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Daimonic elements in early trauma

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This paper explores some of the 'daimonic' elements of unconscious mentation that emerge both in dreams and in the transference/countertransference field with early-trauma patients and illustrates these with an extended clinical example. An archaic and typical (archetypal) 'traumacomplex' is articulated (with diagram) as a bi-polar structure consisting of divine child protected and/or persecuted by an inner 'guardian angel'. Sources of this structure and its mythological inner objects are traced to trauma at the stage of what Winnicott calls 'unintegration' and to flooding by dis-integrationanxiety at a time before nascent ego-structure has formed.

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Part I: The self care system and its daimonic foundations Introductory remarks and example

The central concern of this paper[1] is some of the 'daimonic' elements in early traumatic experience where normal mediational processes between the developing infant and 'good enough' maternal care, have broken down. I have been especially interested over the years, in the 'daimonic' images and affects that present themselves in the dreams of patients whose early trauma is emerging into consciousness - often because of the 'trauma' of transference.

In my book on *The Inner World of Trauma*(Kalsched 1996) I have tried to show that these 'daimonic' objects represent *archetypal defences* which seek to assure that a potential core of selfhood that I have called the imperishable personal spirit is insulated from the threat of traumatic anxiety. This personal spirit is the mysterious essence of animation in the personality and is itself 'daimonic'. Winnicott called this nucleus of the personality the potential 'true self', Fairbairn the 'pristine self' and Christopher Bollas sees it as the unique 'personal idiom' whose activation is associated with a 'destiny drive'. In Jungian terms, this mysterious 'centre' appears as the archetypal image of the 'divine child' or as Sandor Ferenczi kept finding in his patients' dreams, the image of the 'wise baby'.

When trauma strikes the developing psyche of the child, annihilationanxiety appears to threaten the continued existence of this innocent nuclear core of personal selfhood. Its extinction must be prevented at all costs, and so, as Winnicott said, 'primitive defensive operations' come into play to prevent the traumatic anxiety from being experienced.

Early trauma, unintegration anxiety, and the daimonic

Much of the recent thinking in psychoanalysis is about this very early, primitive developmental period - a period that precedes even Melanie Klein's paranoid/persecutory phase with its malign envy deriving from the death instinct and its projective and introjective mechanisms. These theories of early infantile development focus on the holding and containing functions of the mother more than on imagery of projection or introjection. And the anxiety they describe is 'unintegrationanxiety' or 'annihilationanxiety' (Hopper 1991, p. 607) more than paranoid/persecutory anxiety. Winnicott set the stage for this by reminding us of two things. First, that holding and containing functions by the mother are necessary to provide the baby with safe experiences of unintegration, and that the baby's inherent 'maturational processes' will unfold naturally if this is provided. Second that … 'it is necessary not to think of the baby as a person who gets hungry, and whose instinctual drives may be met or frustrated, *but to think of the baby as an immature being who is all the time on the brink of unthinkable anxiety*' (Winnicott 1960, pp. 57-8, my italics).

For Winnicott and others who followed him, ‘unthinkable anxiety’ is what happens when mediating and containing functions break down. The baby has an experience of absolute helplessness and failed dependency following from catastrophic loss. Esther Bick described the mother's containing and holding functions as providing a ‘psychic skin’ for the baby. The breakdown of these primal holding functions could lead to the development of a ‘second skin through which dependence on the object is replaced by a pseudo-independence’ (Mitrani 1996, p. 5).

Henry Krystal reminds us that the affects of the infant seeking containment, naming, and humanization are ‘archetypal affects’. He asks:

What can be the psychic state of a child overwhelmed with the primitive affect precursors - the ur-affects - that involve a massive response mobilizing the entire autonomic system as well as the precursors of pain? How can we imagine the child's timeless horror? Our clues from experience with adults who suffered severe psychic trauma as children indicate that this kind of experience is the most terrible and indescribable hell known to man. It is literally a fate worse than death, an unspeakable horror that is expected to mount and get worse and go on and on.

(Krystal 1988, pp. 145-6)

The kind of early infantile unintegrationanxiety discussed by Bick, Krystal and Winnicott is almost impossible for us to imagine and some of the most creative efforts in psychoanalysis these days are being made trying to fathom the unfathomable mind of the human infant as it tries to organize itself around this primordial anxiety in order to survive - in other words, how it tries to organize primitive defences to protect whatever is left of its true selfhood.

This effort to look back into the darkness of the infant psyche, defines a new type of psychoanalytic mysticism - a kind of quantum physics of the baby-mind. It is as if we were looking back into the infant's mind to the very earliest components of experience - the place where Bion's ‘beta bits’ become organized in ‘alpha patterns’ which can then further be organized into proto-thoughts and images. What we hypothesize to exist there are ‘primitive objects’ (Winnicott), ‘part objects’ (Masterson), ‘bizarre objects’ (Bion) or, in my language of today, ‘daimonic objects’.

I like to think of this as analagous to new discoveries in the field of astronomy. The Hubbel Space Telescope now can look back some 13 billion years to the very edge of creation, within one or two billion years of the ‘Big Bang’. Scientists now believe that the first billion or so years after the initial fireball were dark - that the atomic gases and particles released took that long to agglomerate and for gravity to pull enough matter together to start the thermo-nuclear fires of stars. So after about a billion years of darkness, the universe lit up like a Christmas tree. In similar fashion, we can imagine the early luminosities of a child's mind as archaic structures, part somatic, part mental, which organize experience and - given ‘good enough’ mediation by the mother's empathy - provide the first intimations of ‘meaning’. With the advent of symboliclanguage, this process accelerates and the ‘illumination’ of the child's heretofore undifferentiated world must be like the lighting up of the starry vault of heaven after a billion years of darkness.

But what if our hypothetical child is traumatized during this very period when the psyche is organizing and reaching out into the world for containingobjects? What if disintegrationanxiety is released into the system at this fragile time? With the infant living in a state of ‘unintegration’, merged with the mother as two organisms with one mind, then a traumatic loss of the mother is likely to be experienced as a loss of parts of the self-representation. Such individuals will later report dream images of falling forever through empty space, or of their bodies dissolving in liquid or leaking through the skin surfaces or of apocalyptic devastation of the world. And the organizing ‘luminosities’ that begin to structure their inner worlds will be the familiar ambivalent deities of psychoanalytic reverie - idealized libidinal ‘angels’ or diabolized aggressive ‘demons’ - Freud's Eros and Thanatos, James Grotstein's (1987) ‘Madonna of Sorrows’ vs. the ‘Black Hole’ (Grotstein 1990), Klein's all good vs. all bad breast, my patient's ‘Blessed Mother’ vs. the Axeman (see below). These ‘daimonic’ Beings provide a container for the trauma victim's annihilationanxiety and in this way serve as archetypal defences of the personal spirit.

