

The self in transformation: the passage from a two- to a three-dimensional internal world

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Abstract: This paper seeks to describe some of the steps in the process of transformation from a two-dimensional to a three-dimensional inner world as experienced by a patient who had essentially used up her remaining vital resources.

An important hurdle had first to be crossed when the analyst was required to demonstrate her capacity to survive with her in a two-dimensional claustrum, in a solitary confinement. Here, an oppositional defensive system had been created in which positive and negative personifications of vital but withdrawn energies ensured that she was locked within an interior world that sought to bar entry to anyone else, and where the possibility of the transformation of her self was disallowed. The patient had to accept the risk of breaching the system of self-defence before the analyst was allowed a mutual position within her interior world.

A series of dreams tracks this transformation internally and in relation to the analyst.

Key words: self, defences of self, two- and three-dimensional interior worlds, narcissism, transformation.

Introduction

Whether we call it individuation, development, or psychological change, the idea of the transformation of the self is central to the analytic endeavour. But what is transformation? And how shall we think of the self that is in the process of transformation? What happens when transformation is impeded? It is axiomatic that patients come into analysis because they seek to develop and transform their inner and often their outer environment. They attend more or less intensively over long periods of time in the face of often the most arduous circumstances and pitched resistances, both internal and external, surrendering themselves to a process that is in every respect experienced and expressed in immediate, questing, intense and ardent ways. We have learned from experience that this passion for change that brings the patient faithfully to the consulting-room can quickly turn into its opposite, into another order of experience, that can feel to us more like a passion to destroy, dismember, and decimate the analytic work that has taken place, robbing the patient of the fruits of the

potential transformations that the patient along with the analyst had worked for so assiduously.

Change occurs only perilously, and as clinicians we are aware of the experience that, as much as there are positive forces that seek to move the psyche into the future, there are also powerful retrograde forces that seek to prevent such movement. These inevitably jostling positions often create the experience of a shared area of tumult and turmoil that requires engagement from both parties in the analytic consulting-room.

When we consider the nature of psychological change, individuation, and transformation, and how these may actually happen within individuals at the deepest levels of their being, we immediately face questions concerning the nature and functioning of the self. These issues reach deep into the history of psychoanalysis and analytical psychology. In his work on the transformation of libido (Jung 1912), Jung addressed the nature of the transformation of psychic energy and the conditions under which transformation can occur within the self. In developing these concepts, Jung was engaged at three levels of discourse: firstly, he was in the midst of his own dramatic self transformation, his own self analysis; secondly, he was engaged in his own theoretical enquiries that were to lead him to propose radical alterations in Freud's psychoanalytic theory concerning the purely psychosexual nature of libidinal energy, thus broadening and deepening understanding of the dynamic nature of psychic energy; and, thirdly, the theory itself that Jung was developing focused on the nature of psychological change and transformation.

Jung showed that mental events could be understood as taking place along a continuum that stretched from the earliest instinctual body-based drives through to the most conscious, purposeful cultural creations of which humankind was capable. At the heart of the idea of the transformation of the energies of the psyche-soma unit which we call the self rested the governing teleological principle: that the self possessed purpose and meaning demonstrable throughout the various stages in its development and transformation. Furthermore, if, as Jung argued, the archetypes were based in both instinct and psyche, then the self, a primary archetype, was clearly rooted in the psyche-soma unit. This view was elaborated by Fordham, providing the basis for the developmental model concerning the primary self and its deintegrates. Jung's formulation provided an early understanding of how psychological change occurs within the self.

For decades, theorizing about the self had remained essentially a Jungian endeavour. It has become evident in all analytic circles, however, that it is not possible to address some of the most distressing phenomena which arise from the disorders of the psyche-soma entity met in the consulting-room without a concept of the self and the ways in which it may or may not change. It is now prevalent to think of those disorders termed narcissistic, borderline and psychotic as disorders of the self. But we then return to the question, how do we conceive of the self? Jung thought of it as an integrating function of the personality. But is it liable to be divided, as in 'the divided self'? And, if so, how

divided – one vertical split? many selves? multiple personalities? a primary self that evolves over time – one firm identity but many metamorphoses? And how does the self extend its ways of knowing and perceiving itself and the world, from body to soul, from the basic drives through to the most spiritual experiences?

