

# Dissolving and Creating: On the Development of Internal Space and the Capacity for Symbolization

By Brian Feldman, Ph.D.

In this clinical paper I would like to demonstrate the necessity for brittle, often crippling ego structures to dissolve before new and more resilient ego structures can be created within an internal psychic space that is experienced as safe, secure, and protected. Over the years in my work as a Jungian analyst I have found that when analyzing patients with severe ego pathology (narcissistic and borderline), regressions occur which can push the analysand backwards in time, in an experiential manner, to the infantile roots of their psychological disorder. This often involves the emergence of primitive states of mind where chaos and confusion become prominent psychological experiences. At times the analysand is thrust into areas of psychological experience where there is little differentiation between what is internal and what is external, and where body boundaries melt and become fluid. There is, I believe, at the core of this process a possibility for renewal, transformation, and creation.

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Out of the chaos a new way of being can emerge. This renewal and transformation takes place within the matrix of the transference/countertransference relationship, which acts as a catalyst and mediator of psychic change.

I have utilized the words “dissolving” and “creating” in the title of this paper because I think that they vividly convey the necessary oscillation between the forces of destruction and creation that form an inherent tension within the human psyche. The word dissolve carries the following meaning: to pass into a solution; to melt or to liquefy; to undo a tie or bond; or to break up a connection or union. To create carries the meaning of coming into being and evolving from one’s own thought or imagination. Psychological experiences of dissolution, melting, or liquification are reported by analysands during regressive phases of their analytic work. In my analytic practice I have found it necessary to treat these patients four-five times per week in analytic sessions conducted on the couch. Within this framework the analysand has the possibility of experiencing a secure holding environment. Regressions to infantile states of mind appear with a regularity and intensity that often place a strain on the analyst’s capacity to contain the analysand.

My understanding of the ego pathology in the narcissistic and borderline patient is that it has its roots in

traumatic experiences from the preverbal period of infancy. The central symptoms are a sense of futility and emptiness. In order to heal this abject state of mind the patient needs to regress to a preambivalent, undifferentiated state within the containing environment of the analytic setting. In this way a capacity to reflect upon and digest traumatic and painful experiences becomes possible. Difficulties related to the treatment of these primitive states of mind emerge as a result of the depth of dependency which is created as a result of the analytic work. The analyst's work consists in accepting the analysand's dependence within the symbolic interplay of the transference/ countertransference relationship.

In the regressive phase of an analysis, the setting and the maintenance of the setting are as important as the manner in which the analyst relates to the emerging material. The need for firm boundaries and the maintenance of the analytic framework is paramount, as destructive attacks upon the analytic framework are a natural consequence of the rage and aggression which can emerge.

Jung was one of the first analysts to attribute value to regression. In *Symbols of Transformation* (1956) Jung discusses in depth the regression to earlier childhood and infantile states and their significance in terms of the hero myth and the deliverance and separation from the mother. He emphasizes the need for regression to occur if a deeper renewal is to take place. In "Psychology of the Transference" (1946) Jung outlines a theory of analytic interaction which is based on alchemical texts. The archetype of the *coniunctio* is the major motif in Jung's work on the analytic relationship.

According to Jung, the analysand, "by bringing an activated unconscious content to bear upon the doctor, constellates the corresponding unconscious material in him, owing to the inductive effect which emanates from projections" (p. 176). Jung underlines the importance of unconscious communication between analyst and analysand. By being able to carefully monitor one's own unconscious processes, and by developing a capacity to reflect upon these processes, the analyst is better able to develop a capacity to think and reflect upon the analysand's internal experience.

For Fordham (1978) regression is a valuable therapeutic process, as damaged parts of the self can be reached, identified and made sense of. According to Fordham, when regression predominates, care and reflection need to be provided by the analyst. The analyst needs to start the analytic work with as open and empty a frame of mind as possible to facilitate the development and the creation of a safe internal space within the analyst so that reflection and reverie can take place. Fordham's (1976) concept of deintegrative processes is helpful in understanding the clinical material which emerges in regressive states. The infant is conceptualized by Fordham as having a primary self from which psychic structure evolves through the process of deintegration and reintegration. One of the early deintegrative-reintegrative processes occurs during the first feed. As the infant experiences the breast and the maternal care associated with it in a reliable manner, and when an empathically attuned relationship develops between the mother and baby, the baby begins slowly to introject an image of a good breast which comforts, soothes,