The defence in action

The self-care system seems to carry out its ‘purposes’ through two mechanisms - a preservative effort involving self-hypnosis and encapsulation of a pre-traumatic regressed part-self on the one hand, and a destructive, dismembering activity on the other, involving aggression in the service of dissociation on the other. Encapsulation seems to be a process through which ‘good’ self-states are preserved and isolated from ‘bad’ self-states, while dissociation is the mechanism by which the split compartments of the mind are maintained and amnesia barriers erected among them. Here is an example.

Case example

A young female incest survivor, in analysis with me for 2 years, was beginning to recover memories from her 3 rd and 4 th year of life. Every Sunday, with her mother off at church, her already drunken father would take her from her bedroom into the basement, ritually spank her and then digitally penetrate her vagina while he masturbated. As these anxiety-saturated memories loomed into consciousness, her eyesight would become clouded and the room would start to spin, so we could only explore a little at a time. As this process continued, we realized that these memories were all strangely ‘from above’ - in other words, that a part of her had been dissociated, looking down at her body being violated. One day, in a session, I wondered out loud ‘where’ she went during these dissociative episodes. She thought for a moment - then burst into tears and said very movingly, ‘I was in the arms of the Blessed Mother’.

In other words, when this little girl's spirit fell through the basic fault opened up in her self-experience by dissociative defences, this true self potential fell into an archetypal world already there to catch her … the Great Mother, in the absence of her personal mother. Here whatever was left of her personal spirit felt a kind of safety and containment that eluded her in her actual life with the mother. This Blessed Mother was a daimonic structure, numinous, her guardian angel - always dressed in blue, part of the mythopoetic psyche's ground of personified ‘Great Beings’. She received my patient's prayers and held her together through self-soothing during times of crisis - a transpersonal container in the absence of a personal one.

But the Blessed Mother was apparently not enough for my patient, and in her twenties the times of unendurable crises in her life seemed to proliferate. Like many incest survivors, her outer relationships were extremely volatile, oscillating between primitive, symbiotic ‘love’ and searing feelings of shameful rejection, abandonment depression and suicidal impulses. Despite my patient's well meaning attempts, through New Age reading and many

spiritual practices, to cultivate the loving energies and positive life-potentials of the Blessed Mother, the dark side of the archetype had slowly taken over her encapsulated inner world. It was her night-terrors that had brought her into treatment.

This dark side of her inner caretaker emerged into full view one time after about a year of analysis, when this very self-sufficient patient had allowed herself to feel small and vulnerable in response to my departure on a summer vacation. With tears in her eyes and the shy smile of a little girl, she had grudgingly acknowledged she would miss me and her therapy hour. We talked about ways she could keep the connection to me alive in my absence. That night, after writing a long letter to me *about how she could not continue her therapy because she was becoming 'too dependent'*, she had this dream.

I am in my room, in bed. I suddenly realize I have forgotten to lock the door to my apartment. I hear someone open the door and walk in. I hear footsteps on the stairs. They get louder and louder until my bedroom door opens. A very tall man with a white ghost-like face and black holes for eyes walks in with an axe. I am frozen in terror. He raises it over my neck and it comes down! … I wake up screaming.

The patient associated the louder and louder footsteps to her father's drunken visitations when the mother was away at church. She often had terrifying nightmares such as this but why, we wondered, had such a horrific dream occurred the very night she allowed herself to feel attached to me?

In order to understand this dream we have to realize that trauma is an attachment disorder - it's about a rupture in a life-sustaining early relationship now being 'remembered' in the transference. As a very young child, this young woman had been deeply in love with the very person who betrayed her - her father. The dissociative defences that came in at that time to save what was left of her personal spirit clearly did not like her emerging attachment to me in the transference. In other words, the possibilities of needing an actual person in the outer world - someone outside the system of her inner guardians - was experienced as a dire threat. Unable to distinguish between this threatened new attachment and the traumatic earlier one, her dissociative defence tried to split her off from her body and cut her off from her therapy! As a daimonic personification of the patient's own violent aggression directed back at herself, the inner Axe Man goes after her neck - the link between her body and her mind. Attacking these links, he represents a daimonic resistance to embodied affect and his near decapitation so terrifies the patient that she cuts herself off from all desire and need in relationship to me - at least temporarily.

So, through the earthquake fault of early trauma, an alternative world of daimonic inner 'Beings' comes into view - an encapsulated world in which 'pre-personal' and 'transpersonal' elements are intermingled and in which inner objects take on an 'uncanny' quality. Daimonic objects are not simply internalized outer objects but are archaic and typical (archetypal) personifications - unconscious phantasies having to do with the most basic libidinal and aggressive affects in the human personality. Melanie Klein believed that such primitive unconscious phantasies are present from birth and help to organize the infant's experience. They come from what some have called the 'mytho-poetic', the 'archetypal' or the 'psychoid' level of the unconscious and they are experienced by the ego as extraordinary, mysterious, awesome, dreadful, or numinous.

By introducing the 'daimonic' into this discussion about early trauma, I will be trying to bridge a gap in our theory between the work of such investigators of trauma as Winnicott and Bowlby on the one hand, and more classical Jungian thought on the other. I think we need a developmental theory that incorporates the numinous dimension of psychological life. For too long we have had a split in our theory between the 'developmental' or 'clinical' emphasis and the 'archetypal' or 'classical' one. I will be emphasizing the idea that *ego development itself is numinous* and contains mysteries that we are only beginning to understand - especially those mysteries of how the psyche defends nascent ego structure under conditions that have become 'unbearable'. I am well aware that this pursuit of the archetypal factors in early development has been the long-standing concern of Michael Fordham and his collaborators in the Society of Analytical Psychology. To all of these efforts my own ideas are greatly indebted, especially to Fordham's adaptation of Leopold Stein's earlier notion of 'archetypal defences', which is itself a syncretic, 'bridging' conception.

The daimonic and the transcendent function

Both Freud and Jung were fond of the word 'daimonic' which, in its original Greek form meant some division in consciousness through which 'divine' activity could be glimpsed - either for good or for evil. Possession by the daimon could be the experience of being 'seized with rage' but it could also be the experience of being struck down by the god of Love or even the awareness of the soul's 'inner companion' or 'genius'.

An important aspect of the daimonic was described by Plato in the *Symposium* where Eros is cited as a mighty daimon or spirit, halfway between God and man. Diotima explains to Socrates that the divine world will not mingle directly with the human and that it is only through the mediation of the spirit world that man can have intercourse with the gods. So daimons are intermediate beings. We can imagine that in their normal functioning within a healthy personality, they are a kind of outpicturing of what Jung meant by the 'transcendent function'. They define a 'space' between the ego and unconscious which is the inner mirror image of that outer transitional space Winnicott described as the paradoxical 'space' between mother and baby. Thinking further along these lines we could speculate that the 'daimonic agencies' are always present in the unconscious background of the psyche and, under normal conditions, they animate the inner world and keep the channels open between the ego and the unconscious. Diotima says the daimons,

… are the envoys and interpreters that ply between heaven and earth, flying upward with our worship and our prayers, and descending with the heavenly answers and commandments, and since they are between the two estates they weld both sides together and merge them into one great whole. They form the medium of the prophetic arts, of the priestly rites of sacrifice, initiation, and incantation, of divination and of sorcery.

