Bion, W. R. (1962). *Seven Servants*. New York: Jason Aronson.
Feldman, B. (2004). A skin for the imaginal. *Journal of Analytical Psychology, 49*(2): 285–311.
Fordham, M. (1985). *Explorations into the Self*. London: Academic Press.
Fraiberg, S. (1987). *Selected Writings of Selma Fraiberg*. Columbus, OH: Ohio State University Press.
McDougall, J. (1989). *The Theaters of the Body*. New York: Norton.
Piaget, J. (1951). *Play, Dreams, and Imitation in Childhood*. New York: Norton.
Schore, A. (2003). *Affect Dysregulation and the Disorders of the Self*. New York: Norton.
Stern, D. N. (1985). *The Interpersonal World of the Infant*. New York: Basic Books.
Stern, D. N., Sander, L. W., Nahum, J. P., Harrison, A. M., Lyons-Ruth, K., Morgan, A. C., Bruschweiler-Stern, N., & Tronick, E. Z. (1998). Non-interpretive mechanisms in psychoanalytic therapy: the 'something more' than interpretation. The Process of Change Study Group. *International Journal of Psychoanalysis, 79*: 903–921.
Tronick, E. (2007). *The Neurobehavioral and Social–Emotional Development of Infants and Children*. New York: Norton.
Tustin, F. (1990). *The Protective Shell in Children and Adults*. London: Karnac.
Vygotsky, L. (1978). *Mind in Society*. Cambridge, MA: Harvard University Press.
Vygotsky, L. (1997). *The Collected Works of L. S. Vygotsky*, Volume 4: *The History of the Development of Higher Mental Functions*. New York: Plenum.
Woolf, V. (1976). *Moments of Being*. London: Harcourt Brace.

CHAPTER NINE

From not knowing to knowing: on early infantile trauma involving separation

Alessandra Cavalli

One of the main reasons that brought Jung to separate from Freud was Freud's belief that infantile experience is paramount and profoundly influences the person that each of us becomes. Jung felt this approach was deterministic and, convinced that there must be more (Jung, 1961; Kerr, 1994; McGuire, 1974), he plunged into the scholarly study of our written heritage: philosophy, physics, and metaphysics, anthropology, astrology, and mythology. In his search for this unknown "more", Bion's O (1970), Jung sought guidance from the experience of those who had lived before. By finding other ways of understanding the psyche, he hoped to prove that Freud was wrong.

Ironically, separating from Freud was problematic for Jung precisely because it evoked his own unknown and unresolved infantile trauma of separation. Writers including Winnicott (1964), Jackson (1963), Satinover (1985), Fordham (1985), Feldman (1992) and Meredith-Owen (2010, 2011) have discussed the mental crisis Jung suffered as a result, elaborating on this early trauma and how it informed his personality, and how analytical psychology is founded on Jung's attempt to make sense of what he was experiencing and his internal working through.

Liber Novus, The Red Book (2009) is the testimony of how Jung was able to emerge from his mental crisis, out of the darkness of his unconscious to be reborn alone, without the help of a mother. Instead, he created a matrix for himself using the written heritage he studied. In the *Red Book*, he constructed a boundary around this unknown past experience and found a way to deal with the beta elements provoked by his traumatic separation from Freud. Yet, despite his capacity to heal himself and to create an entire psychology based on explorations into his self, it is possible that Jung did not understand the infantile origins of his trauma.

Vestiges of experiences that have not been contained and mediated by the maternal matrix are not available to explicit memory (Mancia, 2007). They are stored in implicit memory, so have emotional impact but no meaning. Unlike the repressed unconscious posited by Freud, these primitive memories have never been represented mentally and, therefore, cannot be expressed. They affect the personality because they inhabit a "non-existent" desert of the mind, which has no name. These memories emerge only as acting out, as symptoms that need a semantic significance. Emotional events in the present reconnect us with suppressed emotional events in the past in such a way that past and present become inseparable, conflated.

His break with Freud brought Jung into contact with an earlier traumatic experience of separation that had been suppressed (to use Green's 1998 formulation). By containing it, he was able to explore it, and this contributed to a growing sense of self (Jung, 1961). Some of Jung's legacy to us is represented by his clinical and theoretical research into these areas of the individual's primal proto-mental experience and its relationship with reality.