calms, and provides important nutrients. When the breast is absent for tolerable lengths of time, the infant begins to form images of it as a response to his desire and need, and symbol formation slowly begins to evolve. From work done in the area of infant observation (Feldman, 1988, 1999), it appears that what is most important for the psychological development of the infant is the way the mother is able to hold the baby in her mind. If she is able to allow the baby to exist inside herself in a mindful manner, she is attuned to the baby and the baby is affirmed in having an individual self separate from the mother. When things go well, the infant is able slowly to introject a maternal function which involves self-soothing and self-calming mechanisms. When things do not go well and when there is not a good enough fit between mother and infant, Fordham postulates that defense systems can arise spontaneously out of the primal self. These defenses of the self are designed to preserve a sense of individual safety and intactness, but they also create an impermeable barrier between the infant's self and the environment at a time when the infant is beginning to develop a symbolic function. When the defences of the self are operative, the processes of deintegration-reintegration are interfered with and the unfolding of archetypal and symbolic experience is thwarted.

Regression to dependence, according to Winnicott (1965), provides a means by which areas where psychotic anxieties predominate can be explored, early experience can be uncovered, and underlying delusional ideas recognized and resolved within the matrix of the transference/countertransference relationship. Emotional support is found in the analyst's attitude and responsivity.

The work of Bion (1977) has been of importance in understanding the material which emerges in the regressive phases of the analyses of patients with severe ego pathology. According to Bion, the capacity for thought and symbolic reflection is created in the context of the mother/infant relationship. Bion utilized the term "beta elements" to designate the unprocessed data of emotional experience, in contrast to the "alpha elements" which have already undergone processing by alpha functioning. In alpha functioning there is an acceptance of the sensory data of emotional experience and there is a transformation into elements suitable to be thought about, stored as memory, and dreamed about. The beta elements which are refused processing by alpha function (or where there is no alpha function left to process them) become "beta prime" elements by default and constitute thereafter the randomness and bizarreness of delusions and hallucinations which are seen in psychotic states.

The analytic work which I will be describing can also be related to Bion's concept of the container and the contained. Within Bion's schema of infant development, the infant projects emotions into the mother which are too difficult for the infant to integrate. The mother, through the utilization of her own internal capacity for psychological reflection and digestion in a state of reverie, is able to receive and process the infant's emotional states and then help the infant to relate psychologically to these emotional experiences so that they can be integrated. Bion's approach focuses on early sensorial data as relived in the analytic situation. Ogden's (1989) concept of the autistic-contiguous position as a sensory domi-

nated, presymbolic mode of generating experience is also important as it relates to Bion's beta elements. Anxiety in this mode consists of an unspeakable terror of the dissolution of boundedness, resulting in feelings of leaking, falling, or dissolving into an endless shapeless space. Tustin (1990) relates this phenomenon to a catastrophic sense of disconnection from the mother that leads to an experience of psychotic depression. For Tustin, the infant needs to have the feeling of being held in reliable arms in order for psychological development to proceed in an unimpeded manner. If this has not been experienced and integrated, serious forms of pathology can result, especially autistic and encapsulating defenses which are a means of protecting vulnerable and fragile parts of the self.

### **Clinical Case Material**

The voice on the phone was unsure, hesitant, somewhat faint and broken. The woman who called was at the time forty-three years old and indicated that she was seeking an analysis. She was married, was teaching in a medical specialty, and was the mother of two children. She felt desperate. In our first session the woman whom I shall call Frances complained of feeling depressed and suicidal. She felt controlled by bulimic symptoms and unsure of how to manage them. Analysis, she said, would be her last attempt to resolve these problems. She had tried several other therapies, had been involved for many years in meditation, but nothing seemed to be able to help.

I felt her desperate plea for help, yet unsure how or if I could help her. I suggested that we meet for several sessions so we could get a better feeling

for her current situation. She told me very little about her personal background during these first sessions, and I did not choose to elicit any particular information from her. I wanted to allow her the freedom to have her material and her history unfold in their own manner. I also wanted to observe my own emotional reactions to her. She made me feel frustrated, overwhelmed, and at times helpless, yet I was intrigued by her background, her personality, and a sense of integrity which was conveyed through her earnest appeal for help in the face of overwhelming emotional conflict.

Frances was preoccupied with spiritual practices involving meditation and prayer. She had been a Catholic nun for fourteen years, and had been educated in Catholic convent schools starting at age fourteen. Her devotion to spiritual and religious life had a genuineness which permeated her personality, yet at the same time there was a perplexing paradox. On the one hand she attempted to fill herself with religious meanings and experiences, but on the other hand at the core of her self she felt empty and that her life was meaningless and futile. Her many years of prayer and devotional work in the convent, and after the convent her committed study of eastern religion and meditation, had not help her solve a basic dilemma: How could she create meaning in her life and experience a sense of ongoing aliveness within? Everything felt empty, lacking in meaning, and enveloped in a hopelessness.