Jung offered a view of the self that contained dual aspects, a kind of alpha and omega of the self. On the one hand, the self was conceived as the core identity of an individual, and, as such, was imaged by the archetype of the divine child:

The symbols of the self arise in the depths of the body and they express its materiality every bit as much as the structure of the perceiving consciousness. The symbol is thus a living body, *corpus et anima*, hence the ‘child’ is such an apt formula for the symbol.

(Jung 1959/1968, para. 291)

On the other hand, the self represented the organizing aspect, the whole of the personality, responsible for the individual’s progression through his or her destiny, towards increasingly integrated or individuated states of being. In this aspect, the self was imaged by the mandala figure. Essential to Jung’s view was that the transformation of the self happens through a teleological progression over time, from a state of psyche-soma identity, through to an increasingly differentiated integration of complex internally and externally derived experiences.

Jung’s idea of psychological transformation arose from his teleological and dialectical view of change as occurring through the conflict of opposites leading to synthesis. His notion was of a self that, like the embryo, contains from its beginning the seeds of its ultimate identity – a vision that encompassed the whole life span, extending at either end backwards and forwards in space and time via the generations, both biological and cultural. In Jung’s theory, under the right conditions, the self possessed the means necessary for its own transformation through the processes of the transcendent function. Thus, embedded in any psychological state could be found the sources of growth and renewal. The psyche accomplishes its transformation through the creation of symbols which are capable of bringing together opposing aspects of the self.

Inevitably, there were further areas of psychological enquiry that later Jungians would address. This included the important task of achieving a better understanding of the infantile components in an individual’s history, which Fordham (1985 and earlier) and his colleagues developed in the model of the primary self and its transformation through successive deintegrations and reintegrations. This ensured that Jungians had a powerful explanatory model for the understanding of early mental development. Another area that needed to be addressed was how the transformation process occurs throughout the life cycle from conception to death, and in particular, an understanding of how the self’s capacity and desire for change may be undermined by the ubiquitous propensity embedded within the totality of the self to attack and to subvert

its own efforts towards growth and renewal (see Solomon 1997). A further, needed area of exploration and elaboration was the impact of intersubjective experiences in the self's development and capacities for transformation. This paper seeks to make a contribution to these areas.

Theoretical discussion

We know, from analytic work with adults and children, and the inferences drawn from infant observations, that in extreme states of stress, when the on-goingness of the psyche-soma system is put in danger and the self's very survival is in question, defences of the self (see Fordham 1974) are constructed as a protection. However, this can cause the self's existence to be so constrained that transformation of the self is impossible, even though survival may thereby be ensured. In certain abusive, traumatic, or overly stressful and deprived states, for the self to go on being at all requires extraordinary conditions and stratagems. What is involved is nothing less than the demolition, at the basic level of the psyche-soma unit, of the grounds for transformation of the self to occur in relation to another in space and time, in favour of a two-dimensional environment in which inner and outer processes and interactions are highly controlled, leaving only enough space for the self – but nothing and no one else – to exist: an existence in a void.

I use the image of two dimensions to denote a plane, with no depth or contour, and no space for another – a 'solitary confinement' of the self. Pre-emptive, defensive manoeuvres take place to ensure the protection and survival of the self in the face of the risks involved in undergoing the processes of transformation and individuation. This happens because the on-going viability of the self is threatened precisely by the evocation of the circumstances of the early traumatic experiences that had brought about the necessity to erect the original defences, that is, the self's readiness to be open to the reality of the existence and impact of another on itself. It is this readiness and openness which must be extinguished. Indeed, the fear of taking such a risk is often the source of the inevitable attacks on analysis that account for various phenomena described clinically in such theories as 'negative therapeutic reaction', 'malignant regression', 'death instinct', 'anti-libidinal ego', and the like. *Essentially, and at a deep level of psychic functioning, this amounts to a foreclosure on object relatedness in preference for an existence in a two-dimensional solitary confinement, where all that can really be known about are the conditions necessary for the survival of the self, fuelled by the conviction that to risk being open to experiencing the reality of another, an existence in three dimensions, is to risk psychological annihilation.* By contrast, I use the image of three dimensions to denote the interactive space created by the self's readiness and openness to relating with another. This position allows for mutuality, change and exchange, within an open-ended relational system. It is where the transformation of the self can occur.