In this chapter, I use a clinical case to look at early infantile trauma involving separation. My aim is to think about technique, and how to work with patients who present an ego that has varying degrees of maturity and strength, but contains a split-off part, a fragment or pocket with associated non-ego contents. Particular attention is paid to the need to create a maternal matrix (what Botella and Botella (2005) call figurability) in which the patient's early trauma can be recovered and the split-off part can be integrated. Even with a considerable level of ego development, it is a constant threat to stability to have such an unintegrated primitive area in the personality. Relating to one specific case, I focus on the rigidity of those areas, and on the difficulty of spotting them in analysis. Progress in analytical theory and technique must be sought at the frontier of analysis, in the difficulties that might seem impossible to overcome. This frontier is a "no man's land", open to progress as well as to failures. This is the zone of the unrealised trauma (Bion's Caesura, 1977). A psychic trauma becomes known when it is recognised as such by the analyst and/or by the patient. It acquires full significance when both realise this (Baranger, Baranger, & Mom, 2009).

When dealing with pockets of preverbal areas, one finds an absence of representability; instead, there are subjective states of feelings and body sensations with phantasies attached, which have never been tested in reality, confusion between subject and object, and symbols expressed in a very concrete way. Although Jung had little to say about these problems, much of his work was concerned with them (Jackson, 1963). In his search for "more", Jung did find O, the truth, although he could not understand it in the way we can now think about it. Nevertheless, he lived it, and experienced the phenomena that represented it. Experience precedes knowing about it.

At the end of the chapter, I come back to Jung and this quest. I pay particular attention to the problem of knowing, Bion's K, with the aim of showing that in order to stay open to Jung's dictum "there must be more", to stay open to O, we must challenge our knowledge again and again and accept that what seemed known to us (K) can suddenly turn out to be a belief, a false certainty. This realisation is possible only if we allow ourselves to be touched by O, by the truth, and experience its phenomena. The challenge of O reframes our knowledge (K) anew, allowing us to grow and develop. In a sort of parallel process, both patient and analyst are faced with this difficult exercise. The challenge consists in being open to experience, in breaking and repairing theory in the struggle to evolve. Understanding can be only in transformations in O, which then must be understood. In this respect, Jung created a precedent.

A few thoughts on early infantile trauma involving separation

In his paper "Abandonment in infancy" (1985), Fordham made an important distinction between separation and infantile trauma involving early separation, which he called abandonment (1985, p. 21).

According to Fordham, abandonment is a traumatic experience and differs from other forms of separation in which sadness, pining, and grief are experienced. In abandonment, there is no internalised image of a mother who can physically hold and mentally contain her infant, because the actual mother has left her infant without her mediating and containing function. Experiences that have not been mediated by the mother, for which no maternal matrix has been provided, are split off, dissociated, and not integrated into the rest of the personality. They are known only implicitly, and so affect the rest of the personality in the form of symptoms, or through acting out. As somatic delusion–illusion, preverbal bodily events that have never become word, they trap the person and prevent development and growth. The problem in analysis is how to create a container in which the terrifying somatic event can emerge, so that a matrix can be provided, and, with it, meaning.

In the following case material, I present the problem of patients who have employed early defences against abandonment and the difficulties for both patient and analyst in their quest to transform "O" into "K".

Clinical presentation

The patient "lost" her mother when she was a few months old. While her mother was ill (present, but absent for her infant), she was brought up by another member of the family, who looked after her in a rigid and strict way. My patient was not conscious of this trauma as she became very attached to the maternal substitute, who loved her but created for her a container similar to a psychic straitjacket. This took the form of strict rules that the infant had to follow: no sucking, sleeping on command, potty on command, weaned at four months and fed with a spoon on command. This maternal substitute could be viewed as emotionally abusive, but she provided a strong container for the patient's infant self. Like an iron box, it held the infant together, preventing her from breakdown after the traumatic loss of her absent-but-present mother.

