or *doing* health (Saltonstall, cited in Courtenay, 2000).

The narrative feels as though it is imbued with, and created by, choice. The way memory and personal narrative play together is important. The narrative is what we remember, not the event, not the experience but the story. There is quite a lot of evidence around the link between talking and memory (for instance, Leichtman et al., 2017). Children remember events that they talk with parents about, and the more open-ended the parents’ style, the more descriptive their language, the better the child’s memory. Talking about experience embeds memories of it, but the memories are not of the experience, they are of how it is talked about. We remember the story.

As Tolentino (2019) put it,

In my journal, ... I ... worry that I’m more interested in narrative consistency than anything. I worry that all this self-monitoring has made me ... too conscious of what “Jia” would do in this situation - that I’m in danger of becoming a character to myself. ... I forget everything that I don’t need to turn into a story. (pp. 45-47)

The prisoner talks with other prisoners, each conversation embedding the narrative in memory. He walks in the way he has enfolded walking, talks as he has enfolded talking, in the same tones as others, with the same vocabulary. His stories about women, about children, his attitudes towards health, toward danger, toward death (for this is the most at-risk group) are all embedded in a common narrative. Perhaps most importantly, he has enfolded a way of dealing with, of expressing, anger which not only validates it, but makes it the centre of his being and brings with it recognition, acceptance, membership and respect. The danger it represents — of injury, of further imprisonment — is irrelevant, as the self now orients itself *toward* danger, *toward* prison. Each action, each practised gesture serves to reinforce the inner experience, the copied movements working to create coherence among the several elements he has taken into himself.

Intoxicating Performativity

I have already mentioned Judith Butler, who provides an alternative view of the construction of identity with parallels to Rose, and who further details its embodiment. Identity, specifically sex and gender in Butler’s writing, is *performed*. It is not simply something that is acted, otherwise, as Butler (1993) points out, we might wake, peruse the closet for an

identity of choice, wear it for the day and pack it away at night. Clearly, felt identity cannot be worn like a garment. Moreover, it is not the subject that chooses the identity, *the subject is created by the identity*, which is a consequence of relations of power. (In the context of prison this is the power/knowledge complex of the Corrections industry.) It is the identity that enables the subject to think, to act, to make sense. Without it, one is lost, one does not exist as a *somebody*. And it is the function of the criminal identity to create a *somebody*. To use Butler's words,

[identity] not only functions as a norm, but is part of a regulatory practice that produces the bodies it governs, that is, whose regulatory force is made clear as a kind of productive power, the power to produce — demarcate, circulate, differentiate — the bodies it controls. (p. 1)

Further,

performativity must be understood not as a singular or deliberate “act” but, rather, as the reiterative and citational practice by which discourse produces the effects that it names. (p. 59)

What is performed must be repeated, and it must be an iteration of a norm. *Performativity is the way that discourse produces its effects.*

It is not “free play nor theatrical self-presentation” (p. 60) and it is not performed by the subject, it is what “constitutes the temporal condition for the subject.” It is “a locus of discursive production” (p. 70). If identity is regarded as an achievement of discourse, then performativity is the tool that crafts it.

This is difficult — we are so used to thinking that we act to produce, or at least to modify, the world, but in this formulation the situation is reversed, as the world acts to produce us. Butler (1990) refers to gender as “the repeated stylisation of the body” (p. 45) and to “identitarian logical systems” (p. 53) which surround the subject, providing, as Rose might say, material to be “enfolded,” or in Butler's term “performed” and thus to be felt to be the self, or a formative part thereof.

Butler (2015) has also written about assembly in the sense of assemblies of people, particularly in a political sense, as in “we, the people.” Her assemblies tend to be virtuous assertions of rights, demonstrations, protests, but her formulation works well for less obviously virtuous assemblies such as the population of a prison, where performativity in non-verbal mechanisms of speech and of the body make the presence of the assembly, the larger body, or what Butler calls the “plural subject” (p. 177), felt. It may not be in the service of asserting the rights of the members of the assembly but it can certainly be regarded as a political act, an assertion of the right to an identity that is at least felt to be more adopted than assigned. She describes how we, the people is “spoken or enacted” (p. 169) in a way that brings to mind the community of inmates in their non-verbal performative enactments in relation to officers, specialists, and each other. Here we can see the criminal identity as a form of plural as well as singular subject, or an “assembly,” for increasingly those terms, the “assembly of the self” and the “self in assembly,” appear now to move together, apparently

attempting to fuse. In the way that assemblies of people can act politically, there is something intoxicating about the inmate assembly, an intoxicating performativity that helps us understand the permanence of the subjectification, why it is not easily modified.

This is one of my favourite quotes, from a hero of my youth, or possibly from another cathedral:

In a capitalist system, most people live in an invisible cage. For example, there you accept the myth of the self-made man, but don't understand that the opportunities of most people are determined by forces they don't even see. (Attributed to Ernesto "Ché" Guevara de la Serna, 1964, during a visit to the UN on behalf of the Cuban government, as quoted in Soderbergh, 2008).

The metaphor of the cage is apt, and perhaps refers to a term used by Weber (1930) — *stahlhartes Gehäuse* (steel-hard housing) — translated as "iron cage." Weber was referring to the effect of materialistic culture, but he appears to have been prefacing a postmodern view that would wait 40 years after his death to emerge. These models of performance and of enfolding, as practices or technologies of the self, go a long way to explain the sameness in physical presentation among inmates, and provide detail and method to the observations of Weber and Guevara mentioned above. The cage, though, is not an imposed, coercive technology, but an achievement of a discursive environment, perhaps a *surface of emergence* wherein one can examine performative practices, the process of enfolding, and the assembly of an identity with a considerable *sense* of agency.

A 21st century neoliberal self is, as P. Kelly (2013) suggests in the title of his book, an *enterprise*:

At the start of the twenty-first century, in the globalised, risky labour markets of the over-developed economies, the cultivation of the self as an enterprise is the life-long activity that should give meaning, purpose and direction to a life. (loc. 149)

Resistance, and the Inversion of Morality

Disappointment, neglect, and abuse are common among prisoners, but in prison one is not alone, one is in the company of others, where mistrust, disappointment, vigilance, and the expectation of being ignored in society, are all talked about in stories of betrayal and violence, of vendetta, vengeance and heroism. The story is tied together with anger. So you ignore me? Just wait, you'll see. Now the script, instead of being an oppressive, depressing, burdensome rumination, fragmented, random, and undermining, has become coherent, the basis of a story that can be shared with pride, the foundation on which a sense of self can be built. If he is unsure how to be angry, if he is inwardly focussed and melancholic, there are plenty of people who will show him how to focus outward, how to have an impact. If he fights, it does not matter so much if he wins or loses; he is respected for fighting. He now has something previously out of reach — a career, someone to be. This is how the "abstract machine," a concept from Deleuze and Guattari (1988), the prison, works its transformation:

In Foucault's analysis, "discipline" was the name of a kind of abstract machine that was immanent in the prison, the school, the barracks. (pp. 66-67)

(Discipline here refers to Foucault's 1977 use of the term, meaning the effect of the "carceral," the entire system created around the function of incarceration, including its effect in producing docility in the population at large.)

Thus is created an angry, psychopathic, antisocial, remorseless, nihilistic, but coherent subjectivity out of fear, fragmentation, melancholy, and self-destruction. The anger will feel real, it will be *his* anger, in keeping with *his* story, a story that has been transformed from that of a victim to that of a perpetrator, so that morality is turned on its head.

In a 1966 addendum to his 1943 treatise on *The Normal and the Pathological*, George Canguilhem, who acted as *rapporteur* on Foucault's 1960 thesis, *Madness and Unreason* (Roudinesco, 2005/2010, p. 21), writes, apparently influenced in turn by Foucault:

A norm draws its meaning, function and value from the fact of the existence, outside itself, of what does not meet the requirement it serves. (Canguilhem, 1966/1991, p. 239)

Behaviour defined as criminal therefore gives meaning and function to the norm, and in this case, also to the law. Canguilhem (1966/1991), described by Louis Althusser as "an anthropologist who goes into the field armed with 'a scrupulous respect for the reality of real science'" (Rabinow, 1994, p. 11), also suggested that:

Every preference for a possible order is accompanied, most often implicitly, by the aversion for the opposite possible order. (p. 240)

but a few lines later, he adds that there can be an *inversion*:

as the ethical norm, where sincerity prevails over duplicity, can be inverted into a norm where duplicity prevails over sincerity. (p. 240)

P. Kelly (2013) makes a similar observation:

And what of those who, for whatever reason, cannot or will not inhabit this world? Rejection of it might seem a reasonable alternative, and the most available kind of rejection in the surrounding world of discourse will be the most obvious choice. (loc. 300)

Anger transforms a relation of self-to-self such that something felt to be ungovernable, out-of-control, at the mercy of others, becomes something defining, a view of self that, within the cultural discourse that achieves it, is positive. It brings rewards, it indicates a future, it has company, mentors, a career, it gathers together the fragmentary experience of being into a whole. It may seem from a mainstream perspective simplified and inflexible, but it is coherent, it is a sense of being someone, it is a governable, and it sells.

The Criminal Identity Machine, Indigenous People, and the Expert Rationale

There is a lot of literature describing the dehumanising power of institutions, famously Goffman's (1968) *Asylums*, published 3 years after Foucault's (1965) *Madness and Civilisation* had appeared in English. Literature on "labelling theory" (Becker, 1973; Kitsuse, 1962) in relation to crime and psychiatry, showing how people will respond to a labelling system by adopting the label and acting the prescribed role, emerged at about the same time, followed in the 1980s by what became known as the radical psychiatry movement (for example, Castel et al., 1982). Meantime Foucault (1977) had published his *Discipline and Punish*.