(Plato 1961, p. 555)

Daimonic mediation where human mediation has failed

So it seems we have to think of mediation in two places: outwardly in the transitional space defined by Winnicott between mother and baby, inwardly in the space between the divine and human or, in Jung's language the space between the ego and the collective psyche, i.e., the 'transcendent function'.

Let us look briefly at these two intermediate areas. Winnicott's theory of transitional objects and transitional space has helped us think about the infant's psychic evolution across a threshold from an undifferentiated 'area of omnipotence' to the creative use of actual objects in the service of the

developing ego. At issue is the fate of the true self and symbolic living. If all goes well in this transitional area it is because the empathic mother facilitates the illusion that the actual world is created according to the infant's hallucinatory wish - or that the outer reality presented to the infant at least approximates the inner need.

The baby in its hunger hallucinates the breast and the mother empathically places her breast at the point of the hallucination. 'When this happens, the infant begins to believe in external reality which appears and behaves as if by magic, and which acts in a way that does not clash with the infant's omnipotence. On this basis the infant can gradually abrogate omnipotence' (Winnicott 1960, p. 146). The true self comes into being and with it the capacity for symbolic living … what Winnicott calls 'the capacity of the individual to live in an area that is intermediate between the dream and the reality, that which is called the cultural life' (ibid., p. 150).

Winnicott suggests that the 'true self' is an individual's 'inherited potential' which must *incarnate* and become actualized in a 'personal body scheme' (Winnicott 1965, p. 46). Winnicott describes this as a process of 'indwelling' or 'personalization' (Winnicott 1989, p. 271). As the mother continually introduces and re-introduces the baby's mind and body to each other, the child's true self 'personalizes' and actualizes in the body. A 'spirit' or 'entity' of some ethereal kind, existing 'somewhere' descends into the body through the mother's mediation of the reality/fantasy interface. (Note the Gnostic or Neoplatonic conception here.) Winnicott never says what this indwelling 'spirit' really is, but he does say that depersonalization is the inevitable result of its failure to incarnate. We might speculate that if indwelling fails, then the disincarnate 'spirit' remains a ghost.

The fate of the true self when transitional space collapses

So we see that trauma forecloses transitional space and, if our analysis is correct, it simultaneously cripples the transcendent function upon which symbolic capacity depends. The trauma victim's weakened ego cannot hold the tension with the unconscious that Jung described as necessary for the production of a living symbol. The 'daimonic' beings of the inner world seem to lose their 'mediational' function and start to block up the otherwise open channels of inner psychological life in defensive fashion. Instead of linking inner elements of the mind and body, they begin to 'attack the links' (Bion) in the inner world and to encapsulate what remains. The natural linking effect of the archetype breaks down.

Jung said that 'to the extent … that a symbol is merely a symptom, it also lacks a redeeming effect, since it fails to express the full right of all parts of the psyche to exist …' (Jung 1971, para. 824). We are dealing here, then, with what we might think of as a pathology of the symbolic function - something that threatens our very humanity. The true self's potential for living creatively in the world never makes it out of the area of omnipotence, i.e., out of the archetypal oblivion of the ghostly daimonic realm.

Selma Fraiberg and her collaborators made a similar point in a wonderful early contribution called 'Ghosts in the nursery'. They say:

> *In every nursery there are ghosts. They are the visitors from the unremembered past of the parents, the uninvited guests at the christening. Under favorable circumstances, these unfriendly and unbidden spirits are banished from the nursery and return to their subterranean dwelling place. The baby makes his own imperative claim upon parental love and, in strict analogy with the fairy tales, the bonds of love protect the child and his parents against the intruders, the malevolent ghosts.*
>
> *(Fraiberg et al. 1959/1975, pp. 164/387-422, my italics)*

The 'unremembered past' of the parents is their traumahistory - their un-humanized archetypal affects - their 'possession' by primitive unconscious energies, and hence daimonic. These are more than personal complexes in the parents' unconscious … they are complexes Jung described as collective in nature, full of archaic affects, idealized and diabolized imagery, trauma-generated abusive enactments - possession by a Spirit. An alcoholic father who is 'beside himself' with rage is possessed by a daimon. He may 'channel' these demons directly into the unconscious of his child whose unimaginable anxiety in the face of demonic rage will initiate the child's own daimonic possession. The child's soul falls through the earthquake fault into archetypal defences - into the daimonic, now employed as self-care in the absence of parental care. A pact with the Devil is signed. Life can go on, but the lost innocence of the self will be turned over to a 'malevolent ghost'.

Dream plus diagram

By this time we are ready to summarize the structure of the daimonic self care system with its angelic and demonic inner objects and to see how it operates. I would like to illustrate this with a brief example which will hopefully flesh out a schematic diagram (see below).

My patient was a 48-year old woman named Helen who had just begun her analysis. She was depressed and as far back into childhood as she could remember she had felt there was something 'wrong' with her. This feeling was