Jung's theory of the bipolarity of the archetype has provided us with the background principle by which we are able to formulate the possible circumstances in which the self might go on surviving in the face of unconscionable pressure by opting for life lived in two dimensions. Jung showed that archetypal images contain both positive and negative aspects: for example, the Great Mother and the Devouring Mother, or, in the terminology of Melanie Klein (1946), the good and bad breast. The defensive splitting mechanisms that occur in unconscious phantasy in the paranoid/schizoid position, as described by Klein, are similar in structure and function. In Klein's conception, the possibility for transformation resides in the depressive position where whole objects can be conceived. Although Klein did not envisage a sense of the teleological nature of the struggle between opposites which would lead to transformation from within that struggle, as did Jung, nevertheless, for Klein, the achievement of the depressive position is eventually possible through the struggle of the opposition between loving and hating.

In the dire internal circumstances that I am addressing, the self must mobilize a defensive structure that uses omnipotent, positive and negative attributes in order to secure its own survival, thereby creating a rigid, two-dimensional oppositional world in which transformation is precluded because any change is anticipated as threatening the self's survival. Each part of the defensive structure assumes its own personifications, its own disguises, often in pairs of opposites (for example, a violent version vs. a vulnerable version of the defensive pair). A young and vulnerable ego is thereby protected, but by necessity it cannot develop and grow, since a defence is always at the ready to meet and defeat any attempt to alter the grounds of the two-dimensional existence into which the self admits no other. A battle ensues between the different manifestations for predominance, absorbing much libidinal energy and creating a state of deep division within the self. Rosenfeld (1971) has described this state as creating the illusion of protecting the self, when in fact it is a manifestation of the death instinct. Kalsched (1996) has provided a Jungian view of this situation in which the life-saving nature of the defences is emphasized, with the purpose of preventing the unthinkable dissolution of the self – a self-portrait of the psyche's own archaic defences, its self-care system.

This situation is maintained by a profoundly held belief that complete control is necessary if survival is to be guaranteed, requiring the self to abolish all connection to and intercourse with more life-enhancing experiences with the outer world, since they are thought to be deeply unreliable, unsafe to be entrusted with the vital task of ensuring the self's survival. Instead, in this divided state, the self is persuaded that its existence depends on its reliance on a watertight internal system of emergency services and internal advisers which provide an immediate and monolithic defence against the danger of attack on or dissolution of the self through mutuality with another. Any question of relinquishing or sacrificing this monolithic defence through relating, for example to the analyst, sets off a pitched inner battle, a life-and-death struggle for possession of

the patient's ongoing being – spirit, self, body and soul (see Solomon 1997, for such a situation in greater detail).

For any change in these harrowing circumstances to occur, a sacrifice must take place of both the positive and the negative attributes of the defence, so that a synthesis and a new integration may be achieved. This passage from a two-dimensional to a three-dimensional existence is possible only under the most gruelling conditions. The psychological situation in which this sacrifice is demanded is located at the very core of the self and arouses anxieties concerning the self's survival.

Following Fordham (1974), the understanding of the ubiquity of early infantile defences of the self in cases when ordinary relating has been perverted was further developed by Ledermann (1979) in her discussion of narcissistic disorder. In the circumstance of a disastrously bad fit between infant and mother, when healthy deintegration and reintegration cannot take place and the very survival of the self is at stake, the self's integrity may be preserved by erecting an early defence system, prior to the formation of the ego, which requires the annihilation of the breast from the internal world of the infant – that is, the annihilation of the possibility of the self experiencing not-self. This manoeuvre has the positive outcome of ensuring that the self remains intact rather than disintegrated, even in the face of catastrophic deprivation. But at the same time it has the negative outcome of ensuring that processes of relating to, and reintrojecting encounters with, the external world are rendered null and void – an immunity to the self's own experience, even of such deprivation. Instead, a void has been located externally, but, by the inevitable processes of identification and reintegration, because of the self's belief that it is alone in the universe, this becomes an internal experience of that void.