The patient is a well-adapted woman who has been successful professionally. She came to analysis because she felt she was approaching a mid-life crisis and had lost a sense of direction. She had always felt that life was a fight that had to be endured, and her description of this fight had the intense quality of something in her internal world that had to be understood. Only in retrospect did it become clear that this patient had created around herself a strong defence, and she was operating in life like a soldier who would attack any problem, external or internal. Her "credo" was that she had to be good, and everything that was in the way had to be annihilated, including emotions, feelings, and thoughts that could be considered by her as "bad". Her understanding of the world was black and white, and while she was operating for the world to become white, she was totally unconscious of this, and had no means of knowing herself or others in a more realistic way. In her mind, it was a matter of will power.

First dream of the patient:

> I was riding a bicycle. This seemed to be my task, just going on and on pedalling, every push on the pedal felt difficult and heavy, only at some point I realised that I was pulling a rickshaw, which was attached to the bicycle. I understood that it had always been there. I looked back, and in it was another me, in a comatose state. She woke up, had a look around and passed out. I realised I had to keep pedalling and pedalling. I became aware that I had always taken this other me with me.

Through the image of the dream, we began to think of a split-off part of her that was traumatised. This part was carried around by another part of her, and a lot of energy was employed in this difficult exercise. We began to think that our difficult task in analysis was to get to know the split-off and traumatised part in relation to her early history and in relation to herself.

First break: separation and hallucinations

Freud described the splitting of the ego as passive, an ego subjected to a traumatic event allows itself to be split. For Klein, trauma splits the ego and while one part remains in contact with reality, the other part, and the object attached to it, stops developing. According to Fordham, it is not the ego that splits, but two different experiences that remain separate because they are irreconcilable. These are linked with two experiences of the object to which the self was relating. Although the self has the capacity to link experiences (ego bits), some

ego bits can remain unintegrated. Following Fordham's hypothesis, I began to think of my patient as having had two experiences of herself in relation to her object: these two experiences seemed to be linked in a way that had to be understood, and while one was positive and growth-promoting, the other seemed to be unthinkable and dreadful. The dream seemed to be showing in a powerful way that the patient had not been able to integrate these two experiences into herself. Something had made her feel totally helpless, and a helplessness that had no name emerged in this image of an ill, comatose part of the personality which could not sustain contact with reality and had no way of expressing itself. The challenge of the work was to create a boundary around this something that had no name. The dream represented the first attempt of her psyche to find meaning for something unknown that needed understanding.

The dream was an image of an experience of total loss and helplessness that had been introjected, but never understood. Confirmation of this became apparent in her relationship with me in the sessions. I began to have two experiences of my patient on the couch: a very alive woman, energetic and full of interest, and one who would suddenly become silent and lost. Although she was alert in these lost moments, she could not free associate; she was "blank". If asked what she was thinking, she would reply, "Nothing, I am only waiting for you to tell me what to do." Slowly, we began to understand that she would put herself on hold and wait for instructions. In the first part of the analysis, it was difficult to know what might have provoked these moments, which did not seem to be connected with anything. When she became blank she had two experiences of the analyst, first as the lost mother, and then as the maternal substitute who would rescue her.

I began to relate to the patient's blankness as to her early trauma. The lost mother was somewhere present in the analysis, but then the patient lost the analyst and related to her as to a substitute mother/analyst who would tell her what to do and think. I began to imagine that the blanks represented an experience so confusing that it would re-traumatise the patient again and again. The trauma had happened so early that it had no form, only confusion, confused and confusing nameless dread. There was no way of expressing it. I began to imagine that the part of the personality linked to that experience of early loss was still attached to the self, but had lost all hope of being found.

Perhaps the rigid rules of the maternal substitute, like the rigid rules of the analysis to which the patient had committed eagerly, provided a container for the patient's past experience. Because of anxieties and confusion, the part of her personality that lived alienated at the edge of the self had not developed the ability to create the symbolic structures by which we face absence and loss. Nevertheless, in analysis, the repetition of an early experience could be observed and some understanding could begin to take place.