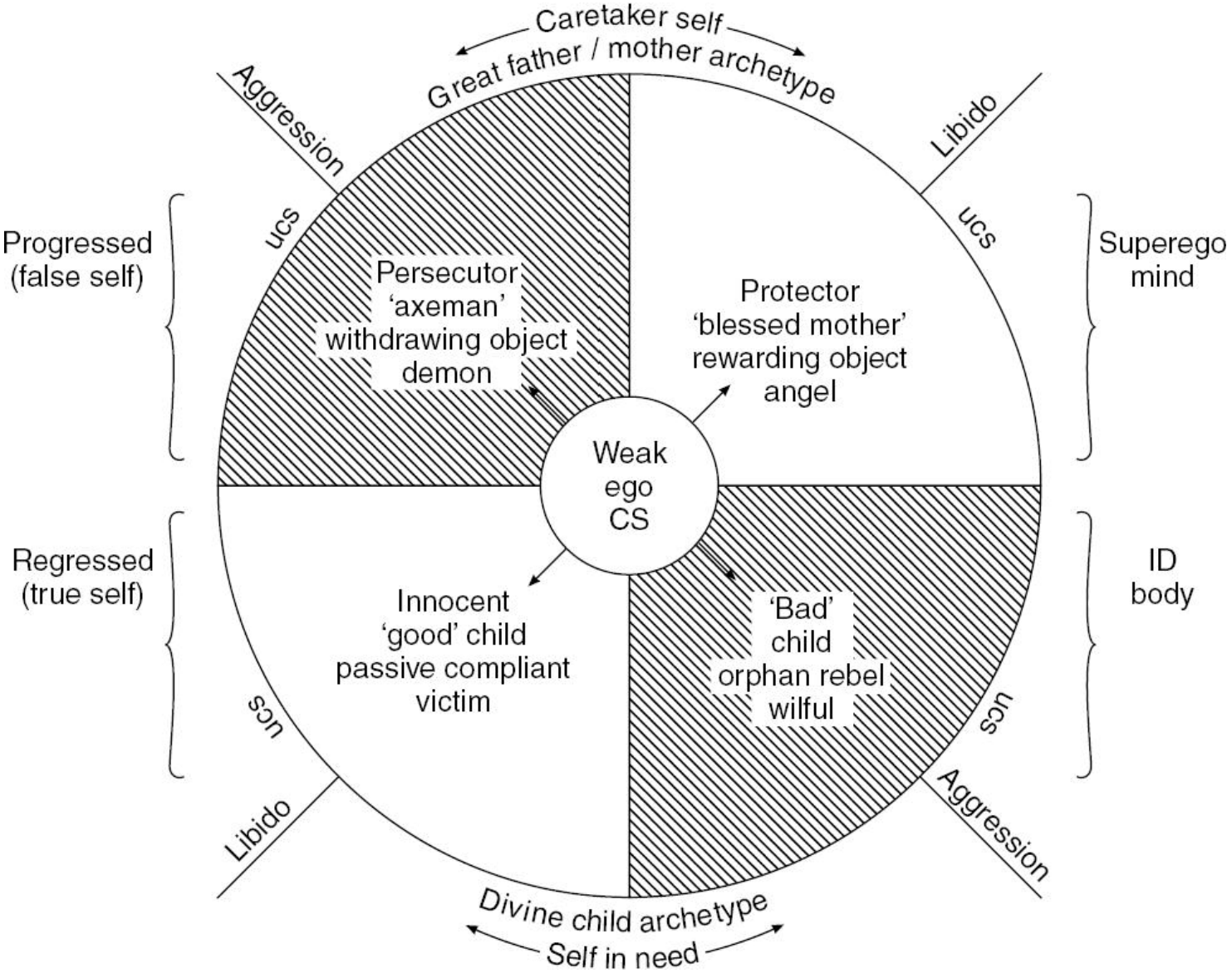

Figure 1: Self-care system and its daimonic objects

As we began the analytic process of exploring her history, something marvellous started to happen. She began to come alive again and feelings of hope and love got elaborated around the image of her analyst and our process together. Here's her first dream, two months into the analysis.

I'm shopping in Katonah (the village in which I practise) and my attention is drawn across the street to a new pet store in town where the old hardware store used to be. I look in the window and see puppies playing in a bed of torn up newspapers. They're so cute! I can't resist and decide to go in. As I look down the aisle into the various cages I suddenly come to a cage which shocks me and sends chills up my spine. There's a baby in one of the cages! I'm horrified. The baby's eyes are glazed over and it's staring into space. I confront the store owner. 'What is going on here?' I shout! 'What are you doing with a baby in this cage?' The man merely smiles at me - a weird demonic smile - like Jack Nicholson in The Shining. He says nothing. I start to get really scared and begin backing out of the store. Something dark and terrible is going on in this place. I'm so terrified that I wake up with my heart pounding.

In this dream we see the two sides of a bi-polar structure that I have called 'the self-care system' or 'traumacomplex'. An innocent child is held captive by a daimonic 'caretaker' whose intentions towards the baby seems malevolent.

A central feature of this 'traumacomplex' is a split between libidinal and aggressive self and object images. I have tried to show this schematically in the accompanying diagram which shows the daimonic inner agencies of the primitive defensive system. There are two diagonal axes to this diagram, a libidinal axis, going from lower left to the upper right quadrant, and an axis of aggression, defining the other diagonal. The small circle in the middle is the trauma-weakened ego that I'd like you to imagine 'floats' over the four quadrants of the diagram and (because it is weak and porous) identifies with the respective daimonic imagos with their archetypal affects.

The top half of the larger circle in the diagram represent the persecutory (left) or protective (right) aspects of the archetypal defence and the lower half of the circle represent the 'good' (left) or 'bad' (right) child aspects. In each of the quadrants I have put labels which identify the daimonic agencies from our clinical example and from familiar theory. For example, in the lower left quadrant, we have the divine child archetype, the image of pristine innocence, the 'good', compliant child, Guntrip's libidinal ego, what he calls the lost heart of the self, and what I have called the imperishable personal spirit, etc. This 'child' self is protected by its libidinal counterpart, the guardian angel, the Great Good Mother, the Blessed Mother of my patient, the

'Rewarding Object' in Masterson's language. Notice that Winnicott's 'true self' does not really fit in the lower left quadrant because its aliveness includes aggression and this immediately makes it a 'bad' child in the traumatized person's split inner world.

I have found the work of Sandor Ferenczi and Ronald Fairbairn helpful in understanding the splits represented in this traumadefence. Ferenczi suggests that when a young child is confronted by traumatic experience, one part regresses back to the place of innocence prior to the traumatic experience, and one part 'progresses', i.e., grows up too fast. The progressed part then caretakes and defends the regressed part but also persecutes it in keeping with the aggression of the abuser ('identification with the aggressor'; Ferenczi 1933, pp. 156 ff). Regarding aggression, Fairbairn says the child

uses a maximum of his aggression to subdue a maximum of his libidinal need. In this way he reduces the volume of affect, both libidinal and aggressive, demanding outward expression … The excess of libido is taken over by the libidinal ego; the excess of aggression is taken over by the internal saboteur.

(Fairbairn 1981, p. 115)

This leads to a defensive structure in the psyche in which infantile need and fragile vulnerability exist side by side with tyrannical rage. This is a classic borderlinepicture and can result in a frustrating combination of infantilism on the one hand and a tyrannical sense of entitlement on the other - a 'Queen/ Baby' dyad which possesses the patient's ego. Disempowered in normal object-relations, the weakened ego now gains power through daimonic manipulation of objects in the name of innocence and victimization.

If we return now to my patient Helen's dream of the caged baby we see that the dream-ego is clearly identified with this child and she wants to rescue it from its imprisoning guardian who apparently has cast a spell over the baby (its eyes are glazed over) and caged it up. The Jack Nicholson figure here would represent the Internal Saboteur, repressing the patient's need and vulnerability now reaching outside the system towards the idealized therapist upon whom the patient projects the Great Good Father of infancy. In the transference, the patient's inner dream-child wants to renew the father-attachment outside the inner defensive system in order to initiate ego growth. Primitive defences consider such attachment a dangerous risk (in keeping with early traumatic rupture with her father) and this inner resistance is personified as the Jack Nicholson character. 'He' is now visible for the first time as the gaoler of her inner potential.

Shame and self-loathing

Much of this woman's analysis was an effort to recover her personal story from the melodrama of shame and self-loathing whispered to her nightly by her Jack Nicholson demon. How 'he' got such a prominent place in her psyche was the main subject of our investigation. What became clear to both of us was that her childhood heart had been repeatedly broken as she tried to express her true self to her first love-objects, her mother and father. One memory is illustrative.

She was 4 years old. The whole family was gathered on the front lawn of the beautiful new home they were moving into. The moving van was there and great excitement pervaded the scene. The little girl who was later my patient became so excited that she picked a handful of daisies and brought them, brimming with enthusiasm, to her mother.