Case example

Let us consider the internal situation of a woman in the throes of this kind of life-and-death struggle. She has endured in early life a series of inordinate losses and traumatic experiences characterized by intrusions and abandonments by important caregivers. Through the analytic work, we have reconstructed a picture in which she had no sense of being thought about by her narcissistically driven mother, no experience of another who could reflect back to her a sense of a self that could be known about, identified and restored to her mother's mind so as then to be reintrojected as a settled perception of her self. In vivid contrast, her father was ferocious, angry and capable of annihilating and intrusive behaviour, having wilfully destroyed his own capacities for an early artistic career. He opted instead for a steady clerical job, and went on to take out his frustrations and furies at lost creativity by physically and emotionally abusing his children while idealizing his psychologically vacant but beautiful wife. My patient escaped the largest part of his abusive behaviour through her own wits and an evolved sensitivity to

his moment-to-moment needs. She was, of course, a witness/victim to the abuse of her siblings.

She learned to compensate for the early failures in relating and self experience in relation to another by developing not a false self but rather a completely self-reliant self, having early on begun to invent deeply creative ways of providing self-nourishment, a substitute combined thinking/feeling breast. These included an early and deep appreciation of nature and the arts, a facility for sports, and, later, a successful professional and family life. From all these sources she had drawn the means to sustain a rich and productive existence. But at a certain moment, a dramatic breakdown in the system occurred, psychologically and physically. Her self had simply exhausted its own resources, and it now became a question of real survival. It could have been a psychological crisis, a physical illness, an accident with dire consequences, or someone in her life might have had to carry the disaster, in order that she realize it was no longer possible to go on depending upon using up personal resources for mere survival in the omnipotent belief that she possessed and generated such sufficient reserves that she needed no other to go on being. A new basis for living would have to be found if life was to continue.

But finding these new grounds for living represents an extraordinary revolution – the sacrifice of the profoundly held, unconscious core belief in the omnipotence and total self-sufficiency of the self. When this revolution takes place in the consulting-room, through states of deep and regressive dependency, we are witness to a dramatic transformation from one situation, in which it was not possible to experience the existence of another mind capable of thinking empathically about the self, to another situation in which two minds might be active and in relation to one another. This is a transformation from total investment in the omnipotent phantasy of self-sufficiency to a realization that dependency, inter-dependency and mutuality are possible and indeed essential to survival of the self. This recognition is a requisite to the birth of true consciousness of the self, since, as Hegel (1807) has expounded in his psychological philosophy, the self cannot be known to itself except in relation to another.

At the same time, this recognition is experienced as excruciatingly dangerous to accomplish. To bring about such a change is harrowing, and requires that the analyst be drawn, willy-nilly, into the two-dimensional entrapping and driven world of the patient in order to experience and thus for her to know the force of the torturing dictates and threats that are proffered as guarantees of survival, and to serve as a concrete presence, offering evidence in time and space of the reality of the relationship. If this can be accomplished, a quantum leap is possible by which the self may reach a different level of being – a leap from the two-dimensional world of mirroring, imitation, artifice, and control, to a world of creative activity in a shared three-dimensional space in which such emotions as trust, hope, and mature love may be available. In the analytic setting, this is tantamount to the patient discovering and acknowledging the existence and importance of the analyst, as evidenced by repeated experiences

of the analyst as being reliably available and present, and able to impart to the patient a sense of being understood, thought about and responded to.

She was stricken with the deep anguish, of which she was usually unconscious but which had infiltrated her internal world and her physical well-being, of a life of solitary existence in an empty universe. We had long understood that the dire result of her constantly fuelling her remorseless activities from her own resources only added to this sense of desolation. She lived out a constant repetition of her earliest experiences of not being acknowledged by her mother, so that it was to her own self that she looked for containment and self experience, and from which she took sustenance. By a process of what she called 'extrusion', she would mould her self into an environmental situation in search of the sources and shapes of experience that she would then imitate internally in order to experience as her own. So her experience of herself and the world grew in this way, but she had no deeply felt conviction that she shared the universe with any one else. This extrusion of her self into an environmental shape – for example, identifying her self with a landscape, a piece of music, or the sound of her analyst's voice – enabled her to create the illusion of a nourishing relationship which would then act as a substitute for a real, shared experience. It was an imaginative internal creation through imitation of the relationship that she never had as an infant, but had deeply longed for.