I began to understand her silences—at the beginning of the week, in the middle of a session, or during the last session of the week—as a re-enactment of her early trauma: the straitjacket of the analysis was holding her together, but the loss of her mother was re-enacted again and again without the possibility of understanding it. In blank moments, the patient was motionless, at times she felt cold and would cover herself with a blanket. Sometimes, her stomach would produce noises. It took a long time for us to understand their meaning, and I will return to this. I began to postulate in myself that the blank moments were attached to the rest of the session by feelings that at that point we did not know about. As the rickshaw was attached to the bicycle by a link, these unknown feelings were the link between two experiences of my patients in relation to her objects. We did not yet know about them, as my patient did not seem to feel anything.

When the first summer break arrived, I was curious to see if the blanks could be accessed or if we had come close to them in some ways. With the break, the straitjacket of the analysis would be lost, and I wondered if the loss might reconnect my patient with the experience of the abandonment. The patient experienced this first break as a catastrophe. She hallucinated my presence, and these hallucinations, although very frightening and confusing, helped her to survive.

Some thoughts

It took some time for us to understand that the hallucinations were not serving the purpose of reconnecting the patient with me or her analysis, they were simply helping her to keep away from the split-off part of her personality. While the separation could have helped her to contact something of that early experience, by hallucinating my presence she was defending again and in a more manic way against the terror of the early experience. By keeping me with her all the time, the

patient had not separated from me, as if the summer break had not taken place. It was possible to make a first hypothesis according to which the lost object (the primitive mother) had not been represented internally. By fusing with an experience of the lost object, my patient was telling me that it was possible to think of her early experience with the lost mother having been very ambivalent. She seemed not to have been able to create a good and a bad image of the lost mother, but only to identify with an idealised aspect, the love-giving mother. During the break, she was desperately trying to identify with this aspect of her mother in relation to me in order to protect herself from her mother as the aggressor, the lost mother. This powerful and terrifying aspect of her mother was still unknown to us and had no representation in her mind.

We began to think of the mini-breakdown she experienced during the summer as a way to keep away from a catastrophic childhood experience in which she had not been held or contained, mentally or physically. Idealising was a defence against a terrifying experience that had to be avoided at all costs. The straitjacket of the mother substitute and the analysis could now be thought about as the rickshaw containing an unknown experience which had to become known.

After the first summer break

After the break, the patient began to complain about feeling confused. This confusion had the quality of a primitive confusion, a product of her earliest relationship in which the search for clear and differentiating answers was not adequately met. It is possible to postulate that, when the primary self of my patient was hit by reality with the loss of the mother, a "patch" (the phantasy of fusion) was produced, which protected the self from the impact of unbearable reality. Her initial dream gained a new meaning: it was as if the whole self of my patient was moved by the phantasy of reunion, the capable part of the patient, with the traumatised helpless part attached, was moving through life with the unconscious hope of refinding the lost mother of infancy. Perhaps my patient had spent all her life hoping to be reunited with the lost idealised object, and this hope gave her the motivation to move on in life. The patient had transferred this hope to me, and, indeed, she had been able to reunite with an aspect of me during the break, but it was the idealised me, while the me who had left her was blanked out.

During the break, the "comatose" part was abandoned again. I had become the mother substitute who had taken the mother from the infant. In order to survive the loss, the patient hallucinated the lost mother-me and survived the break in the same way she must have survived the maternal abandonment. We can see that the summer break was a lost opportunity for mourning. The repetition of a past experience was the only way the patient was able to cope with a situation in the present that was linked with a past experience. The repetition was also a defence against an experience that could not be recovered. In identification with the abandoning mother-me, the patient was re-abandoning herself, as she preferred to be fused with an idealised me, leaving in the rickshaw a dead–alive part of herself.

The question remained as to which experience of the object the comatose part was relating to. Also, what were the feelings that were linking the two experiences of the object? There seemed to be no representation of them. "In parallel to the symbiotic relationship with the idealised object, there is always a symbiotic relationship with the dead alive object" (Baranger, 2009, p. 215). In the unknown content of the split-off part was a terrible experience of the object and of herself, and knowing it created a terrible confusion in my patient. This confusion was one way of understanding the link between the two experiences of my patient and her mother. Secondary splitting and idealisation were employed in the struggle against a primitive and unbearable confusion. This confusion had to be tolerated in our work for the two experiences to become closer and known.