I would like us to reflect on this quintessentially creative moment - a child reaching out. It is a moment of intense vulnerability because the true self is exposed, reaching out, 'enthused' (from which we get 'en-theos', in the thrall of the God, the personal daimon). The mother's response was striking.

No, No, Helen! What's the matter with you! You took flowers from the neighbour's garden! Now you go and apologize to Mrs. Smith. These are our new neighbours. How could you! Go now and say you're sorry.

Occasional moments like this in an otherwise affirming childhood atmosphere are not going to matter that much, but with my patient Helen, this was typical. Masud Khan(1963) called this cumulative trauma. It mounts up. With repeated shaming incidents such as this, it didn't take Helen very long to develop an eating disorder and to start wishing that she were a boy. By the time she got to me in therapy, she had become a very self-sufficient, successful professional woman, but inwardly, she was possessed by a daimonic defence that echoed the mother's words, 'No, No, Helen! What's the matter with you!' This voice was no longer an episodic chastisement. It was now somehow deep in her bones as a basic assumption about existence. She felt a profound sense of her own defilement, her own inherent badness, her lack of entitlement to be - a self-state described by one theorist as 'ontic shame' (Edelman 1998, p. 68). Helen had ceased to feel like a creative alive subject shaping her life and had somehow become an 'object' in her inner world - a degraded object, carrying some nameless sin - the vitiated object of repressive daimonic voices.

The conversion of subjective aliveness and normal ego-growth into a premature 'objectification' of the self by a daimonic inner object is apparently typical in trauma and causes intense shame. Most trauma researchers describe this inner object as the introjection of the perpetrator, but this is only half correct. This inner being is also an archaic and typical object, i.e., an archetypal figure. Its power is 'uncanny' - its dynamism, 'trance-like'. With the aid of this seductive inner object, suddenly, the psyche provides another 'world' where the child-self can 'live' when the outer world becomes unbearable. But it's a caged existence, under the control of a mephistophelean figure like Jack Nicholson in Helen's dream. It's life as the 'object' of a sadistic inner 'subject'.

Here we see the pact every trauma victim signs with the Devil. It's as if the demonic object says, 'You can go on living, but you owe the baby - the true self - your life's potentials, to me'. I will hold your innocence for you, but the price you pay is that your true potential will be anaesthetized, frozen, suspended in a kind of permanent trance.

Part II: Relational perspectives

In this final part of my paper I want to focus on a brief example of how the inner traumacomplexaffects the relational matrix of the psychotherapy partnership.

In an earlier time, these early trauma patients would have been described as ‘haunted’ by ghosts or ‘possessed’ by daimonic spirits, and so our work with them exposes us to auto-hypnotic states which tend to be contagious and affect our countertransference in ways which are sometimes unsettling. Whether we like it or not we are destined, in our work with these patients, to also be ‘haunted’ and ‘possessed’ by energies that transcend our usual boundaries as analysts. The numinous alternate world of these patients may have a daimonic undertow which drag us under. And the resulting mutual enchantment may even be a necessary preliminary stage in the healing of early attachmenttrauma. However, while mutual possession may feel like ‘rapport’, it is not analysis and for our early trauma patients to get well again, they will have to suffer through a re-traumatization in their transferences. This repetition in the transference will be the person's way of remembering, and may actually lead to the potential healing of trauma, provided that the therapist and patient can survive the *furor therapeuticus* that such transformation requires. I would like to tell you about such a case. My work with this young woman, which occurred many years ago, will demonstrate how the daimonic inner system enters the transference with myself and the patient playing alternate roles along the two axes of our diagram.

The case of Joanne

History

Joanne was 25 years old when she walked into my office dressed in blue jeans, a white T-shirt, sneakers, no bra, and with her hair almost down to her belt. She carried herself like a tomboy version of James Dean, tough, smooth, cool, brilliantly intelligent - while underneath there was an excruciating introversion and a coy flirtation which let me in on the presence of a shy little girl in her that played peek-a-boo with me during our early sessions.

Her life was at an impasse, she said. All her plans and hopes had been derailed 5 years earlier at a midwestern college when she had a kind of ‘break-down’ in her junior year. She remembered sitting in the library, writing down a dream and suddenly she felt sick, as if she'd faint. Then her arm went numb, her heart beat wildly and she began to sense a detachment from her body. She thought she was having a psychotic breakdown and she began to worry that ‘some dark destructive force in me’ would take control and engineer an impulsive self-destructive act - like throwing herself under the wheels of an oncoming subway train. This suicidal part was getting stronger, and so she put herself into a psychiatric hospital. After that, she said, ‘I withdrew.

I pickled myself … If you're quiet and dead and don't try to live in the world, you'll survive, albeit at a big price’. But the panic attacks continued.

Joanne's early childhood showed all the signs of those ‘primitive agonies’ which are appropriately described ‘unthinkable’. Her mother had suffered a post-partum depression at her birth, and the patient's earliest memories were of a constant bruise on her forehead from chronically banging her head on the floor in repeated tantrums during which she was reportedly inconsolable. Her mother ignored the tantrums on advice from their doctor to walk out and not indulge the child. So even as a very young child Joanne was intensely inward and impenetrable.

The patient's passionate attachment to her father was interrupted by the latter's psychiatric hospitalization for a psychotic episode when the patient was two years old, leaving her with various panic reactions and fears of ghosts. Thereafter the father seemed remote and uninterested in his daughter and slowly disappeared into his alcoholism. A year later, she was seriously injured in a car accident in which she nearly died, and when the car burst into flames she suffered 3 rd degree burns over the lower half of her body, especially one leg. She spent 6 months in hospital undergoing many painful skin grafts and surgical operations. When the bandages were finally taken off, Joanne expected to see a normal leg and foot, but instead it was all mottled and scarred. She was deeply ashamed of this mutilated, damaged body-self. She could show no one except her mother.

Nonetheless somehow this little girl maintained her spirit. She became special to all the nurses and doctors and celebrated her 4 th birthday in the hospital with a big party in which she and her special stuffed Bear were the guests of honour. Her mother, now suddenly out of her depression, became an over-solicitous, fussing mother who smothered her daughter with symbiotic ‘love’. But the next year after Joanne's discharge, her beloved grandfather died and the year after that, her parents got divorced. To make matters even worse, during weekend stays with the disturbed father, Joanne was molested in the middle of the night with her father coming into bed and rubbing his penis against her until he climaxed. Somewhere during this period, the imaginative little girl who was later my patient simply gave up hope for a full life in reality. She withdrew into herself, never to come out for many years.