Such imitative creations were without the benefit of those sought after identificatory experiences with a separate, empathic and thinking mother who is likewise capable of extending identificatory experiences to the infant, thereby allowing for the communication of detoxified perceptions of her infant's internal and external worlds. This was particularly lacking at those times when she was overcome by terrifying archetypal experiences. She could not produce in imagination those shared perceptions that had been so lacking. She laboured under the illusion that she did it all herself, a further guarantee that there was no other who shared her inner world. This left her in a situation whereby she was suffused with extremely toxic internal material with no way of metabolizing it on her own. She needed to find help; but at the same time she felt completely unable to relinquish her conviction that she survived solely by exerting total control over her existence in space and time, by ignoring her physical and emotional needs, and thereby overstretching her physical and mental resources. She was under a double attack.

The patient had no experience of having been perceived as herself, and therefore she could not locate herself in relation to others. As she grew up, she compensated for this lack through physical activity. She had become a skilled athlete, thereby locating herself in space in a physical, concrete way. She used vigorous physical or emotional states to locate a sense of her self in space and time. This was, of course, insufficient to her needs, and she recalled a childhood dream at 10 years, in which she felt that nothing was fixed in the universe, that she was spinning through outer space with no point of reference. She woke and called to her father for comfort and reassurance, but he had only laughed at

her, thereby adding humiliation to her sense of deep dread and isolation. Similarly, at weekends and holiday breaks, I became completely lost to her, and she returned to the empty universe that she was accustomed to inhabiting, imagining that I inhabited at those times a rich, enhancing and gratifying world from which she was perpetually excluded.

In the period before a long summer break, she had struggled to find a way of safeguarding the knowledge she had gained of me as an analyst capable of keeping her reliably in my mind, such that I could impart to her an experience of being thought about that was not usually available to her, but which could, if experienced, lead to a greater sense of her physical and mental well-being. However, over the break, her knowledge of me became lost to her. Similarly, she believed that my knowledge of her was lost to me. She had a deep belief that both our minds had disappeared in their capacity to co-exist. Consequently, as far as she was concerned, I had exited from her universe and she was left utterly alone in a cold, lifeless, unrelenting space in which the only sources of sustenance were her own ruminations. She became extremely ill.

A series of three dreams took place during the weekend at the end of a long summer break and just after her recovery from a serious medical crisis. These illustrate the quality of a life lived within a two-dimensional matrix and the attempts at transformation to a freer and more life-enhancing existence in three dimensions.

Dream 1: There is a primate in a cage eating its own vomit. Passers-by stare uncomprehendingly and unempathically at the isolated and abandoned creature.

Her associations were to the airless and confining cage, the destitute subhuman creature who lacked nourishment and the desperate feeding off its own inner putrid products. This self-suckling on one's own resources is a rough imitation of a proper nourishing feed. Because precious resources are being depleted, self-feeding is also self-defeating, a self attack – the image of self feeding off itself in order to live, but inevitably attacking itself in the process. The passers-by represent the original situation in which no attunement took place. They offer no sustenance, no empathy or understanding. Existence occurs in a two-dimensional, unfree environment, whereby the cage fosters an illusion of a protected, creative space – but this is a zoo, not a park; the primate is an exhibit, not free to explore and be creative, in proper contact with others.

Dream 2: She returned to a park, a childhood area of play. To the left was the air raid shelter, set in menacing surroundings 'down there', and to the right was the area where play could take place safely. She went to the area of the air raid shelter.

In associating, she remembered a bench near the air raid shelter, where once as a young child she had pointed out to a foreign man that the word 'Private' inscribed on the bench was spelt wrongly. This precocious knowledge had seemingly impressed the man, which had pleased her, a powerful, narcissistic pleasure. But the danger and menace evoked by the scene remained unconscious. In the dream, she has chosen to revisit the area of the air raid shelter,

this time aware of the potentially perverted and dangerous place 'down there', in a 'private place', near to the cage-like air raid shelter that had appeared to provide a place of safety in a time of war. 'Down there' is a phrase suggestive of the private genital area, the area of potential creativity as well as of potential danger. The dream represents an intermediary space between life in an enclosed, narcissistic world, and life where proper relating is a possibility. It is, in fact, a claustrum, in Meltzer's (1992) sense, where contact is governed by perverse rules, and a couple, master and slave (Hegel, *ibid.*), or older man and vulnerable child, are locked together in a struggle for survival, power, and dominance in a private and airless place.