Encouraging my patient to think about the break, to tell me how she felt, to clarify the content of her hallucinations, was a way of getting her to look at it as a real event, in which I had not been with her. By showing her that I did not know what had happened to her, I encouraged her to think about it, to test her desire to deny something real that troubled her, which she did not want to know about. By attempting to ignore the hallucinations, she was keeping the comatose part of herself in a dead–alive state. As if repeating the abandonment of her mother, and in identification with her, she was leaving the other part of herself to deal with a lost object that was constantly re-traumatising her. It was extremely difficult to keep in my mind the part of her that needed to be attended to, but which my patient disregarded with considerable nonchalance.

After the second summer break

When we resumed work after the second summer break, my patient said "No" to me. She did not want to come back to her analysis. For a long time she kept saying "No" to me. It was difficult to understand which experience she was refusing. Was it a "No" to possible depressive feelings due to the break and the experienced cruelty of the mother-me? Or was it a "No" to the substitute mother-me who was asking her to enter again the straitjacket of the analysis? Although terribly painful and difficult to deal with, this "No" was the beginning of a breakdown of an unthinkable past experience that needed to be understood.

While the patient was silent and uncooperative on the couch, I began to hope that I could become someone else, not a better mother, not a better maternal substitute, but a thinking object that could provide a matrix for the terrible experience which until then had never been understood.

It was at this point that I began to think of the hallucination as a form of protection, an early form of relationship that was known but which, like the womb, needed to be mourned. Then she had had another early experience, one that had not been fully known, which was difficult to represent and understand. Looked at in this way, her "No" could have a new meaning. It could be understood as a "No" to any other experience of me but the idealised one, to her fear of having to come to terms with an unrepresentable reality, to her rage with me for forcing her to look at the status of things, and, possibly, as a "No" to mourning the womb-like relationship she wanted to have with me. Her "No" also meant having to accept a relationship to the blank experience.

While the patient was beginning to separate from the maternal substitute by saying "No" to me, she was also expressing the unresolved feelings that were connecting the two experiences of her mother. From the beginning of the analysis, these feelings were expressed in the form of sounds produced by her stomach. As she became more in touch with the feeling of confusion, these stomach sounds gradually diminished, and finally they disappeared.

The two experiences of the same object and herself, linked together, could now begin to be analysable. Slowly, it became possible to bring them closer in relation to her early experiences and to me.

The idealised object and the dead-alive object were now the same in their two manifestations, as well as the good-person aspect of the patient and her dead-like other aspect that needed to be understood. Bringing these two aspects closer was creating a great deal of confusion. This confusion was in some way a confirmation that the loss had happened at an early stage in which clear differentiation had not taken place.

Some thoughts and further developments

I began to understand the two images of my patient with their mirror objects as having their origin in early states of primitive identity between infant and mother.

In Fordham's language, the adoring baby adoring an adoring mother in parallel to a dead-like baby mirroring a dead-like mother could be understood as two archetypal experiences. Subject and object could not be differentiated because of lack of containment. The experience and its representation were identical, and symbolisation was not possible. Re-enactment was the only way to symbolise and transform what could not be digested and understood. In Kleinian language, the infant part of the patient had introjected but not assimilated both aspects of the mother and identified with them. With her "No", the patient was rebelling against the lost idealised mother, the maternal substitute, the old known way of relating.

According to Klein, if the ego bit rebels against the experience, the object attached to the experience also rebels. It was likely that the semi-dead-like aspect of the object would now become a persecutor, and that I would become that aspect of the object in the transference. For this part of the ego, the infant and her experience of that aspect of her mother were still undifferentiated. By describing to my patient what I thought was happening, I hoped to create a matrix for understanding, for representability and differentiation. This understanding might provide an antidote to her fear of a persecuting me, which, like the dead-like mother, would be a persecuting experience that my patient had to avoid at all cost. Perhaps she was afraid of falling to pieces if she were forced to reconnect with that early experience.

For Klein, the fear of disintegration is mitigated by the introjection of the ideal breast and identification with it. This protects the infant from the knowledge of a persecutory breast, which becomes a

superego that persecutes the ego bit. The rickshaw, like the iron box of the maternal substitute that had saved her from disintegration during that early experience, was now trapping my patient in such a way that she could not move on.