All of these accounts tend to situate the power/knowledge complex which drives the institutional system in a top-down manner, as though the institution, with its professionals holding the knowledge that gives it credibility, is doing something to the inmates. What is described here appears more as a consequence of the same discourse that creates the carceral, but as a kind of resistance. There is a considerable literature on subjectification, on the way the subject, or, to the psychotherapist, the self, is achieved via discourse (for example, Foucault, 1981; Rose, 1998). Prompted by a bad joke in a prison that drove a more careful observation, here we appear to find a subjectivity with a script that has the characteristics of an assertive, agentic enterprise with its own objectives and methodology, in an arena where mainstream psychotherapy theory sees a pathology, a distortion of self.

Both the man in the orange suit and I knew that the system of discourse that surrounded us, an iteration of *the cage*, would continue to provide rationale for things as they were. The Parole Board would meet, would set its conditions, and he would be released, re-arrested, and released again.

Foucault (1973/2015), in a lecture at the Collège de France, describes how a certain rationality is constructed around the persona of the expert, who becomes, in the rest of the world, the arbiter of "rationality." The expert in this case is represented by the Parole Board, who would carry out their duties conscientiously and might never know about the resistant subjectivity with which they were faced, since his plan would not involve appearing before them a second time.

It is not surprising, then, that the prison population has risen so rapidly with the neoliberal economy. As to the out-of-proportion presence of indigenous people, one must suggest that the dominant mainstream universe of discourse is not suiting them very well. It may be more difficult for the colonised to enfold and create the neoliberal self, perhaps because neoliberal Western economic policy is a colonising force. P. Kelly (2013) provides an instructive comment on ethnicity that sheds light on the high Māori prison population:

In many respects the self as enterprise does not have a gender, or an ethnic background, or a particular age, or a specific geographic location. Though this may not be entirely accurate. *It is possibly more accurate to imagine that gender neutrality assumes masculinity. That no ethnic background assumes "whiteness" ... no age barrier means a productive, enterprising adulthood that runs from the mid 20s to the mid 40s. That having no place in effect means ... cosmopolitan, post-industrial urban geography.* (loc. 360–362, emphasis added)

The population of our prisons almost doubled in the first 18 years of this century, from 5,500 to 10,500 (Devlin, 2019). About 52% of inmates are Māori. We seem very fond of incarceration, particularly when it comes to indigenous people.

These figures suggest that there is some kind of self-perpetuating social machine at work, a criminal identity machine. It seems as though prison is a place to learn to hold your head up high as an “ordinary decent criminal,” to borrow a movie title (O’Sullivan, 2000). Here you can be someone, when you have never been anyone in the past. Here the abuse, the violence, the neglect, the alienation that lie behind the actions that landed you in prison (sexual and family violence in childhood is reported by 56% of men and 75% of women in prison; Bevan, 2017), all the forces that oppressed you are cancelled out, and, paradoxically, because you are actually confined, you are, for perhaps the first time, *someone*. You have a job. You have a peer group. You have mentors. You have a future.

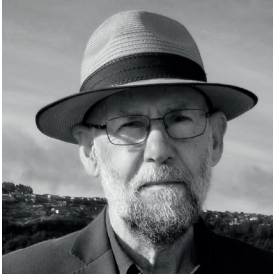
Thus the processes that create the agentive self as enterprise in the neoliberal, individualistic world, operate in prison to create the subjectivity that must be imprisoned.

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Terror—Will—Faith

Jennifer De Leon

PSYCHOTHERAPIST, AUCKLAND

Whakarāpopotonga

I roto i tēnei pepa ka nonoke te kaituhi i te pātai o te haere tonutanga o te mataora. Ko te tūhurainatanga a te kaituhi i te huri ki te kanikani, ā-tangata, ā-kaihaumarua kia taea ai te hiki haere tonu i te tūhuratanga o tēnei pātai tēnei e rapua ruri ana. Kai roto i tēnei wāhi pūkare ka whakamahia anō hoki e te kaituhi ngā whakaahua hai kukume i te kaupānui ki roto i tētahi kanikani hōhōnu, mātau kare-ā-roto tērā nōna ake te tinana/hinengaro. Ko te pōhiri a te kaituhi ki a rātau ake ki a tātau katoa hoki kia hauraro ki ‘te porehu pūmanawa’. Mai i tēnei ka whakahau te kaituhi i te ariā o te orokohanga, hai aratakihanga ki tēnei pōhiri.

Abstract

In this paper the author grapples creatively with the question of how to go on being. The author’s exploration of the use of dance, both as a person and as a clinician, in order to maintain an ongoing exploration of this question is poetically explored. In this evocative piece the author also uses images to invite the reader into a visceral, intellectual and emotional “dance” within the reader’s own body/mind. The author’s invitation to themselves and to us all is to surrender to “the divine mystery.” Within this the author emphasises the notion of morphogenesis, as a guide to this potent call.

Key words: Sustainability, performance, ecology, morphogenesis, God

For the 2020 NZAP Conference “Wiwini Wawana Wehi Ihi — Terror in the Transference” I planned to offer a performative presentation. Facing the terror of how can I go on?

As an older woman who practices psychotherapy and as a performance artiste I have discovered that this terror is, in no way mine alone. Confronted with the inevitability of age, physical, and possibly mental disintegration and, at a global level an enduring uncertainty, the question arises. Within the therapeutic encounter it arises with an insistence that can be terrifying.

Confronting the reality of living with the terror in my own life I profess will and faith as abiding currency. But do these have meaning or credibility for my clients? What energy of will or faith could possibly suffice?

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These, plus numinous aspects such as dream, vision, conviction, commitment, and calling, lie there between my client and me. *How* do we “do it” — how do we access these?

Curious, perhaps contentious, is how I engage with myself, my clients and the dynamics of:

- Calling,
- Vision, and
- Discipline.

My performed work — a dance — embodies and reveals this paper. The work demonstrates a terror in me/us, upon me/us — impermanent, hesitant/ongoing, in/tangible, real/ephemeral. The dance is an embodied representation of my belief that a profound, demanding career is not possible to sustain when what I (we) create is politicised, objectified into “work” and “object” — but that when it exists in the unpredictable, precarious realm of “process” — it is.

“To appreciate an artwork is to appreciate what is done” (Davies, 2004, p. 1). I argue that the practising of this which is active, alive, about process is vital — sustaining — and when this is absent, diminished, the terror invades, we become un nourished, as with:

Wings that are no longer wings to fly
But merely vans to beat the air,
The air that is now thoroughly small and dry
Smaller and dryer than the will. (Eliot, 1963, p. 96)

Note

1. Photos intersperse this essay. I am reluctant to give the photos definitive, categorical interpretations. To do so reduces these ephemeral moments into bounded objectifications, contradicting my premise that process — ephemeral and elusive though it be — is yet the doorway into possibility, opportunity, mystery. I give therefore just a line, linking the photo to the text, and inviting the reader to their own interpretation, their own story.
2. My client in this study is “K”. She is late forties, married and has two children in their twenties. Her presenting issue is she feels “endlessly, exhaustingly worried and afraid.”

With friends and colleagues I have been considering the subject of “going on.” Looking into the terror of global crises that seem to show up or iterate in what can appear as personal and community disintegration, what transcends this terror of disintegration, what enables a life to endure? As an older woman who practices psychotherapy and who is a performance artist I have discovered that this terror is not mine alone.

Mine is a curious career blend of psychotherapist and professional choreographer-dancer; and whilst not as a psychotherapist I am as a dance artiste, without hesitation, old. Confronted therefore with the inevitability of age, physical and possibly mental disintegration and, at a global level the uncertainty of what may be, of being at the edge, a unique terror arises. As my client faces age, uncertainty, the inevitability of things — whose terror are we tasting? Is it each other’s... the world’s?

In my personal life and inevitably reflected in my work is my belief in the practice and



FIG. 1: THE UNPREDICTABLE, PRECARIOUS REALM OF PROCESS

operation of ill; this is to do with the practical outworking of a personal code of practice: choosing, discipline, rigour, routine, and repetition. As well, in my life and work is reflected a personal decision of faith — to do with numinous qualities as belief, vision, conviction, commitment, shadow.

Confronting and engaging with the terror become then a conjoining with my spiritual beliefs: how I engage with terror, will, faith, calling, vision, pilgrimage, and what meanings these might have for me and my clients. It is perhaps unsurprising that these topics arise so often with my clients, reminding me again and again that who is on this journey is not “me” but “we.”

As well as through words I express and explore this in dance. Movement has the capacity to take us inward to the soul, a world within, for which we have no words. Movement reaches our deepest nature and dance creatively expresses it. Through dance we gain insights into the mystery of our lives. When brought forth and forged by the desire to create personal change, dance has the profound power to heal the body, psyche and soul (Halprin, 2000).

We do not deal with bodies, nor with minds, or even mind/body units, but with persons, unitary persons whose mental and physical states are utterly intertwined (Broom, 2003).

As a practitioner who uses dance in her psychotherapy practice, as a dance therapist, a choreographer and dancer, and because I believe in the psychotherapeutic efficacy of dance* (De Leon, 2007, 2014), I hold that the moving form communicates something beyond words, written or spoken. The movement vocabulary in which I work, using shape, nuance and

* As used on the basis of skilful and treatment-based intentionality. See American Dance Therapy Association (2012). <http://www.adta.org/Default.aspx?pageId=378213>

gesture, is designed to demonstrate the paradox between presence and impermanence, solidity/ephemerality, immanence, terror. It is a physicalised, embodied representation of my sense that terror/confronting the terror becomes overwhelming, even unmanageable when it is nominalised into object, but when it is “danced” (actually or through kinetic empathy), and is experienced as *process* (albeit unpredictable, precarious) — it is.