As we explored this early history of trauma, the patient remembered two important events that occurred when she was five years old, the fateful year of her ‘giving up’. First, in kindergarten art class she repeatedly drew a large black circle in the centre of her paper. When asked what this was, she responded each time, ‘a tunnel’. No one knew what this meant, but she knew her teachers were concerned about it. All her little friends were drawing happy faces with sunshine and she could only draw a black ‘hole’, the entrance to a tunnel. (Here is a graphic example of what James Grotstein means by the ‘black hole’ at the centre of the psychic galaxy). Secondly, she recalled a fateful day in school where she overheard some kids joking about her leg. Later that day at home, she took a pair of scissors and cut her Bear's tongue in strips. She also went out into the back yard to her favourite climbing tree. She got a kitchen knife and scraped off great strips of bark. At that same time she had the following repetitive dream:

I was with the teacher and the whole class, walking up into a castle. The teacher led with a lamp up a winding stone staircase. We all came out onto a beautiful grassy area. We walked over to a group of talking animals sitting in willow trees. It was so beautiful - so much mine - like a Garden of Eden scene. Then the teacher (she was no longer the real teacher) brought out this camera. I froze. Something bad was going to happen. One by one, she'd take a picture of each animal, and one by one they'd turn into stuffed animals! I'd run to each! ‘No! No!’ I woke up sobbing and crying.

What quickly became clear to me and my very astute patient was that in this image of the de-animation of her childhoodreality by a ‘teacher’, we had a dramatic picture of her daimonic self-care system in operation. The diabolical, yet care-taking teacher accomplishes a petrification or freezing of animated transitional reality (self/world relations) and hence, one might surmise, a ‘preservation’ of childhood animation at a time when the patient's animated connection to life was simply too painful to continue. Instead her imaginative life became dissociated, disconnected from *outer*reality and *buried in a dark tunnel within herself*, there to remain until a later time of ‘thawing’ in psychotherapy when she could start to hope and dream again within the transference.

The dream of the petrifying teacher marked a watershed in Joanne's life. Before her burn accident, 6 months in hospital and the events that followed, she had been a very well adapted child. At age 3, she and her sister had played 'Fairies' on the lawn, dancing together in coloured skirts and she had felt feminine and pretty. But in the hospital all that changed. Each time the doctor came for one of her 50 skin-graft operations she would scream, 'No! No! No!', until the ether took effect and with each such violation she became more and more rebellious and remote. She didn't want anyone involved in her recovery, not even her mother. From this time on she felt like a boy, not a girl.

She refused to grow up. She refused to write in script in first grade. She refused to cut her hair, refused to wear dresses, refused to wear anything but a pair of ragged red sneakers. Not surprisingly she was also an intellectual snob. In academic or political circles she would cut people to ribbons with her unbelievably facile mind and tongue. But alongside this counter-dependent persona - and what really mattered to her - was her inner life. And as I got to know this side of her, I was invited into a very special place. Here there was a tender, lyrical and deeply cultured person, with a far-ranging intellectual life, a deep appreciation of music, poetry, art and literature, and a special passion for German Romantic poets and writers like Thomas Mann and Marcel Proust, Ludwig Wittgenstein, Carl Jung.

Carl Gustav Jung and this inner world of hers became our connection. For the first time, with me and 'C.G' she found someone who she could relate to both 'in here' and 'out there' as she reported. I found myself incredibly moved by the pathos and innocent suffering in her story and by the renewal of her hope that began with the onset of transference. What I really marvelled at was the inductive power of that emotionally abused 'innocent' child in her. It reminded me of something James Grotstein (1984, p. 213) had said: '… innocence is the crucial element in a person's spiritual nature'. There is something about a person's innocent true-self potential in childhood that contains a sacred *something*, what I have called elsewhere the imperishable personal spirit, or what Christopher Bollas describes as a destiny factor, the 'personal idiom' in his language. This sacred something is daimonic and is protected by a daimonic inner object as well.

Traumatic transference and countertransference

Almost all psychoanalytic clinicians writing in the trauma field report strong countertransference 'love' for the innocent inner child in the patient and equally strong fantasies of rescue. Although therapists must be careful not to project their own unprocessed 'inner child material' onto such patients, I think these reactions owe their 'daimonic' power to the activation of a 'numinous' content - the divine child archetype. With trauma victims like Joanne, the sense that the vicissitudes of life have crushed an innocent child's spirit, murdered its soul, or driven its spirit out of its body … all this goes to the very root of our sense of injustice and our passion to preserve the sacred dimension of personality itself. To the extent that this 'child' came to presence in the field between Joanne and me, I was 'possessed' by a kind of endless tolerance and willingness to meet her need. 'She' drew love and nurture out of me far beyond my usual boundaries, and I willingly accepted the idealized projection of her 'guardian angel'. I soon found that this led to some difficulties which I will try now to describe.

Having one foot in her inner world with Jung and other idealized inner objects and one foot in reality, I rapidly became a 'transformational object' for Joanne. Slowly she extended the most fragile tendrils of hope into the field between us. But the fears of rejection and humiliation were overwhelming, and the psychotherapy set-up with its limits and boundaries and my other patients made this fear an ever-present reality. She felt the shy beginnings of love for me in the transference, but equally intense humiliation and shame about my separateness from her. I was asking her to attach and detach at the same time, she said, and it drove her crazy. The ending of the hour and the 'objective' arrangements such as the fee and my unavailability between sessions always precipitated a crisis. Around these harsh realities, the warm spell of her positive feelings would evaporate and she would be smashed against the rocks of disillusionment once again. It was as if her negative daimon would whisper, 'It's all just an illusion, he doesn't care about you. You're merely another case to him, that's it'.

Joanne suffered from a chronic and obsessive fear of psychotic breakdown. Each time she had an anxiety attack or a nightmarish dream, she thought it meant imminent schizophrenia and her self-care system would go into high gear. She had a constant need to over-control the field between us. Almost everything I said got corrected or revised - 'No, it's not like that … it's like this … you're not listening. Just let me talk. What you say throws me off'. I began to feel guilty about my empathic failures, my flawed memory, my 'irresponsible vacation schedule', etc. Soon I was reduced to mute receptivity as she conducted the sessions pretty much by herself - as a dialogue among her inner objects.

During this time it became important to acknowledge the presence in the consulting room of a frightened, panicky part of her we came to call her 'little girl'. Partializing in this way seemed to save her the shame she felt when identified with her infant self. Sometimes I would talk to Joanne about her little girl, seeking a therapeutic alliance with her adult ego in the service of the little girl's needs. At other times I would directly reassure the little girl in the patient about some of her fears and apprehensions. Suicide was her ever present fear and each time this came up Joanne became more and more needy and demanding. Phone calls escalated and I could feel the pressure mounting on the boundaries and limits of my professional self. And yet I was somehow captured by the spell of her shy, yearning, neglected, little girl. I would hear myself making promises I knew I probably couldn't keep.

One time for example, the patient seemed to be decompensating and in danger of suicide after rejection by a potential new boyfriend. Through her poignant sobbing and genuine distress she asked if she might have my home phone number over the weekend just in case she got really desperate. It would mean a great deal to her, she said, even just as a placebo to have with her … she understood my need for privacy and certainly wouldn't exploit it. I gave her the phone number. Then later in the session she returned to her trauma vortex, dissociated and spinning out of her body, unable to soothe herself, terrified. Again she asked, 'What if this happens to me in the middle of the night and I can't get myself out of it?' Again, I heard myself say, 'Then you'll call me', and the session ended.