The patient's infant part was maintained in a near-death situation to avoid feelings of needs, rejection, and helplessness. It was to avoid those feelings that my patient was rebelling against her analysis and me. By rebelling, her dead-like part was waking up, and, in an omnipotent way, she was denying our work, her dependence on me, possible depressive feelings, rage and hate: a survival defence against helplessness. Her insistence on wanting to leave me had a psychotic quality. For Bion, the psychotic is what has not become a thought, but has remained an allergy to the frustration of an absence. This was the blank that my patient and I were hoping to transform into a feeling and a thought.

The early relationship of my patient with the mother was broken by the trauma of her absence. In that absence, there was a no-thought, an emptiness that was held together by a second skin, an armour, the iron box of the maternal substitute. I was hoping to find in the archaeology of her mind a "tooth, one mandible, and reconstruct a whole personality from this fragment" (Green, 1998, p. 659). This fragment, possibly her feeling of confusion and the sounds of her stomach, was the first link between the two experiences of the mother that my patient had been unable to know about.

Inside the rickshaw

The patient's stomach sounds needed particular attention. Instead of becoming alive, something would be evacuated through her intestine. It is possible that these sounds were a defence against devastating emotions. Her "No" was a last desperate attempt to control emotions that were attached to the experience of the lost mother. Now that she was becoming separate from the idealised object-me, and I was becoming a persecutor, the unresolved feelings attached to the experience of the loss of the idealised mother were becoming free and could no longer be controlled.

The difficulty in the analysis was to help the patient to feel all these feelings in such a way that when the phantasy attached to the persecutor became known, or a partial representation of it, the feelings

attached to that experience would feel less persecuting because they were known and the patient had learnt to feel them. Encouraging the patient to stay in touch with these feelings was difficult because they were frightening her. She had no experience of being physically held when she had powerful bodily feelings that felt as if they were fragmenting her. She had been abandoned to them.

Second part of analysis

In the second part of her analysis, my patient began to feel something she did not know about, which evoked panic in her. By now, although reluctant, she seemed determined to understand herself, and a different relationship between us could emerge. It seemed that my curiosity and attention to her had stimulated a similar interest in herself. Her "No" to me slowly unfolded into a "Yes" to herself, and then into "I want to know more about myself". The panic was evoked by a long known and suppressed sensation that we identified as a feeling of utter helplessness.

This coincided with our understanding of a recurrent dream in which she was in bed, paralysed. Understanding the dream was perhaps the second element in the difficult construction of a representation of the experience of the lost mother. Although my patient's conscious self was very ambivalent about the analysis, her unconscious seemed willing to cooperate by providing elements that were paramount in our work of constructing a matrix of figurability (Botella & Botella, 2005). It was deeply moving for my patient to identify the feelings of total helplessness that the dream described. A once unbearable bodily event now had a name and could begin to be known and thought about.

My patient had been contained by the womb and had adapted to her mother's care after birth, but, with the premature loss of her mother, she was trapped in the iron box of the strict rules of the maternal substitute. This new container had become a prison from which my patient could not escape. By putting a name to this old, unknown bodily sensation, we were able to transform it into a thought. Helplessness could be understood and felt.

The experience of rejection for my patient had been so profound that she maintained the near-death situation to avoid the feelings connected to it. Instead, the experience seemed to be encapsulated in

a terrible sense of helplessness that she had converted it into a sort of religion. This was her destiny.

In order to know more about her lost capacity to form a representation of the lost object and its mirror image of the lost baby, we needed to find ways of exploring the delusional aspect of the absent mother mirrored by the abandoned baby. As we did with the hallucination related to the idealised object, we needed to connect with a delusional representation of the loss in the negative.

By allowing me to become a companion to explore with her the persecutory feelings that inhabited the void, helplessness, shame, and fear, the patient was moving away from experiencing me in the transference as identical to her experiences. I was becoming the provider of the maternal matrix that she needed. Once separate, I was available to investigate, question, and think about what had not seemed knowable to her. In this process, her suppressed feelings could become felt, known experiences.