FIG. 2: THE “DO-ING” IT NOW IS LIFE-GIVING, VITAL

Yet how can something so unpredictable, so precarious, possibly meet an experience of terror and facilitate advent of equanimity? Is it possible for anything so *un-solid* to be sustained—let alone approach anything resembling the durability or ongoing-ness needed to not succumb to the subtle persuasion of age-victimhood, the fear of faculties crumbling... simply to keep going...?

David Davies (2004) contends that “to appreciate an artwork is to appreciate what was done” (p. 1). I argue that for the practising artist/therapist the fullest apprehension of both what was done — and, even more the “now” moment of do-ing — is life-giving, vital; and when it is diminished or absent the practitioner becomes unnourished, the terror softly rises “with wings that are no longer wings to fly, but merely vans to beat the air...” (Eliot, 1963, p. 96).

Drawn

Coming into being

The phrase “to appreciate an artwork is to appreciate what was done” (Bicknell in Davies, 2004, p. 1), I wish to extrapolate into a broader comment: that to appreciate life, our lives, is to appreciate what was done and, bringing it into the present “now time” — to appreciate

do-ing, the living of our lives now. Whilst the process is certainly an activity of now it is of course, also a conjoining of what has been and what will be: an unmeasured time of the flow, “this” and “that” — then and now of past and future.

A concept that beautifully describes this conjoining process is morphogenesis. Proposed by Rupert Sheldrake (2012), one of the world’s most innovative scientists, morphogenesis means a “coming into being of bodily form” (p. 131).^{*} Choreographing and presenting my dance is, in this sense, an embodied, sensate, sensual, morphogenesis. I suggest that this is also the work of the psychotherapist.

Morphogenesis is directional and, in the domains of biology and physics, it is shown to be such a force that “in spite of unexpected disturbances” (Sheldrake, 2012, p.138) it mobilises *everything and all* for its directionality to be maintained. Morphogenesis is purposeful, fundamental to the great “dance” or “choreography” of purpose.

“Purposes” are not physical constructs, items to be quantified. Purposes exist in the abstract, the virtual realm. A purpose is that towards which we strive, something we envision but is not yet realised; it is in a sense walking backwards from the envisioned whilst walking or being drawn forwards towards the desired future. In the language of dynamics (a branch of modern mathematics), this drawing-forwards energy is called the “attractor”: pulling, drawing us towards that-which-is-to-be-and-is-becoming; towards the potential to be realised (Sheldrake, 2012), connecting us to that which has not yet happened and is not yet realised — our purpose, our goal.

Sheldrake (2012) reminds us that our minds are of course more than our brains (just as psychotherapy is more than words and my dance more than steps). Our minds are the domain of thinking, hypothesising and dreaming... Our minds in space and time are linked to the past through morphic resonance and to the future (actual/or virtual) through attractors. Sheldrake calls this “field theory.”

This field activity — distinguishing, identifying, interpreting the attractor(s) that call me towards my potential and goal, plus the emotions and feelings that go with all these — is the energy that enlivens me and enables me to sustain.

Morphogenesis, attractors and field theory are, within this frame of understanding, all part of the morphic phenomena which Sheldrake (2012) describes as “a transfer taking place through a vibratory pattern of activity interacting with electromagnetic and quantum fields of a system” (p. 100). I call this an *elemental ontology of being*.

We — therapists, clients, creators, dancers, fellow-journeymen all — are certainly elemental, embodied, *real* reality. Whilst we are of course also metaphysical we are, in this earthly domain, obviously, physically, “doing.” These objective phenomena that can be seen, measured, heard, smelled, felt, filmed: the elemental ontological that we *do* identify us.

Many if not most of these doing phenomena and the ways I do them are inherent, inborn, instinctive and inherent; they propel me, they are the “moving causes” moving me to the goals and purposes to which I am called, to what and whom I am becoming, to the “final causes” (Sheldrake, 2012, p. 130).

“Moving” and “final” causes are echoed in the work of Teilhard de Chardin (1961), a biologist and philosopher of the Christian Jesuit mystical tradition, as he elucidates his thesis of the entire cosmological process being directed towards an “Omega point”: an

^{*} Morphogenesis is not validated by a body of empirical data challenges (Tallis, 2011) but it is innovative, creative and beautifully apt to this article.

attractor drawing all of life towards a state of “maximum organized complexity,” in which state, consciousness will be transformed (Sheldrake, 2012, p. 154). Similarly, in the morphic resonance concept Sheldrake also reflects Aristotle’s belief that everything in the universe has a “Final Cause” which is the form of its being. Because things obey natural laws to attain their proper end and purpose, and the coherency of these laws seems not accidental, then there would seem to be a direction (in Armstrong, 2009, p. 141); conceive of the “Omega God” or even “One separated from all duality; and in that One we should sink eternally down, out of ‘something’ into ‘nothing’” (Eckhart in Colledge & McGinn, 1981, p. 208).

If I accept that this is the flow and thrust of the cosmological process — of which process I most certainly am part — and further, proposing that my life-process is in some sense a microcosm of the greater whole (Sheldrake, 2012), then I suggest that I can rightly conclude that my small individual life is similarly moving towards some Omega point that is its own fulfilment. I further conclude, inasmuch as the evolutionary operation propels my life along, so it is, equally and simultaneously towards its fulfilment, *drawn*.



FIG. 3: *MY SMALL LIFE IS MOVING TOWARDS...*

When K explored this movement, both physically, and through kinaesthetic empathic engagement, it opened the door to a realm of longing, reaching, that we had not in our work thus far opened. She described a lifetime of reaching that she said made her endlessly tired. Together we began to consider other ways there might be to long for something yet without it being an utter drain upon the life energy.

Exploring the wide openings of Figures 1 and 2 was to begin with impossible for K. She said “opening my heart like that is too much to ask. I can’t” (K). Very gently, and in consecutive weeks, we experimented with opening first the fingers, then the hands, the shoulders, even the toes — until one day K. wanted to try out the opening movement altogether. She said she felt it gave her *life*.

Called

I further propose, inasmuch as the evolutionary operation propels my life along, so it is, equally and simultaneously towards its fulfilment, *drawn*...

What does this have to do with the topic? How could this possibly have potency to speak to the terror of the terrible, unrelenting insistence of “how can I go on?”

Operative in the sustaining and maintaining of my life and work is moving or final cause. Am I:

- pushed;
- or drawn;
- or called?

Does it matter?

It matters. As a practising artist and therapist with a 45-year record of practice there must be, I suggest, *something* that facilitates the continuance — and, continuance with resolve, sweat, hope, pleasure, joy, wavering, doubt-filled, terrifying, yet vivid, “fired,” ecstatic.

Between the moving and final causes, those which push from the past and those which pull from the future by attraction there exists a singular dance of paradox. Exploring the distinctions between the moving and final causes of my life is to enter, to be present *to*, to be *in* this precarious, terrifying, exquisite dance of paradox.

Balanced — at the eye of the paradox
between the contradictions
of despite and affirmation,
unbelief and love. (Donaldson, 1979, p. 442)

Despite and unbelief — could these not be the forms and shadows of what I do not (yet) accept, forms and shadows that pull me away from my core and rob me of the will to engage, endure, continue? Affirmation and love are “final cause,” that is, the causal flow of influence from the future backwards to the present — drawing me to what I am becoming, the steps of the dance of what I will be; of what will be.

But what does this look like? What is the tangible, actual manifestation of these poetic words and what shall I tell and show you that will reveal this paradox that is simultaneously moving *and* final, attractor *and* sustainer?

I confess, I live in a state of paradox. I feel urged one way and then another. I want to do this and end up doing that. I wish for this and the other is what happens. In my dance (which is also a metaphor for my inner self) I embody, I demonstrate the dynamic of striving to surrendering — and perhaps, for just a moment that state wherein I am in the flow (Csikszentmihalyi, 1990). Through kinetic empathy I *intend* that my audience will viscerally experience my dance in its physicality, its technical demands and mental concentration; I *intend* us to mutually engage in this act of “continual aligning of awareness to the here-and-now experience” (De Leon, 2014, p. 11); I *intend* us to embody the commitment to discipline, the sweat, the effort... and then that we (all) sense the synchronous energy of things coming together — an embodied non-dualism. Such immediacy, this sweaty muscular rawness.

Core to the paradox, to the coexistence of the opposites, the doing and the being, is a fierce dynamic, enabling us to look beyond the “already always” which would “lull us into overlooking or trivialising vast mysteries” (Efran et al., 1990, p. xiv) or seduce us into suspension of consciousness and mindfulness. It invites us to be open to a “meta” or spiritual aspect: invested with a different muscularity and best described as tapping into a dimension in which body and mind are not separate in function and understanding, but

one. This other dimension is more attuned. It is less directive. Here, mind, body, the dance and the quest of the work flow without one or other aspect dominating or leading. This is Csikszentmihalyi's (1990) state of flow, the optimal experience, the *satori* place of non-striving (Epstein, 1996), the transformative experience that cannot be expressed in words (Chodorow, 1991, p. 196), the entire body lit with awareness (Wigman, 1973), the dancer's place of ecstasy; this is "the Call" (in my personal experience).

I propose that the paradox and its terror can be held in a "dance of paradox," a kind of current and undertow.¹ I hold that to maintain and sustain I will bow before the fact that not only are these currents deeply symbiotic, they cannot exist without each other — not solved, resolved, or dissolved — but poised at the "still point of a turning world" (Eliot, 1963, p. 177). (Perhaps the still point is the place, beyond space and time where the Call is birthed. Perhaps the still point is the morphogenetic beginning place for all...)



FIG. 4: *FALLING FORWARDS, FALLING BACKWARDS — WE LIVE IN A STATE OF PARADOX*

We play with falling forwards, falling backwards. She gives me permission to catch her as she falls! The tension of the paradox is desperately serious and then becomes terribly funny. We play and cry at the same time.