That night the phone rang at 3:00 a.m. It was Joanne in her most whiney simpering and enfeebled voice, so soft I could barely hear her between muffled sobs and long silences. She'd had a terrible dream she said. It was about incest with her father, he was stalking her apartment, a vague menacing presence. She couldn't tolerate the anxiety and was beginning to feel outof-body sensations. She wanted to hurt herself. We talked about her dream and I tried to help her breathe into her anxiety and calm herself, but no sooner did we settle her angst than another terrifying prediction of catasthrophe would come from her negative introject. 'But I feel like I'm right on the edge … it's that same feeling I had before my hospitalization … my body's numb … I'm spacing out'. Again I would try to bring her back into her ego, explaining that it was understandable she was upset after such a scary dream, that she'd feel much better in the morning, that she was not crazy for being anxious about such a dream, that if things got really bad she

could go to the emergency room, etc. She'd feel better for a bit, then the desperate whimpering and catastrophic predictions again. Each of my efforts was met with 'Yes, but what if'.

Each time I tried to bring the phone call to a conclusion she'd have another melt-down of larger proportions, 'Tell me', she would sob, 'what do I have to live for anyway … I'm so damaged, I don't care anymore!' At some point in this process I simply lost my patience. 'JOANNE,' I said, 'I am getting really ANGRY with this conversation! Your life is a sacred gift as far as I'm concerned. What you do with it is your choice. I'm not here to try and talk you into living! I expect you to be at your regular appointment tomorrow morning!' And I hung up on her.

Needless to say, I did not sleep much for the short remainder of that night. Shaking and trembling with rage and anxiety I paced around, arguing with myself about whether I should call her back or call the police, or call an ambulance (for herself or for me, I didn't know!). Because I was living next door to my office in those days, I got her file and read through all the notes. Then I picked up a paper by James Masterson on 'Countertransference with the borderline' and that somehow got me through the night. The next day, bleary eyed and nervous, I greeted Joanne at the door. She was remarkably more composed than I was. She came in and sat down. We stared at each other for a moment, and then she said in a very centred and composed manner, 'Thanks for giving me my power back last night'. Then she proceeded to denigrate me for having poor boundaries and 'acting out' my anger with her. She said she found it grossly unprofessional for a therapist to hang up on a suicidal client and suggested I needed supervision.

I was shocked! Here was a total reversal, from the needy victim of the night before to a secure ego-stance with a little of her 'imperious Queen' thrown in. How had she come to this, I wondered. It turned out that after my hanging up on her, Joanne, in a rage, had called Sue, the friend who had referred her to me in the first place. She had hoped to get some sympathy from Sue for my traumatic rejection and abandonment. To her surprise, Sue had been as impatient with her as I was. This friend, also an incest victim, had pointed out her 'co-dependency' with me and, in the language of 12 step programmes, said she was substituting me for her 'higher power'. Sue thought I had done Joanne a favour by not making myself into her 'higher power'.

As we processed this crisis over the weeks following, it became clear that I had indeed been seduced by her desperate, needy, fragmenting 'child-self' and its daimonic inner guardian, prepared (by the spell I was under) to actually fulfil the projection of her guardian angel, even in the 'middle of the night' - the time her father had molested her! I now understood more about her incestdream and her late night phone call to me which was *an acting out of her incestuous relationship with her father* repeated in the transference. By hanging up on her, I had broken the grip of her daimonic inner object with its seductive, pathologically rewarding trance and precipitated her back into her ego which is where she got her 'power back'.

This incident involving her threat of suicide was only the most dramatic in a continuing series of seductions and abandonment-crises which described the agonizing process of my slow emergence as a real object from the incestuous 'system' of Joanne's daimonic inner world. Realizing my complicity in the manipulations of this system, I began to engage her resistance more directly. The sessions became increasingly stormy, especially around the end of her hours.

Risking aggression

Winnicott says that the therapists' ending the session is experienced by some patients as a hateful act, and Joanne clearly felt this. But we needed this hate to break the spell cast by her morbid, handicapped, wounded inner child and its over-indulgent, spoiling, inner guardian. James Masterson calls this inner structure the 'Rewarding Object Relations Part Unit' (RORU), which forms an alliance with a pathological, weak ego to promote 'good' feelings and defend against feelings of abandonment (libidinal axis in the diagram). The patient projects this daimonic rewarding object onto the therapist and expects approval and support for regressive, self-destructive behaviour. 'The prime example of this', says Masterson, 'will be seen in the content of the psychotherapy, where the patient will deny and avoid all feelings and life events … necessary to the work of the psychotherapy which essentially comes to a standstill. This latter fact the patient will deny' (Masterson 1981, p. 134).

This was precisely the standstill that developed in my work with Joanne. She wanted our work to be only about her inner life which was filled with melancholy, nostalgia told as a sad story around an innocent, damaged, yet lovable child whom she must never betray. This inner world was timeless and eternal - omnipotent, grandiose, archetypal, and, predictably, it started to become morbid. All hope for genuine life in the world was destroyed by the self-imposed limitations of a voice that sat on the threshold of transitional aliveness, like an evil demon, flash-freezing all her life-potentials. This introject spoke to her in a ruthlessly negative way. 'You're sick, damaged', it would say, 'psychotic at the core. What an awful failure you are as a pretty woman, no one will want you. You can't do things healthy people can. Your anxiety is so strong you must be on the verge of a breakdown. You're the type of person who will kill herself. You better find someone to take care of you'.

When this voice took over, Joanne would be driven back into her inner sanctum of damage and tragedy. She would cry and cry, holding her burned leg, rocking back and forth indulging herself with feelings of how sad and tragic her life was. 'Oh dear, Oh yes, poor child, so sad …', a compassionate acknowledgement of limitation bathed in the wistful nostalgia of an 'if only' world. This wasn't really grief. It was false grief or imagined grief. But the genuine grief and sadness she felt was avoided at all cost. She could never 'give in' to genuine desire or the despair of losing what she couldn't have. She had already lost too much. She would hold onto the hope by not letting the fantasy attachments 'out'.

So in therapy, Joanne assiduously avoided talking about her realistic struggles in life, her injured relationships, her anxiety at work, her fragile hopes for her future. All she wanted was to just 'hang out' in the sessions, speaking her diffuse, bewitching language, with me playing my 'entranced' passive rewarding role. If she hoped for something beyond that she'd be shot down by her tyrannical guardian in league with the 'bad' damaged child (aggressive axis in diagram). Toward the end of her analysis, Joanne articulated this with extraordinary insight. She said:

I didn't want to have a life and come and see you for help. I made you my life … if I articulated my needs, I put you in an external frame … it was a loss of my internal relationship to you and all the secret hopes attached to that. If I considered our relationship 'realistically', all my secret fantasies about being a colleague of yours, maybe lovers, about having a life I could live with work I was meant to do, all that got smashed on the 'therapeutic frame' like so much naive illusion.