Slowly, the terror of abandonment could be explored again and again with all the feelings attached to it. My patient could develop and connect with a third position from which she was able to observe, feel, and think. From this position, the patient could begin to separate from the lost object, and finally begin to dream something about the unknown experience. With this, symbolisation could begin.

Coming closer to the delusional aspect of the suppressed experience and its possible representation

Around this time, my patient dreamt that she was in a room with a terrifying presence. In the dream, she thought it was probably the devil. We were beginning to connect to the experience of the lost mother and the feelings that were connecting her with that experience of the mother. A few months later, a second dream brought us closer to that experience.

> I am at the hairdresser. He not only cuts my hair, he also asks to me to talk freely and express my thoughts. I do this but then admit to myself that I was communicating with the devil. The devil was a sort of friend who would help me, but also a terrifying agent.

This dream gave rise to many memories: my patient's childhood fear of the devil, her terror of the dark, and finally an association with the film *Rosemary's Baby*.

Slowly, she began to trust that the good hairdresser/me could create order in her head, transforming beta elements into thoughts. An image was becoming available to her, and words could be found to describe something that until then had remained unthinkable. Only by accepting the devil as a container could the content of a terrifying experience become known and thinkable. Was this unwanted baby a devil? Was this why she was abandoned? Or, worse, was this baby the daughter of the devil itself?

While this dilemma remained unthinkable, my patient had spent her life wanting to punish herself, or aspiring to saintliness to eliminate the devil part of herself, and/or feeling damned by birth as a daughter of the devil and without hope of salvation. There seemed no way for her to escape this destiny, trapped in the iron box of her infancy.

Now that we were slowly able to make meaning, and some possibility of understanding could emerge, the capacity to create a phantasy could be recovered. This meant that bodily events could be linked with images that had been lost, and the ego could find again the lost sense of fit between mind and body. Finally, we understood the two aspects of her symbolic experience of the devil:

- the hateful abandoned child is abandoned by a horrified mother;
- this child can only hide what it fears is its devilish nature, in terror of finding out that her nature cannot be transformed.

This unconscious dilemma had been trapping my patient: she could not escape her nature, but, if her nature were discovered, she would be punished and abandoned again and again.

Now we could understand her profound fear of relating to others, her fear of being rejected, and, with it, the fear of meeting the real self she could not escape. In parallel, we were able to understand her fear of meeting the devil in the other. The constant terror of this made her feel she had to be very good, but also to punish herself for desiring freedom, which would have damned her if she had attained it.

The phantasy of the devil was a very primitive way of representing the terrible experience of hate and loss, and it was necessary to transform this first delusional representation of her experience into one closer to the truth, to reality as it is. This primitive defence against

early loss could be relinquished when something that had remained unknown could be recovered and reintegrated. Finally, the feelings connecting my patient with that early experience could be felt in relation to others without their delusional components. By integrating a suppressed experience, my patient was reaching a level of separateness that is the foundation for the capacity to experience wholeness and passions.

Conclusion

The potential for wholeness and a sense of self resides in primal emotional experiences: they are true. These primitive experiences need to be understood (K). This understanding brings us closer to "O", reality as it is, and our unique relationship with it. The attempt to experience reality, and our capacity to know about it, needs to meet with adequate conditions in order for us to develop an evolved sense of being. This includes a capacity for mental growth and a development towards integration of experiences. The fluctuation between states of disjunction and wholeness is a lifelong task, which includes the capacity to separate from primitive phantasies and identification with aspects of the parents, to bear affects, and to transform them into emotions, feelings, and thoughts. When an experience cannot be represented, it can only be enacted: indigestible facts (beta) cannot be understood and transformed. This represents an obstacle to the growing sense of self, to K, and to O.

In the difficult task of sustaining patients in their search for self, the analyst must find ways of becoming a sort of auxiliary conscious and unconscious ego, able to perform for the patient what has gone amiss, such as the capacity to create meaning between mind and body, and to (re)find the ego's sense of fit between mind and body (Garland, 1998). For my patient this has meant being able to name previously unnameable primitive experiences that belonged to the past but were active in the present, and to find a different way of knowing herself in relation to them as they are. In our work together, in our investigation of O, we have been able to come closer to beta and to O.