My objective in discussing paradox, currents and undercurrents, flow and undertow, is not to blend, merge or subsume these but to acknowledge the opposition-harmony, the connected-discrete and to declare their role in not only enabling "going on" but much

* A current under the surface, not apparent on the surface.

more — to giving life to its unfolding. This is not some passive mysticism, nor an emotionally-induced pseudo-enlightenment, nor a liminality in which I experience an emotional “feel-good”; it is a moving, active, participatory, blood, flesh, sweat and bone engagement, acknowledging and fully accepting “the cleavage and tension of opposites” (Jung, 1965, p. 209). In this “belly of paradox” (Merton, 1953, p. 11), in engagement with this conjunction, exists the opportunity for transcendent activity, because in it is “the presence of a capacity to transcend the destructive tendency to pull (or be pulled) to one side or the other” (Samuels et al., 1986, p. 151 as cited in Miller, 2004, p. 4). I suggest that when the therapist/dancer/me/us is/are able to accept and engage with “the presence of a capacity to transcend” (p. 4) the terror of the tension of opposites, then “given-ness” is an energising impetus for renewed on-going-ness. The tensions, conjoined, become a co-participatory choreography for therapist and client, dancer and audience, to gain a new position in which duality, cleavage, conflict, terror, and paradox not only coexist but (can) become transcendent.

The transcendent is “born not of a rational process, since no rational process can unite what are inherently separate opposites, but rather from a place that is not wholly understandable” (Miller, 2004, p. 46). It could seem just a marvellous theoretical idea but I have experienced with my clients that at this “not wholly understandable” moment we seem ready to “partake in the communion in which we no longer remain the same” (De Leon, 2007, p. 58).

The Still Point

Eliot’s still point, in my understanding, holds within itself the dynamic of morphogenesis (Sheldrake, 2012), flow (Csikszentmihalyi, 1990), liminality (Martin, 2010), potential for transformative insight through stillness (De Leon, 2007) and the dynamic engagement of full embodiment (the dance). We encounter it in our awareness of “the grace of sense,” when we feel ourselves “lifted and moving”:

At the still point of the turning world. Neither flesh nor fleshless;
 Neither from nor towards; at the still point, there the dance is,
 But neither arrest nor movement. And do not call it fixity,
 Where past and future are gathered. Neither movement from nor towards,
 Neither ascent nor decline. Except for the point, the still point,
 There would be no dance, and there is only the dance...
 The inner freedom from the practical desire,
 The release from action and suffering, release from the inner
 And the outer compulsion, yet surrounded
 By a grace of sense, a white light lifted and moving. (Eliot, 1963, p. 177)

Here is a sense of a suspended, timeless state that is both and neither a coming towards nor a departing from. This is a paradox of a particular stillness that is yet full with movement, the peak of the up-breath — the *ah!* Whilst it is aware, conscious, mindful — yet it is *given*; un-orchestrated, un-manipulated — and to it, I am *given*.

The flow of influence from my unfolding/actual future, combined with the still point

that is the core of the dance, combined with the evolutionary *raison d'être* that encompasses the earth, the solar system, the galaxy and everything in it, including me, has direct and profound relevance to this terror/terrible question: “How can I go on?” — providing an obvious yet shattering answer: “I can’t not.”

Conatus (Spinoza, 2004, Part III Propositions 6–7)

However. To we free-thinking, independently-minded children of the latter half of the 20th century this now undeniably provokes the question of free will. Have I not chosen my career and do I not every day make a conscious, free will choice to persist and engage in and perform the motions and activities that enable this career to continue? The life of a psychotherapist, of a dancer-therapist, is rigorous and at times the only thing to be done is to endure. Do I not choose to endure?

I am no fugitive — escaped, escaping,
 No one has seen me stumble looking back.
 I run face forward. I am a pursuer...
 My life is a pursuit of a pursuit forever. It is the future that creates
 the present.
 I am an interminable chain of longing.
 (Frost, in Lathem & Thompson, 2002)

If the sustaining of my career is to do with my choosing to endure it, this seems to me somewhat analogous to the idea of *conatus*, proposed by the philosopher Baruch Spinoza. Spinoza held that mind and body were aspects of *Deus sive natura* (God or nature) — constantly interchanging, in parallel and the underlying reality for all of existence (Sheldrake, 2012). He proposed that the impetus and energy that motivates us to persevere in being-and-becoming, in fact our very essence, is a striving — that is, *conatus*. “Striving,” however, can have a ruthless, obsessive connotation (and the nature of my pursuit in my early training would easily persuade me and those who watched, to accept this interpretation). Striving also means determined and motivated and I hold that if one is to maintain a career that endures one must, necessarily, be determined and motivated.

Great determination will almost certainly maintain the “doing” of the work, but I question whether even very great determination is enough to feed the spirit; nurture the intangible quality that makes our work live and makes us love our work and enables our clients to take that one more... one more... one more break-through step.

Proponents of the materialist, rational view argue that the subtle energy that feeds, nurtures, and loves, is no more than the product of neural connections, synapses, the frontal lobe or the thalamus and is shut up and contained within my brain (Sheldrake, 2012). I do not espouse this view.

But if not there, then where and what is it?

We crawl forward, as if pleading, embodying the pleading, now we are really pleading... Is determination the answer for my client? (May I inspire-not press-inspire-not impress.) She glimpses some inner resolve: “I can do this.”



FIG. 5: GREAT DETERMINATION — IS ENOUGH TO FEED THE SPIRIT?

Given

(Of science and spirit — an answer, perhaps.)

Excluding none of the spiritual, emotional, will-driven and metaphysical influences, but including and embracing all of them, I suggest that this intangible, beyond-material energy that fires my vision, feeds my spirit, sustains my will and enables me to endure can well be named the energy of morphogenesis. Within the domain of the morphic field, mobilised and sustained through morphic resonance, lie my decision, my resolve, my enduring, my vision (Sheldrake, 2012, p. 100) — and this melding of energy and form, form and energy, this dance of form-energy, unbounded by time and space, resonating across time and space — “holds” me, carries me within it. Whilst I make claim to having chosen this path I equally and simultaneously acknowledge the greater momentum that carries me forwards and draws me to what I am becoming.

We can say this together. Together we acknowledge the greater momentum that carries us forwards and draws us to what-we-are-becoming. *We cannot do it any other way.*

A theme that echoes through the Bible is one of waiting for the fulfilment of the vision: “Though it tarries, wait for it” (Habakkuk 2:3, Holy Bible). Chambers (1935) remarks that the vision is never brought to fulfilment through our own efforts; instead we live under its inspiration until it fulfils itself. Reflected similarly in Zen philosophy, the journey is a stepping aside, allowing the goal to be realised; one is “irresistibly driven towards this goal” (Herrigal, 1953, p. 106).

Conclusion

My proposition then is that there is, from my purpose or goal, a causal flow of influence flowing backwards to me and simultaneously pulling me forwards to my purpose or goal — which is to be and is moving to its time of fulfilment (Sheldrake, 2012). For me this is of life-changing implication. From a spiritual perspective this intentional direction-connection gives reply to the despair of doubt, purposelessness, creative emptiness, the terror. This Calling, purpose, destiny, is the Calling of my soul.

Rowan Williams (2005), when he was Archbishop of Canterbury, stated: “Calling, vocation, is to do with saving your soul — not by acquiring a secure position of holiness, but by learning to shed the unreality that suffocates the very life of the soul” (Section 4).



FIG. 6: INTENTIONAL DIRECTION-CONNECTION GIVES REPLY TO THE DESPAIR OF DOUBT, PURPOSELESSNESS, CREATIVE EMPTINESS, THE TERROR

I suggest that the notion of morphogenesis (that which impels me from the past and that which is calling me from the future) is a human explanation for the divine mystery of (my) relation with God: whilst I am drawn irresistibly towards my goal I am, *equally and at the same time* absolutely required to make the decision to be what I am, to answer God's Call/God's Choreography in me, to do this without fuss and egoistic drama because what I am is already known (and loved and accepted) in God.

My vision of a (our) new performance, psychotherapy, *life ecology* I humbly borrow from Teilhard de Chardin (1973): "On that day, for the second time in the history of the world, human beings will have discovered fire" (p. 87).

She and I truly throw our arms open. We embody it (we *feel* how it feels).

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FIG. 7: GIVEN

“Fear of Breakdown”: Staying Close to the Terror

John O’Connor

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Whakarāpopotonga

E kī ana te kaituhi o tēnei pepa, me ‘noho tata ki te tarawewehi’ he whāinga pūtake mō te mahi haumanu hinengaro, inārā i te wā e mahi ana i te taha o ngā tūroro e maru ana i ngā nohowehenga o te whetuki ngaukino. Ka tūhurahia he huinga tātarihanga hinengaro ā-Hungiana me te ariā tāmi hai ringa āwhina arataki i te kaihaumanu hinengaro e whakapā ana ki te aratika mō tēnei mahi pūtake, inā koa ki te whakaarohia ake ngā mahi whakawehiwehi whakararuru ā-hinengaro takitahi, takirōpū puta mai mō te tūroro me te kaihaumanu.

Abstract

In this paper the author proposes that a central task of psychotherapeutic work is to “stay close to the terror,” particularly when working with those patients whose inner world is populated by often dissociated states of traumatic horror. The paper explores a range of psychoanalytic, Jungian, and trauma theory that might assist in guiding psychotherapists regarding how we might engage with this central task, particularly given the often terrifying intrapsychic, interpsychic, and interpersonal disturbances such therapeutic work entails, for both patient and therapist.