Dream 3: There was a sense of having spent a very long time with me. A feeling of deep, safe loving suffused the dreamer with an extraordinary sense of well-being.

She was profoundly moved by the possibility, at the very moment of feeling utterly isolated and alone, of having access to an empathic figure who would be sufficiently available, concretely and through time, for a proper intercourse in a safe area to happen. There was a sense of potential transformation that felt numinous. In the process and development of the transference, lived during the weekend before my return after the break, I had been transformed from an uncomprehending and unempathic passer-by, a visitor to a zoo, to a potentially sadistic transgressor into the patient's inner world and wreaking havoc there, through to a nurturing mother/lover who is able to perfectly respond to her need to create an experience of a self held in a state of suffusion with benign and protected ease.

This dream sequence, occurring as it did in the pivotal moment between my absence and presence, when the dreamer had been shockingly unwell, denotes the psyche's movement out of the two-dimensional state of self creation into a three-dimensional world in which the growth of the self is possible through a capacity for relatedness. Although the former self-protective situation had provided shelter in a war situation, the effects were inevitably self-abusive: the continued use of the self as a survival object had long since exhausted its own vital resources and capacities, and had become an addictive and self referential activity with a ruminating quality. But now there were no further margins available to sustain survival, no more degrees of freedom.

The lessons of this period of transformation had to be experienced over and over again, during which time she continued her progress through a cycle in which she found me, lost me, and refound me as an analyst who could communicate to her the fact of my ongoing relatedness to her, one demonstration of which was my thinking about her in a way that enabled her to feel remembered, thought about, and understood. A critical moment occurred when, in the very middle of an exceptionally bitter and despairing episode, and feeling that I had failed her miserably by my absences, she surprised herself and me with the following dream.

Dream 4: She was a little girl in bed. I stood over her and said, 'I understand'. She had a sense of my being in possession of my understanding of her real self that I was then able to impart to her.

She said that she felt 'recovered' by me, conscious that the use of the word 'recovered' imparted a sense of being found, of being protected, and of regaining health. I was becoming properly established as a self object, and available for use in the further steps that she would take along the path of her recovery, successive steps in the transformation of her inner world from a two-dimensional to a three-dimensional existence.

In such ways did she begin to accumulate experiences of her self as held in mind by me, and thereby to accrue further self experience with which she could identify and then internalize, instead of going on depleting herself through repeated acts of self 'extrusion', risking coming very near to extinction. The resources which she had come so close to sucking dry now began to be replenished. She began to take more effective care of herself. Because she experienced that her mental needs were being addressed in the analytic relationship, she was more able to make provision for her physical needs, reducing her work load and ensuring other arrangements were more supportive.

As we approached the next long break, she dreamt the following.

Dream 5: She was perched on an examination couch in a field hospital in a war zone. She was very ill and without any vital force. Two medical consultants were wavering around in the room, but not in relation to her or to each other. She felt that she could not find the necessary force that could hold them together to mobilize their care of her. Then she saw that she held a beautiful blue plate on which was a quarter of a slice of wholemeal bread, the kind her sister-in-law baked. It was very rudimentary but nevertheless nourishing, and she thought that she would eat it.

This dream points to the possibility that she might be gathering enough of a force field around her self to ensure that those who were responsible for her care would gravitate around her as around a centre. We could say that her experiencing self was now constellated by an organizing principle. This would be the beginning of a capacity to attract and be nourished by benign resources outside herself. Although the dream depicts that she is still in the middle of a war zone, she is enclosed in a field hospital, a protected place for treatment where she might be safe from further damage and receive the care she needs to begin to make a recovery. The double mandala in the dream, the idea of the need to create the force field of the two consultants who would gravitate around her as if around a sun (self), and the beautiful blue plate filled with nourishing wholemeal bread, another image of the self, lay extra claim to a sense in the dream of the possibility of a strengthening of her self through her capacity to receive replenishment from sources other than her own self (her sister-in-law/analyst). She was no longer eating her own vomit.