As I have broken down theories and put them together again, I have tried to make sense in myself and for my patient of her

unknown experience, which she has now understood in a different way. I have used the patient's past as a beta element that had to find new meaning in the present. This transformation brought integration of a split-off emotional experience of the past that was always present and, although unknown, was connecting all her emotional experiences in such a way that present and past were confused.

I have tried to construct a matrix around an infantile experience. Using free association, the theory of child development and observation of the patient's capacity to relate to me, I have formulated with the patient a way of making sense of her past experience and transforming it into something new. Preverbal bodily events that had remained somatic delusions could now become known. The grip of bodily events and of their resulting delusional–illusional states could be relinquished. In this chapter, I have shown how somatic delusions could become feelings and thoughts. Two different primitive emotional experiences of my patient in relation to others could be put together, and the feelings attached to them could be felt and understood in relation to her experiences.

My clinical approach is similar to Jung's, keeping open to "O". I have tried to link my reverie to the childhood experience of my patient, relating to it from a personal, individual point of view. I found archetypes of the collective unconscious and personal unconscious phantasies. Jung sought something "more", and I have tried to show that this more—in Bion's language, beta and O, the ongoing search for meaning (K)—requires elaborating on emotions and an analyst who is very much in touch with feelings. It is primal emotional truth that we need to reach: every emotional experience in the present reconnects us with those in the past. The past obscures the present, and past emotional experiences must be integrated in order to understand the present.

Like Jung after his break with Freud, my patient and I encountered suppressed events that were hidden but present and which were trapping her. Understanding and transforming them freed my patient from imprisonment. We approached the unknown past with courage and curiosity and were able to transform beta and O into K. This transformation has helped my patient, like Jung (1961), to achieve a sense of wholeness and of self. Our work brought us closer to the real thing, to O.

References

Baranger, M., Baranger, W., & Mom, J. M. (2009). The infantile psychic trauma, from us to Freud: pure trauma, retroactivity and reconstruction. In: M. Baranger & W. Baranger, *The Work of Confluence*. London: Karnac.

Baranger, W. (2009). The dead alive. In: M. Baranger & W. Baranger, *The Work of Confluence*. London: Karnac.

Bion, W. R. (1970). *Attention and Interpretation*, London: Tavistock.

Bion, W. R. (1977). *Two Papers: The Grid and Caesura*. London: Karnac, 1984.

Botella, C., & Botella, S. (2005). *The Work of Figurability*. London: Routledge.

Feldman, B. (1992). Jung's infancy and childhood. *Journal of Analytical Psychology, 37*: 255–274.

Fordham, M. (1985). Abandonment in infancy. *Chiron*, 3–21.

Garland, C. (1998). *Understanding Trauma*. London: Karnac.

Green, A. (1998). The primordial mind and the work of the negative. *International Journal of Psychoanalysis, 79*: 649–666.

Jackson, M. (1963). Symbol formation and the delusional transference. *Journal of Analytical Psychology, 8*: 145–159.

Jung, C. G. (1961). After the break with Freud. In: *Memories, Dreams, Reflections*, A. Jaffé (Ed.). New York: Random House.

Jung, C. G. (2009). *The Red Book*. New York: Norton.

Kerr, J. (1994). *A Most Dangerous Method*. London: Sinclair-Stevenson.

Mancia, M. (2007). *Feeling the Words*. London: Routledge.

McGuire, W. (Ed.) (1974). *The Freud/Jung Letters: The Correspondence between Sigmund Freud and C. G. Jung*, R. Manheim & R. F. C. Hull (Trans.). Princeton, NJ: Princeton University Press.

Meredith-Owen, W. (2010). Winnicott on Jung: destruction, creativity and the unrepressed unconscious. *Journal of Analytical Psychology, 56*: 56–75.

Meredith-Owen, W. (2011). Jung's Shadow: negation and narcissism of the self. *Journal of Analytical Psychology, 56*: 674–691.

Satinover, J. (1985). At the mercy of another: abandonment and restitution in psychotic character. *Chiron*: 47–86.

Winnicott, D. W. (1964). Memories, Dreams, Reflections by C. G. Jung. *International Journal of Psychoanalysis, 45*: 450–455.

PART VI

THE FUTURE