Key words: terror, countertransference, reparation, intrapsychic, repair, grief

Introduction

Thoughts connected as we feel them to be connected are what we mean by personal selves. (William James, 1892, pp. 153-154)

Bateman and Fonagy (2004) suggested that for those who have experienced severe trauma in early life the process of projective identification is an unconscious act of psychic and physical survival. Such patients experience not only a failure of affective attunement to their internal emotional and somatic infant and childhood states (what Bateman and Fonagy termed the constitutional self), but moreover the torture of an external other who

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actively terrorises the child’s vulnerability. Russell Meares (2000) in his articulation of the conversational model similarly suggested that core to such experience is the devastating interruption of the capacity for internal reverie; the capacity to have one’s own thoughts and feelings and to reflect upon one’s own thoughts and feelings, this being the foundation of what William James (1892) described as the “personal self” (pp. 153-154). The absence of another’s mind to receive and mirror these internal states leads inevitably and tragically to an inability to symbolically represent ourselves to ourselves; to feel inevitably and despairingly alien to our own inner world.

Even more devastating, a traumatic early relational environment characterised by profound intrusive attack, physically, emotionally, or sexually, and/or profound absence and neglect, leaves the infant with no choice but to introject not only an alien experience of themselves incongruent with their primary emotional and somatic experience, but also to introject representations of the traumatically attacking other. Thus projective identification, the process by which the infant and later 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, and in so doing relieving their own inner world of these persecutory horrors, or at least attempting to do so.

Their formulation graphically captures the experience of internal persecution. 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. Sadly, of course, the relief of projective identification is always temporary; the attacker and its accompanying terror can never be permanently violently evacuated, no matter how forceful the psyche’s attempt to do so.

So, what is the therapeutic task in the violence of such disturbing processes? In this paper I will suggest that a central challenge is to stay close to the terror. Both our own, and our patients. And that ultimately it is when our patients and we as therapists can stay with, bear and understand the terror, that transformation is possible, as fear transforms to grief, and the possibility of creativity emerges. I will grapple in this paper with how we might undertake this very disturbing challenge, and the therapeutic principles which might guide such difficult but potentially transformative work.

A Central Therapeutic Task: Staying Close to the Terror

In his seminal paper “Fear of Breakdown,” Winnicott (1974) described the phenomenon in which we encounter in the patient the terror of a breakdown which has already occurred, in

the patient's traumatic childhood, but for which the patient was not able to be present so terrifying was this disintegration. Winnicott noted, "the clinical fear of breakdown is the fear of a breakdown that has already been experienced. It is a fear of the original agony which causes the defensive organisation which the patient [now] displays" (p. 104). He suggested that whilst the breakdown has already occurred, it has not "happened" to the patient because the patient was not able to be present to experience it. Similarly I suggest that in the patient's confrontation with the unconscious, with an alien tormentor to whom our vulnerability is addictively bound, there is the possibility that the patient is returning to a vulnerability which has previously been disassociated, obliterated into impotence and powerlessness, a terror that has never been formulated (D. B. Stern, 2009). As Winnicott (1974) observed,

If the patient is ready for some kind of acceptance of this kind of truth, that what is not yet experienced did nevertheless happen in the past, and 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. (p. 105)

Winnicott suggested that therapy offers an opportunity for the patient, midwifed by the mind of a containing other, to experience the breakdown as if for the first time; the therapist's mind being available in a way that a mind was not able to be present during the original breakdown, to symbolically represent the experience of primitive terror, and thus for the patient for the first time to be able to represent these original agonies to themselves. However, Winnicott noted that the task is challenging, and the inevitable transference enactments which allow the patient to remember such early horrors is deeply disturbing for patient and therapist alike.

Yet the gold at the heart of this potential transformation is the creativity that can arise from such profound grieving. The possibility that we might symbolise what has never been symbolised before, 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 an act of extraordinary emotional courage on behalf of both therapist and patient. To do so we must navigate the emotional terror of our own inner world as well as that of our patients, and the often fraught interpsychic encounter that emerges between therapist and patient.

In the next section of this paper I will briefly review early writings regarding the aetiology of internal persecution and annihilatory dread, and the reparative impulses such destructiveness evokes, before considering the specific challenges for therapists working with such disturbing terror.

Aetiology of Internal Destructiveness: Early Writings

Of the early psychoanalytic writers, it is Melanie Klein (1923, 1929, 1935, 1940, 1946, 1975) who first grappled most disturbingly with the intrapsychic attack and consequent annihilatory terror that she perceived haunts the psyche of all infants. In doing so Klein did not put the same emphasis on the relational response to such terror that we find in contemporary developmental theory, instead placing a greater emphasis on the intrapsychically terrifying inner world of the baby that inevitably experiences their somatic distress as inherently persecutory.

Klein (1923, 1929, 1935, 1940, 1945, 1946, 1975) built on ideas of identification, introjection and projection in her graphic explorations of the primitive persecutory terrors of the infant, and the necessities of splitting in order to prevent the phantasised destruction of the good by the bad. Klein's infant experiences their somatic distress of hunger, pain, tiredness et cetera as intrapsychic attacks which produce internal annihilatory terror, perceiving the attack as coming from the external “bad breast,” the frustrating other hatefully attacking the self. Such terror threatens what Winnicott (1963) described as the infant's experience of “going on being” and thus produces annihilatory dread. As the ego matures Klein (1946) hypothesised that paranoid schizoid splitting reduces, with the movement towards the depressive position, as the infant comes to realise that the loved object is also the hated and aggressed against object, leading to “depressive affect,” that is guilt, and ideally the capacity for mourning, the belief 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 overwhelms the psyche. As Klein (1935) commented,

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. (p. 149)

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

In her 1940 paper 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, which is humiliating to the parents ... ; (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. (p. 413)

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

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 raises the question of what ordinary good characteristics the internal object must achieve in order to consider that a good working through of the depressive position has been achieved. This would mean that both mourning and tolerance and the capacity for maintenance and care have replaced intolerance and depression. (p. 223)

Reparation proper in Kleinian theory “belongs to the depressive position” (p. 213), and requires that whole objects can be recognised as being able to be both good and bad, loving and hating, and yet “good enough” (Winnicott, 1953). The superego is experienced as compassionate, accepting of self and other, and psyche retains faith that the object has not been destroyed by prior aggression, and/or is capable of true repair. 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 ... The cruelty of the primitive superego, and guilt feelings thus diminish considerably in intensity so that guilt feelings thus become more appropriate ... There appears the first traces of forgiveness instead of revenge, of hope instead of despair, gratitude instead of envy. The establishment of a good inner object capable of all these activities, including maintenance and care, contributes to make reparation possible. (p. 227)

Steiner and Schafer (1993) noted the centrality of the painful process of mourning in this process of reparation, as reality is faced, and loss of omnipotent control is experienced.

If [the patient] can ... acknowledge both his hatred, which leads to his wish to destroy the object, and his love, which makes them feel remorse and regret, then development can proceed ... he is able to struggle with those rich and painful experiences connected with loss which we associate with mourning. (p. 77)

Suicidal Impulses

Perhaps the emotional disturbance of lethal suicidal and homicidal impulses is the most disturbing manifestation, for the clinician, of the persecutory dynamics which Klein described. Freud (1917/1950a), in his seminal paper “Mourning and Melancholia,” wrote perceptively of the process by which an aspect of self might attack another aspect internally, suggesting that in melancholic states the patient’s internal self-attacks reflect an attempt to retain the lost object, with the patient’s ambivalent hostility to the lost one manifesting as an attack on themselves. As Rey (1994) commented:

When the melancholic indulges in constant criticism about himself he is also continuing his attacks on the object with which the ego is now identified. ... the guilt

of the continued attack prevents any working through and coming to terms with the loss. (pp. 211, 212)

Freud’s paper has been highly influential in understanding depression as in part involving aggression turned against the self and paved the way for Anna Freud’s (1966) later conceptualisation of the process of identification with the aggressor. Bell (2001), in building on Sigmund Freud’s and Klein’s ideas, explored the inner world of suicide and suggested that with every suicide there is a homicide. As Sigmund Freud observed, “The ego can kill itself only if ... it can treat itself as an object” (cited in Bell, 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, p. 23). As Klein (1935) noted:

Suicide is directed against the introjected object, but, while in committing suicide the ego intends to murder its bad objects, in my view at the same time it always aims at saving its loved objects, internal or external. To put it shortly: in some cases the phantasies underlying suicide aim at preserving the internalised good objects and that part of the ego which is identified with good objects, and also at destroying the other part of the ego which is identified with the bad object and the id. Thus, the ego is enabled to become united with its loved objects. (p. 160)

Bell (2001) developed these ideas in describing four inner situations of suicide:

1. An attack on one’s own need;
2. An attack on the primary object (the introjected caregiver, who is attacked for its failings);
3. Splitting processes in which the suicidal patient attempts to preserve and save the good and loved object by ridding itself of the bad; and
4. An attempt at release from the persecuting primitive superego.

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. (p. 27)

Contemporary Developmental Theory

As we know, subsequent developmental theory and research has placed much greater emphasis on the early relational environment than that which Klein considered, early relational experience now being perceived as midwife to the emergence of the self, or indeed

of selves. For example, Bion (1962), in interpersonalising Klein's originally intrapsychic emphasis regarding projective identification, placed more emphasis on the mind of mother as a containing other; Winnicott (1965) emphasised the necessity of maternal preoccupation and the facilitating environment; whilst Kohut (1979) focused on the essential need of self-object provision, a mirroring, idealising other, enabling a coherent self to develop.