Conclusion

I have described some aspects in the processes of transformation from a two-dimensional to a three-dimensional mode of existence in a woman who had essentially used up the remaining vital resources upon which the continuation of her self depended and for whom it was a matter of life and death to find another mode of sustenance in order to have any chance of survival. For a long period of time she used processes of what she called 'extrusion' in the transference, as she had in real life, in order to represent to herself an experience of a psyche-soma unity which she could then introject as a self representation. This patient had been gifted in creating an environment that sufficiently compensated for the deep deprivations of her early existence. She had learned to imitate in order to reproduce the conditions in which her mind could develop in parallel to her body, and her achievements were indeed many and valuable. But, at a certain level, we could say that in accomplishing this she had had to create a self that inhabited a two-dimensional world in which no other could be allowed entry, since this would inevitably re-evoked experiences of those very circumstances that had created the original trauma which had been so catastrophic. Although this was a strategy that had guaranteed survival for a certain and important period of time in her life, while she built up a family, important friendships, and a career, it nevertheless had precluded the possibility of a self experienced creatively in relation to another. Eventually, all the resources that she had used to develop her self were exhausted, and it had become a matter of acute urgency that she seek out the conditions in which she might find another with whom to experience mutuality. This experience was inevitably interspersed with feelings of disappointment, frustration, separation, and loss, which had to be borne and overcome. In doing so she had to risk the humiliation and despair of the possibility of not encountering the object she so desperately needed.

This transformative task she accomplished by seeking out an intensive analysis, through which she was able to monitor whether she really did have in me an analyst whom she might trust enough to test out the possibility of allowing entry into her internal world, so as to contribute to the replenishing of her sense of self. An important hurdle had first to be crossed when I was required to demonstrate that I could survive existence in the two-dimensional claustrum with her, in her solitary confinement. This involved periods of intense pain felt by both of us when she experienced the agonizing effects of my ordinary human limitations and failures and my own need for recuperation and recovery at weekends and holidays. The gaps thereby created were almost unbearable, and so I was punished for her humiliation in face of the intensity of her narcissistic suffering. She had to experience the repetition, in small doses, such as the weekend breaks, of the original monolithic environmental failure. When reconstituted in the present between us, the impact of these 'small doses' of ordinary failings was indeed of mammoth proportions, equivalent to the original catastrophic failures. Only after repeated experiences of surviving these blows was she

sufficiently encouraged, as well as sufficiently desperate about her own chances of survival, to go on risking allowing me to occupy with her a three-dimensional space in which her existence, as well as mine, were recognized. This included suffering in relation to me terrible psychological and physical pain, deep longings, and humiliating dependency needs which had hitherto been denied.

When early trauma has taught a young self that searching for experiences that could lead to growth and change in relation to another is not only humiliatingly naive but also psychologically dangerous, leaving the self open to damage and exploitation, the self has no other recourse but to withdraw back into its self, channelling its energies into a one person realm, where a high degree of inventiveness may afford the self much creative energy for some crucial amount of time. This could include the years of studying, or those of bringing up a family and developing important friendships, or of building a career. The energy that might have been available for transformation of the self in relation to another is instead taken over for use by a defensive structure which divides in order to dominate. It thereby creates an oppositional system in which positive and negative personifications of those withdrawn energies afford ample scope for locking the self in mortal combat with itself, within a cage of its own making, where transformation of the self is disallowed. Feelings of humiliation, shame and self-deprecation may for some time be avoided, but at the cost in the long run of increasingly vicious inner self attacks which eventually leave the self resourceless and lacerated, thus adding to the likelihood of further retraumatization.

In thinking about psychological transformation, I have had to think about the self, its defences, and how, in order to survive in the face of horrendous circumstances, the self's defensive system divides so to rule, making change impossible. If the risks involved in the transition from two- to three-dimensional existence are accepted and undertaken, the participation of the analyst will be required for the duration of the process. Then the analyst will inevitably be open to suffusion by the patient's terror of the appalling potential for retraumatization, given the inevitable failures that occur within the context of human relatedness. At the most harrowing of times, patient and analyst may feel locked together in a life-and-death struggle, the outcome of which cannot be known in advance.

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