This ‘smashing’ seemed to happen increasingly at the end of every hour with Joanne. When the hour ended she faced a real loss and the threat of devastating loneliness, not acknowledged in the pseudo-mutuality of the previous trance. Rage erupted. She would throw her coffee-cup against my wall, slam the door off its hinges, storm around shouting obscenities, banging her fist on my desk. When she wasn't violent, she was self-indulgent and would sit around petulantly waiting, hostile, trying to convince me that she was hopeless and that I should give up, provocatively letting me know that she had had another anxiety attack, yet another nightmare, yet another sleepless night; in short that the therapy wasn't working and that we should return to the regressed, incestuous field where her therapy had felt soothing before.

But by now I was beginning to ‘get it’ and I continued interpreting what I saw. I had been ‘dis-possessed’ of that web of illusion woven by the beguiling seductive witch in her self care system. But this was hard work and meant that I had to be prepared for an assault of vitriolic rage almost every session! The internal repressive Queen, hating the patient's internal vulnerability, now turned its energy outward onto me, seeking vengeance for the hurt caused in her childhood. And sometimes what her Black Queen said was devastating and I would have to be honest about how she affected me.

One time Joanne had just celebrated her birthday by throwing herself a party. While I could read between the lines that this was a gratifying experience for her, she kept spoiling it in her mind, claiming that people had only come out of pity, that she had no real friends, etc. In the middle of her cynical denigration I noted that she was verbally undoing something that had obviously been satisfying to her, even though perhaps it had not been the ‘perfect’ birthday party of her fantasy, and wondered why she was doing this. She denied the denigration and became petulant. I went on to say that if she acknowledged her secret pleasure at this partial success, she would become an ordinary person with hopes and dreams and a struggle to change, and that she was afraid this would mean the loss of her inner world and the special relationship to me she held there. There was a brief moment of acknowledgment and then she was enraged! She swept a section of my books off the shelf, cursed me and left in a fury slamming doors behind her.

Next session she was sheepish and apologetic, but now launched into a sophisticated argument, based on her reading of Winnicott who discussed patients who are psychotic at the core and cannot change, but who can only be maintained at the level of meagre survival. Again I suggested that her argument sounded to me like another brilliant attempt to crawl back into her encapsulated state in order to avoid anxiety and grief. Again she would become enraged and withdraw back into her familiar, sad, melancholy world of self-soothing and self-cure.

Sometimes her rage attacks were overwhelming for me, and it was important to both of us that I hold my ground in the face of her imperious contempt. I once said to her, ‘Look, I'm not going to be bullied by your insecurities and I don't intend to continue this discussion … it's destructive’. Or another time I said to her, ‘You're certainly entitled to your view on this, but I don't like the contempt in your voice … Let's say we see the matter differently’. Always it was important for me to make ‘I’ statements about my own experience of her, instead of framing hypotheses about what she was feeling or where it came from in her history. She couldn't stand the inequality implied by such interpretations. They re-traumatized her. This didn't mean I stopped them, but if I could, I'd work something round to where we were in something together. Mutuality was the only tolerable reality and sometimes I'd have to admit my own injury for her to trust the interchange. Something got built in these exchanges, transformed. One could say that in surviving the destruction of her tyrannical inner objects, I was helping her humanize her own archetypal identifications and in this way helping her into the human community. As these energies were humanized correspondingly, some of the persecutory energy of her inner world lessened.

Eruptions of rage gradually lessened. She felt grateful that I was surviving this destructiveness and as time progressed, she would start to warn me in advance, ‘Are you ready today? I'm pre-menstrual’. Or, ‘I'm pissed about something you said last time, but it can wait’. Slowly deeper feelings of gratitude and appreciation emerged as her ego strengthened. A process of mourning was initiated.

The process I'm describing is how trauma is ‘remembered’, not as a personal story, but as an archaic and typical one, a truly daimonic drama. Most trauma researchers now understand that if trauma is to be healed in psychotherapy the original abuse dynamics must be replayed in the transference in order to be symbolized and worked through. This is the only way symbolic space can be re-opened, the only way the transcendent function can be healed. As Phillip Bromberg puts it: ‘For traumatic experience to be cognitively symbolized it has to be re-enacted in a relationship that replays the interpersonal context without blindly reproducing the original outcome’ (1994, p. 539).

This stormy process of wrestling with daimonic energies ‘unlocks’ the inner traumacomplex and, through projective identification, gets its energies into the world of relatedness where they can be transformed. Only the human connection transforms daimonic energies, because only the human connection makes the ego's dis-identification from the daimon worth it. This is a sacrifice, a giving up of omnipotent, narcissistic libido for object-libido, what Jung calls kinship libido or the human connection.

How this titanic battle comes out depends to a frightening degree on human mediation, loving containment, and inter-subjective relatedness. The process of psychotherapy involves a constant struggle with the daimonic. Our goal is to mediate volcanic affect, metabolize violent fantasies, and help ground and humanize the most angelic idealizations as well as the most demonic diabolizations. In the process, it seems important to know that we are not alone in the transitional space of the bi-personal field but have daimonic company there. There is something powerful in the human psyche that wants to incarnate, to integrate, and through a human love strong enough to survive destruction, to be born as a true self under the star of its own destiny in a Bethlehem of the soul. And then there is another force that resists that incarnation - like King Herod in the ancient story, who lives in fear of the new life that wants to enter, and tries to dismember it with every violent power at his disposal.

Jung knew this. He compared the psychotherapy relationship to a chemical reaction. If it works, both parties are transformed, and become more human in the process. And Martin Buber knew this also. In a radically interpersonal statement about what is healing in human life and relationship, he once stated:

the inmost growth of the self is not accomplished as people like to suppose today, in man's relation to himself, but in the relation between the one and the other, between men … that is, pre-eminently in the mutuality … of acceptance, of affirmation and confirmation …

Man wishes to be confirmed in his being by man, and wishes to have a presence in the being of the other. The human person needs confirmation because man as man needs it. An animal does not need to be confirmed, for it is what it is unquestionably. It is different with man: Sent forth from the natural domain of species into the hazard of the solitary category, surrounded by the air of a chaos which came into being with him, secretly and

bashfully he watches for a Yes which allows him to be and which can come to him only from one human person to another. It is from one man to another that the heavenly bread of self-being is passed. of the solitary category, surrounded by the air of a chaos which came into being with him, secretly and bashfully he watches for a Yes which allows him to be and which can come to him only from one human person to another. It is from one man to another that the heavenly bread of self-being is passed.

(Buber 1965, p. 71)

Footnotes

[1] This paper was presented at a seminar at the SAP in London in August 2000.

The clinical material described in this paper is based on actual cases, but identifying-details and certain other aspects of the therapeutic context have been changed in order to preserve confidentiality. In one case I have 'fictionalized' the data by creating an amalgam of material from more than one patient.

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