Attachment theorists beginning with Bowlby (1969) explored the crucial need for secure attachment figures. Stollerow et al. (1994) postulated their intersubjective perspective in which self-experience arises out of interpersonal contexts, and Bateman and Fonagy (2004) emphasised that the mentalising capacity essential to psychic health arises out of the self-reflective capacity of the minds of the infants' caregivers, whilst relational theorists like D. B. Stern (2009) and Bromberg (1996) questioned the notion of a singular unitary self and instead proposed that the "self" consists of innumerable self-states. Jungian analyst Michael Fordham (1963, 1993), in an attempt to accommodate Jung's original conceptualisation of the transpersonal self, posited the notion of a primary self a priori of the earliest relational encounters. Fordham nevertheless emphasised the importance of the early relational environment if the potential of the primary transpersonal self is to be realised and offers a model of de-integration and reintegration of the self when relational attentiveness to the infant self is sufficiently attuned to affectively charged infantile states of distress and excitement, and, by contrast, a process of intrapsychic disintegration when the infants' needs and vulnerabilities are not sufficiently attended. Similarly the Jungian analyst Jean Knox (2009) emphasised a relational and developmental perspective, whilst moving away from Fordham's archetypal lens in relation to the notion of a primary self.

The Wounded Healer and the Interpsychic Challenge of Staying Close to the Terror

Whether intra-psychically, relationally and developmentally, or transpersonally focused, all of the above writers attempted to understand the experience of internal terror and hatred which persecute many of our patients. And it is not just the patient who is filled with the anxieties of self-persecution. Many though not all therapists experienced themselves as children as being loveable only when engaged in acts of service, if not submission or self-sacrifice, towards the other. In line with Jung's archetype of the wounded healer, the child in the therapist is often in their earliest relational experience required to care for the very adults on whom their very survival depends: an extremely disturbing environment from which to internalise what D. N. Stern et al. (1998) termed "implicit relational knowing" (p. 905). This early "relational knowing" involves the uncompromising injunction that my job is to care for the other and to disavow my fear and my aggression towards the other, lest I damage the one whom I need to survive.

Thus when the wounded patient meets the wounded therapist, the unconscious to unconscious interaction of these wounds, leaves open the disturbing possibility that in the emotional forcefield of projective identificatory dynamics the patient who communicates to the therapist that "you are a dangerous abusing other" may well meet the wound in the therapist that says "I am bad if I am not providing love." Such unconscious to unconscious communications are highly likely to lead to states of manic reparation swirling between

patient and therapist. When the damaged self-attacking patient appears there is the significant possibility that the patient's self-hatred evokes in us the one whose job it is to save the damaged other. Our own anxieties of doing damage, should we fail the damaged other, are evoked when the patient projectivity identifies their persecutor into us, and we feel the powerless horror that we may be doing harm. The impulse then to react with manic attempts to serve and save the other is sometimes overwhelming. We can be compelled in the heat of the clinical moment towards manic reparative action to restore the homeostasis of the disrupted interpersonal therapeutic relationship, whilst avoiding grappling with the much more disturbing challenge of repair of the inner world. Rey (1994) wrestles with this dilemma. Regarding manic reparation he commented:

The psyche in states of manic reparation, seeks to defend against the internal attack of the punishing super ego by seeking to enlarge the ego via defences of omnipotence and omniscience, enabling the self to thus feel superior to the menacing and punishing object by being bigger than the object: by making the attacking object smaller. (p. 209)

Messler-Davies and Frawley (1991/1999) noted that the therapist working with the traumatised other is always on the brink of becoming the abuser of the patient's past. Thus in the swirl of such disturbing transference and countertransference dynamics the wounded inner world of the therapist is always in danger of submitting both to the patient's internal persecutor and to their own persecutory inner world, as the patient projects out their hate into the therapist, making the therapist the bad one, and the therapist, in states of unconscious cooperation, apologises for his or her badness and engages in the manic reparative impulses of “super therapy,” seeking to quell both the intrapsychic and interpersonal hatred coming their way.

Tom Main (1957), in his seminal paper “The Ailment,” examined working in a therapeutic community in which he noted that certain “special patients” evoked very strong feelings amongst the staff, often along split lines, in which some felt they were the only one who understood that special patient, that they had what was necessary to save the patient, whilst others were cruelly failing them. (Main very honestly noted his own susceptibility to this countertransference temptation, commenting in regard to a particular patient who appeared to idealise Main, that “I emerged from my visit with [the patient] with the knowledge that I had a better feel for her emotional difficulties than her own therapist. I realised in all fairness that this was not his fault: for I could not blame him for being less sensitive than I”! [p. 140]). By contrast other staff perceived this saviour therapist as impotent, allowing the patient's destructiveness to rule the roost. Main observed:

Denial of guilt was accompanied by compulsive reparative efforts and omnipotent attempts to be ideal. When these efforts failed to still the patient's reproachful distress, further guilt was experienced, which together with hatred, was further denied and projected and further grand efforts were made at super therapy. 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. (p. 140)

As Rey (1994) noted:

an essential aspect of what I will call paranoid schizoid reparation ... the object must (a) be repaired exactly as it was before the damage, or (b) the situation must be restored by denial that the damage has happened, that things are as they were before. Omnipotence must be preserved in both cases and seriously paralyses progress which demands the gradual giving up of omnipotence and acceptance of reality. (p. 217)

Encounter With the Unconscious

The meeting of the tormented internal world of the patient and the wounded healer within the therapist is a potent mix. It has, I suggest, enormous potential for truly transformative change but also for the manic activity of super therapy that avoids and lacks faith in inner transformation. As Milton (2017) observed, a lack of faith in the possibility of true inner transformation, and an avoidance of the grief such faith requires, is characteristic of many failed therapies. Similarly Neville Symington (2003, 2007) in exploring the conditions that allow for transformation in psychotherapeutic work, noted that the therapist is faced with a deep emotional struggle if they are to negotiate the powerful injunctions of the most primitive aspects of their own superego. He wrote eloquently of the tendency of therapists to be obedient to the dictates of their own superego, of avoiding the necessity to go beyond these internal commands, to find an emotional truth, and to speak from this place. He perceived that the injunctions of theory and technique to be the “good” therapist hamper the expression of 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. (p. 22)

Symington (2007) described this as the therapist’s act of inner freedom:

When the patient first comes to the analyst’s consulting room it is probable that a fusing takes place of the analyst and patient via the superegos of each ... the act of understanding is rooted in what is most personal, in the ego, but the false ideas are

located in the superego. At the moment of insight, expressed in interpretation, the allusions or false ideas are banished in both analyst and patient. A personal ego to ego contact is established and replaces an allusion or false belief that held the two together until that time. ... Each time as resistance was overcome it was then possible to reach further into what I truly thought or felt and then he was able to separate himself a bit more from the analyst and from his maternal object intrapsychically. My greatest problem in his analysis was to reach those feelings that were most truly mine. (pp. 64-65)

Symington was suggesting that often therapists avoid the emotional strains of such a demanding therapeutic task, either failing to get beyond the dictates of superego demands to be “a good therapist,” or the opposite, to enact persecutory and reactive attacks on the patient, fuelled by unconscious complimentary countertransference, or alternatively, captured by a compulsion to provide perceived compassionate empathic understanding, failing to forcefully assist the patient to face their own self-destructive attacks, in so doing often avoiding the patient’s persecutory self-hatred, and thus avoiding the kind of therapeutic engagement which might be required if true transformation is to occur. By contrast Symington (1996) advocated,

I follow Fairbairn (1958) in saying that emotional contact is what people deeply yearn for ... Such contact however is only effectively made through a signal emitted from the true self of another. I therefore contend that the only interpretations that are effective are those that proceed from the true self of the psychotherapist. (p.11) ... patients 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. (p. 34)

Whilst truth of course is a complex notion, the emotional and phenomenological experience of truth speaking is of intimacy.

We are all at times at risk of being unconsciously persecuted into therapeutic action, whilst avoiding the often excruciating task of staying with the unbearable states of others as they are communicated (in)to us. I certainly am. Yet transcending this risk is essential if the potential for true healing is to be realised. For it is this which enables us to empathically reach and be with the unformulated states of our patients, states that have never been reached. States which feel deeply disturbing for the therapist. To do so, I must be willing to feel this disturbance, to allow it to enter me, to feel 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.

Central to the repair of the inner world within the therapist is the capacity for faith in the possibilities of inner transformation, and the capacity for internal forgiveness. Rey

(1994) has been mistaken for describing forgiveness between patient and therapist as an interpersonal experience. However, Rey's emphasis (in some ways similar to Symington's above), was on 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 I describe as the self. Steiner and Schafer (1993) similarly emphasised the centrality of intrapsychic forgiveness in the process of reparation. This process of self-acceptance, self-forgiveness, self-compassion, is the same task for us as it is for the patient. Such tenderness towards ourselves allows us to also trust our 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 mind, lest we fear a potent clinical authority might damage the already damaged other, nor unconsciously projecting our vulnerability and fear into the patient, and seeking to save the damaged other from the challenging work of softening their own intrapsychic attack and allowing what initially arrives in our clinical room as self-persecution to become a capacity for self-protection and agency.

An evocative and moving possibility. But how do we, in the potency of the emotional swirl of the heated clinical moment, contribute to the softening of this violent inner world? What if we are not to be obedient to such powerful internal demands? What if, rather than seeking a quick resolution of interpersonal disturbance, we seek to have faith that we can be in aggressive states with each other, and the relationship survive and strengthen, as we face the deep disturbance of the persecuting other? In the remainder of this paper I outline some principles which guide my attempt to contribute to the repair and transformation of the terrorising and terrorised inner world of the traumatised patient.

What Assists Us to Stay Close to the Terror?

Allowing the Patient to Influence Us

Jung (1966) noted that the first and foundational therapeutic task of the psychotherapist is to be willing to be influenced by the patient's psyche, whilst Clark (2006) noted that it is our own woundedness that provides the portal through which we receive our patient's intrapsychic disturbance, and which enables the patient's own damaged inner world to impact upon and influence us. As Jung (1966) presciently observed,

Doctor and patient thus find themselves in a relationship founded on mutual unconsciousness ... [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. (pp. 176, 182)

It is this intermingling, and the willingness to stay present to such states in myself and in my patient, a capacity which so many of our patients experienced as being unavailable to them in their own relational childhood experience, providing company for that which has never previously been accompanied, that offers the hope for empathic resonance, gradual symbolisation and formulation of that which has been unformulated. To do so, enactments,

often mutual enactments, are inevitable, and I must bear in myself that which feels unbearable, including my own impulses of homicide and suicide, hatred and love.

At times, in response to dangerous acts of self-harm, including potentially lethal impulses, I struggle to make use of rather than to be encumbered by my shame, fear, and anger. Trauma, both cultural and personal, intrapsychic and interpersonal, interact with the matrices of my own known and unknown relational histories, separate and shared, emerging between myself and my patients as the lost fragments of experience; vulnerability, hatred, love, care, sadistic and masochistic aspects revealed to ourselves and to each other. I find myself thinking, “how can you do this to yourself?” I find a refusal to understand why my patients do what they do; a refusal to understand myself as their tender, hated and hateful selves. A temptation to shut off: “this is sick.” Their hate and my mind fuse as they invite me to let their vulnerable selves and its attacking other find a place in my mind. To accept the invitation to receive the other’s disturbed internal states, I have to give something up; I had to give up the stable coherence of my own mind. Orange (2011) advocated making a space of hospitality in our mind for such suffering. In so doing I allow myself to keep my patients company in their shame, powerlessness, dissociation, and despair.

Ghent (1990) explored the deep potential of this capacity in his articulation of the necessity for surrender (but not submission) by both patient and therapist, a capacity which he defined as “the sense of giving over, yielding the defensive superstructure, being known, found, penetrated, recognised” (p. 118). He 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 (Milton, 2017, Rey, 1994, Steiner & Schafer, 1993). Ghent (1990) suggested, as 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 regarding his concept of use of the object, “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). The transformational possibility that terror, and the hateful attack which disguises this fear, might be transformed into love, is movingly evoked by Ghent’s exploration. In so doing he 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 ... Yet I suspect that a deep underlying motive in some analysts at least, is again that of surrender, and their own personal growth ... 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. (pp. 133-134)

Creating a Space to Find One’s Own Mind

Having found a willingness in myself to be influenced by, indeed to surrender to, the psyche of my patient, I seek to find my own mind. Ogden (2004) referred to this process as the

interplay of the dialectic of oneness and twoness. The twoness being the relational co-creation between patient and therapist, and the oneness the capacity to find my own thoughts in service of enabling a thinking mind for the thoughts without a thinker. Foundational to Wilfred Bion's (1962, 1963, 1967/1988, 1970) exploration of this capacity for thinking under emotional pressure was his experiences as a very young tank commander in the First World War. As Brown (2012) noted:

Nowhere is this war of nerves more prominent than in Bion's 1997 description of his entrapment in a shell hole during the war of Amiens with his young runner, who he calls Sweeting. ... The pair had taken shelter from the German attack with Sweeting holding close to Bion when the runner asked: "Why can't I cough, why can't I cough, Sir?" And then:

Bion turned around and looked at Sweeting's side and there he saw gusts of steam coming from where his left side should be. Shell splinter had torn out the left side of his chest. There was no line left there. Leaning back in the shell hole, Bion began to vomit unrestrainedly, helplessly. (Bion, 1997, p. 255)

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)

This incident "illustrates not only the sheer horror of war but also Bion's attempts to think amidst overwhelming sensory bombardment and his ultimate failure to do so" (Bion, 1997, p. 256, cited in Brown, 2012, p. 1199). From these terrifying war experiences Bion (1962, 1963, 1967/1988, 1970, 1997) spent the rest of his life reflecting on the nature of thinking, how we might find thinking for "thoughts without a thinker," and symbolise beta elements of somatic, emotional, affective, horror. It is striking that this war experience involved a call for the mother. Bion (1962) famously paralleled the experience of thinking in clinical work with the maternal dyad of baby and mother. His notion of "containing" describes an ongoing process of experiencing the other in one's own mind. As Biran (2015) noted:

When the mother provides a correct translation, she is thinking for her baby. Later on, he will learn, through her, how to think verbally on his own. She is helping to acquire this important function and to learn to deliver his messages to the world in a clear way, leading to joy and satisfaction ... this function shows us the extent to which Bion conceives of the container as a thinking container ... which does not simply absorb, but also thinks and transforms, endowing the material entrusted to it with further meaning. Bion believes this manner of thinking is an action: therefore, the container is seen as an active agent, rather than a passive absorber, as it is often mistakenly depicted. A container with the capacity to contain is an active, dynamic,

seeking, wondering, examining, and questioning container. This means that thinking is an act, and action. Thinking through the process of finding the right word is a complex, subtle, and devoted activity. (p. 4)

I find this description of containing essential, as it gestures to the emotional work required of the therapist, within the clinical encounter, when thinking under emotional pressure. Symington (2003, 2007) noted the enormous pressure human beings put on each other. Thus in the heat of the clinical moment, if I am not to succumb to manic reparative impulses, I must continually seek to create a space in my own mind, to think my own thoughts, under the emotional pressure of the twoness of the clinical encounter. Milton (2017) suggested that a core aspect of working with patients persecuted by intrapsychic attack is the need to transform the mind of the patient dominated by persecutory phantasies which perpetuate intense anxiety within insecure attachment relationships. But as Milton noted:

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: i.e. to seek and obtain soothing gratification rather than working on [inner] transformation. (p. 7)

Milton therefore emphasised the importance of the therapist retaining their own mind and facing into the inevitable disruptions that arise as the traumatised patient demands that the therapist change their response, rather than that the patient transform their inner world. This emphasis has much in common with Bateman and Fonagy's (2004) concept of mentalising, and what Bion suggested is a containing and metabolising process, allowing myself to find my own mind in relation to the patient's mind, and to offer this to the patient in a way which gradually rebuilds the patient's capacity to symbolise their inner world. However, Bateman and Fonagy (2004) in their mentalising-based therapy emphasised staying close to the patient's phenomenological experience and inviting the patient towards what is only just beyond their own thinking/feeling mind, as opposed to more depth interpretive offerings. 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, 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 manic reparative impulses that Klein (1940) and Rey (1994) described, but to create space to think and feel together and to think and feel about our thoughts and feelings. In offering such understandings, I find the following formulations of the traumatised patient's tortured inner world a helpful roadmap.

Formulation of the Intrapsychic Pair Within the Traumatized Patient

I suggest that in working with traumatized patients we are often working with an intrapsychic pair that has been diverted from its developmental path by traumatic experience. 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). However, if the profoundly somatic bodily tensions are not "given a name by the mother, they have remained silent, are inarticulate, and have no access to pre-conscious or conscious thought or dreams" (p. 179).

If these aggressive states are well mediated by the infant's early relational childhood environment the infant gradually begins to build the personal self to which William James (1892) referred. This aggression is thus transformed from its primitive origins in early life to the potency and capacity for self-protection and 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 traumatized 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." (pp. 83-84)

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. It is got rid of, made wrong and disappeared.

"Repetition Compulsion": Fear of Loss of the Traumatizing Other

One of the great tragedies of childhood trauma is that when the child grows up with a terrorising other on whom they also rely for survival, 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 the magnetic addictive bond which Bateman and Fonagy (2004) described; the infant is required to adhere to the traumatizing other, to need

the one they fear, and 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 in later life it is this unconscious adhesive bond which leads to the ongoing recreation of traumatic dynamics in adult relationships, what Freud (1914/1950b) termed “repetition compulsion,” and what we now recognise as the psyche's desperate unconscious need to hold on to the traumatising primary other; that separation, aloneness and isolation is far more terrifying, given the dissociated disintegration of the self which separation from the traumatising primary object threatens to evoke. As a patient put it:

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.

So often in these clinical presentations the patient introduces me to the triangle of their early life; the traumatising other, the traumatised child that they were, and the crucially influential, but often overlooked, destructiveness of the bystanding third, often the second parent, who out of their own terror withdraws and submits to the destructive aggression of the overt persecutor in the early relational environment, and in so doing fails to protect the traumatised child/patient from the disintegrating horror of the persecutor's attack. The failure of this protective function from the bystanding parent leads the traumatised child to introject absence, Andre Green's (1986) dead mother; where there should be protection there is only emptiness, dissociation, powerlessness and impotence, and thus the child is left to fend for themselves in the only way they know, to submit to the violence, and attend to, care for, the wounds of the other, abandoning their own need, just as they have been abandoned. A patient put it graphically, commenting that she had come to realise “the monsters in me.” She then described the dementor within:

During our session the day before, you had explained to me ... how I had kind of internalised the abandoning mum, the passive, non-intervening dad, the attacking mum ... I think the monster symbolises my mum 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.” I think that is what it sometimes feels like when I spend too much time with my mum. ... The blob ... is my dad. ... I don't think I'll ever be like how I might have been if I had had a nurturing, loving, well-balanced mum, and a dad that was more like you, more assertive and protecting.

Inviting the Patient to Reclaim Primary Affective States

In the attempt to transform such terrorising inner experience, we are up against a forcefield of fear, indeed of annihilatory horror, and survival terror. For the infant raised by a

traumatising presence is in a double bind: on the one hand being terrorised by the traumatising presence of the other, and on the other hand desperately needing the other's presence for their very survival. The therapist who challenges the destructive hate which infuses the traumatised patient's psyche is 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. When we challenge this destructiveness, we challenge the patient's very survival, their experience of the capacity for "going on being" (Winnicott, 1965). Transformation of such destructiveness therefore often involves fierce, even ferocious, intrapsychic and interpersonal struggle. In the middle phases of therapy such therapeutic work requires an often heated battle between the aspects of the psyche disturbed and determined to destroy the patient, the vulnerability that feels it needs this destructiveness to survive, and the use of our own potent and protective aggression in service of this vulnerability; an often fierce confrontation with the destructiveness is needed. In this we are always at risk, as Messler-Davies and Frawley noted (1991/1999), 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. Donald Kalsched (1996) 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. (p. 40)

The Greater Coniunctio

Regarding the fierceness of the battle required in the service of inner transformation, Jung (1966) offered the potency of the alchemical metaphor: the rawness of prima materia, the transformations which arise as heat is applied within the crucible of the therapeutic dyad, with the hope that a distilled and precious taonga may emerge. Of course, the alchemical process is always an ongoing one. Edinger (1972) developed this metaphor with the notion of the greater coniunctio, comparable to Rey's (1994) reparation proper, in which there is a willingness to stay with the heat of therapeutic engagement, to retain faith in the possibility of true inner transformation, as prima materia is transformed from the terror of inner darkness, via therapeutic heat, to the hopefulness of creativity, whilst the lesser coniunctio gestures to the impulses to flee the heat involved in the fierce confrontation with destructive forces.

So often we flee from the terror in clinical work. As Winnicott (1974) noted, "the

clinical fear of breakdown is the fear of a breakdown that has already been experienced” (p. 104). However in our confrontation with the unconscious, with a persecutor to whom the vulnerability is addictively bound, there is the possibility that the patient is returning to a vulnerability which has previously been disassociated, obliterated into impotence and powerlessness, or even, as D. B. Stern (2003) noted, has never been formulated. Winnicott (1974) suggested that whilst the breakdown has already occurred, it has not “happened” to the patient because the patient was not able to be present to experience it. The crucial difference in therapeutic work is the possibility that now there is another mind and eventually two who can experience the terror that had already occurred. I suggest that inner transformation involves the return of that which feels persecutory and attacking to its original creative developmental state as potent and genuinely protective aggression, potency and agency in the service of rather than attacking towards vulnerability, in so doing enabling dissociated powerlessness to return to its original form as human vulnerability, tenderness, dependency, and attachment need, all in the service of the soul’s creativity.

The Intrapsychic, Interpsychic, and Interpersonal, the Therapist’s Vulnerability, and the Exploration of Enactments

Relational and interpersonal therapists are often set against those with a more intrapsychic focus. This is a false dichotomy. The intrapsychic is always interpersonal and vice versa. Therefore, whilst valuing contemporary developmental theory and its emphasis on how the inner world emerges from early relational environments, I also find Kleinian thinking resonates in its description of how, even in the most relationally attuned and responsive environments, the infant inevitably experiences states of terror and hate in relation to their psychosomatic early experience, and corresponding anxiety-generated unconscious phantasies. Juxtaposing these ideas with how primitive states of love, hate and terror may or may not have been well enough mediated by the early relational environment provides a rich intrapsychic, interpsychic, and interpersonal tapestry. The psyche that has not found a receptive home for states of love, hate and terror inevitably means that intrapsychic persecution is much more dangerous. The weaving of these ideas in relation to primitive states assists me to hold in mind that I am not only attempting to introduce the patient to their interpersonal ways of being, and the interpsychic dynamics that this creates between us and in their relations with others, but I am also inviting the patient to meet more fully the terrors and intrapsychic conflicts of their inner world. These multiple lenses are particularly helpful in the working through of enactments, as Jessica Benjamin (2009) described. She noted that in inviting therapists to recognise their part in traumatic enactments:

When we acknowledge to the patient the felt experience of having recreated the original injury, we are, in effect, inviting the abandoned shamed and wounded part to become more vocal. We thus avoid repeating the part where the original abuser or bystander adult denied the child’s reality. In my view, what usually solidifies and makes the intractable re-traumatisation in the analytic dyad is not the enactment

itself but the analyst's failure to acknowledge it, which the patient correctly grasps as an avoidable failure. (p. 444)

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, the mea culpa of the therapeutic apology, but also the potential for something deeper. Benjamin (2004) assists me with the interpersonal dimensions of this deeper challenge. Whilst Klein (1935) and Rey (1994) emphasised the intrapsychic aspects of transformation of the inner world, Benjamin's (2004, 2009) interpersonal emphasis provides a helpful map for interpersonal engagement with the patient. She noted:

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. (p. 33)

Steiner (2001) described the intrapsychic and interpersonal tight rope which patients walk when they take the risk of allowing their traumatised vulnerability to first emerge from the psychic retreats in which it has been sequestered; shame and humiliation are often close by, as the patient feels the terror that the gaze of the therapist upon this vulnerability will be a shaming gaze, as it has so often been in the past. But, of course, this shame can also attack the inner world of the therapist. At times when we make clinical errors, we must tolerate our shame, but not submit to it, developing a capacity to notice its toxic intentions without becoming overwhelmed by the impulses to retreat, submit, or avoid, when difficult interpersonal and interspsychic moments arise in the heat of clinical work.

Central to the therapist's challenge not to submit to our shame when clinical "errors" and mutual enactments arise is our relationship to our own vulnerability. As Clark (2006) noted, it is our vulnerability which provides the lens through which we might empathically reach the vulnerability of the other. By contrast, if we as therapists do not retain connection to our own vulnerability, but rather in self-defence, given the deep disturbance evoked by the projected attacks of the tormented inner world of the patient, react by submission or retaliation, therapeutic derailment awaits. The more we have dissociated from, disappear, attack, hide, or otherwise disavow our vulnerability, the less we are able to access this essential resource in service of reaching the vulnerability of the other. The risks of mutual enactment (what D. B. Stern, 2009, described as disassociation interpersonalised, in which the therapist's own disassociated vulnerability interacts with the patient's), is always a disturbing challenge.

In this, the therapist's compassion towards their own inner world, and the centrality of faith in the potential for true repair of our own and the others' inner objects, is crucial. I find it helpful to combine these intrapsychic reflections regarding both patient's and therapist's inner worlds with Benjamin's (2004) interpersonal emphasis. As she noted, "My point is that 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, neither to avoid my part in what has occurred, nor to collapse under the force of the patient's hate. I seek an explorative stance: "Something difficult has happened between us, can we take time to understand this together?" The work is slow, often very painful, and can take years to unravel. In this 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 therapist. Rather there exists a possibility for each of us to discover the part we have each played in the difficult dynamics that have occurred between us. In the opportunity for genuine grief, in the giving up of omnipotence and omniscience, there is 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, 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. (p. 442)

The co-creation of a relational experience in which difficult interpersonal interactions can lead to the rediscovery and reclaiming of internal emotional states previously dissociated and disavowed usually evokes tender grief between me and my patient as we feel the losses that led to the disassociation of these vulnerable states in traumatic early environments. And the gold at the heart of this potential transformation is the creativity that can arise from such profound grief, the possibility that we might symbolise what has never been symbolised before, and more than this, that the shared labour of relational mourning may give rise to something new.

Mourning and Grief

We return to the beginning, to Freud (1917/1950a) and Klein (1935, 1940, 1975), and to mourning. At the heart of all the writing I have reflected upon, whether the focus is on the intrapsychic, interpersonal, transpersonal or intersubjective, is the possibility that if the traumatised psyches who inhabit our clinical rooms are able to face the terror of their inner

lives and gradually transform the persecutory hatred into creative potency and protective aggression, the dissociated powerlessness into human vulnerability and need, this is a profound act of grieving. 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 to live the life of creativity that can be born from the deep and profound acceptance of our humanity. As one patient wrote 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.

So much of what we face now requires the central capacity for grief. In individual clinical work true inner reparation arises out of this mourning. And in the terrors of the pandemic and climate crises that we all face, and in the cross-cultural violence that haunts humanity, is the challenge to mourn. So often we are terrified by the deeply disturbing losses we all face. We are so impelled to escape to fantasised omnipotence, the seductions of consumerism, technology, and independence from the earth and from each other, and to avoid the grief. Yet perhaps it is from the place of shared loss and relational mourning that we might reach each other and the earth, with honesty and care, rather than the escape to manic flight from the human vulnerability implicit in our dependency and place with the earth that provides our only home, and the inevitable and catastrophic fall this must entail.

Conclusion

Michael Balint (1952) suggested that:

In my opinion, hate is the last remnant, the denial of and the defence against the primitive object love (or the dependant archaic love) ... this means that we hate people who though very important to us do not love us and refuse to become our co-operative partners despite our best efforts to win their affection. This stirs up in us all bitter pains, sufferings and anxieties of the past and we defend ourselves against their return by the barrier of hatred, by denying our need for those people and

our dependence on them. In a way, we reassure ourselves that these people, though important, are bad, that we no longer depend on the love of all the important people, that we can do without the love of the bad ones among us. (p. 358)

In the force field of projective identificatory dynamics, so much of what we experience feels destructively aggressive. It is easy for us, both patient and therapist, to lose sight of the terror which lurks beneath apparent hatred. As the patient evacuates into the therapist the internal persecutor of Bateman and Fonagy’s (2004) formulation, in so doing re-establishing intrapsychic contact with the traumatising primary object to whom the patient’s psyche is addictively bound, the power of such hatred, and the terror that it camouflages, can create pressure on the mind of the therapist in some ways akin to the emotional undoing Bion encountered in the killing fields of World War I. The capacity to think under such emotional pressure is severely strained. We need to receive and be influenced by such terror, whilst grappling to find our own mind, like dream thoughts, as Ogden (1999) described, slipping from our minds as we awake from the projective identificatory heat that envelops us. Yet if we are able to find our own mind whilst staying with the patient’s terror, and gradually find a way to symbolise this terror, there is the possibility that slowly such terror may be metabolised, and that the grief of such early terror may be felt, together and alone; that with the softening of the internal persecutor which attempts to protect psyche from this terror, there may be the possibility of compassion, forgiveness and a surrendering to our own humanity, both our patients’ and our own. And from this the creative potential for a life lived connected to our grief, and open to the rich possibilities which connection to our own tenderness might allow.

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