I learned some details of Frances's history in our initial sessions. She was the second eldest of five children. Her parents had a difficult and strained marital relationship, and her father was an alcoholic. He had died of complica-

tions related to his alcohol problems when Francis was a young adult. Francis described her mother as a devout Catholic who devoted herself to her husband and family with a strong feeling of duty mixed with an intense masochism. She viewed her parents' marriage as difficult and painful. The few memories that she reported of the parental relationship were filled with violence and abuse.

Francis left religious life because she wanted to have children of her own. Soon after leaving the convent she married a man whom she felt she could not deeply love yet whom she felt she could redeem as he came from a psychologically disturbed and troubled background. She appeared devoted to her two children, as well as to her career as a teacher. However, at the time of these initial meetings she doubted her worth as a wife and mother, and felt at times unable to focus on her work productively. Her life seemed to be crumbling before her, but she did not have significant clues about the causes of her current predicament. She was most troubled by her bulimia, her depression, and her desire for complete escape in fantasies of suicide.

### **Encapsulated within a Body Filled with Pain**

The first phase of the analytic work in large part focused on Frances's depression, her uncontrollable bulimic symptoms, and her description of somatic complaints. During this phase Frances was seen in analytic sessions five times per week on the couch. Her somatic symptoms at this time existed as rigid and constricting autistic-like defenses that protected a fragile and vulnerable sense of self. It was difficult

for Frances to have thoughts about these painful sensations. She spoke about her feelings as "things in themselves" which she wanted to evacuate in a bulimic manner. Slowly, as we focused our attention on these sensations, a capacity to utilize metaphoric language and symbolic imagery emerged. Frances described images of being encased in hard, crusty, or impenetrable substances from which she could not escape. Some of the following dialogue in these sessions describes these states of mind:

*Frances: I feel a burning sensation in my chest. There is a cement wall around my self. It feels like an extension of my skin.*

*Brian: You're perhaps attempting to protect yourself from your painful internal feelings and from me. You feel trapped. Nothing can get in and nothing can come out. It's your only way to hold things together inside.*

*F: I don't want to be here. I feel you may abandon me, like when my mother sent me off to the convent when I was fourteen years old. I don't have any place to go. I want somebody to be there. I feel restless, antsy, and anxious. I don't know what to do. I feel walled off; there's a big protective covering. I feel real spacey. Light, like there's nothing there but my shell and it's big and airy, my body is big, but I can't find me.*

Frances was experiencing a psychic encapsulation as a way of managing traumatic experience. Her association to the pain of separation from her family in early adolescence offered a way for her to begin to conceptualize her need to wall herself off from her psychic pain and to protect herself in a "cement shell." The defense of encapsulation provided a means to protect

the fragile self from further impingements. I tried to maintain a state of mental reverie when listening to these images, not forcing myself to prematurely understand or interpret them to Frances. I attempted to offer Frances a contained analytic environment where I would be able to reflect with her on her internal emotional experiences. I also wanted to facilitate her being able to further elaborate her inner imagery. This she was able to do with greater complexity and depth, as is apparent in the following dialogue:

*F: I have a pain in my heart...It's hot and the heat is strong. There is a strap around my heart. It's more like metal squeezing my heart and it doesn't give it any room to expand. There is a tremendous constriction at the tip of my heart. Inside the heart it is all hard. It feels like just the hardness and the pain come out....There is such rigidity. There is no movement possible for the heart. It's hard to imagine how blood could flow through. It feels like the circulation is being cut off, reduced. It feels like a heart lined with cement.*

*B: You may be attempting to hold yourself together in this way so all of the bad painful feelings don't leak out and overwhelm you. It's the only way things inside can feel protected. You're not sure I will be able to help you contain all these awful feelings.*

*F: How can I know that you will be there for me? There is a bear trap around my heart, clamped so tightly it doesn't allow for any movement. My heart can't beat, it's constricted, there is a continuous pain. There's a cement block around it and it feels heavy. I have no energy to try to break away from the pain. It hurts. It's heavy. It feels like I am trapped in a coffin. (Pause and lengthy silence.) There is such nothingness at the core. Even the pain is dead pain. It's so*

*intense it's mute. It's beyond feeling. I wake up in the morning and there is this big empty hole. It hurts.*

Frances's somatic sensations were representations of a psychic pain which was too intense and difficult to integrate. I attempted to maintain a state of openness and reverie in the analytic space. I tried to imagine inside of myself her sensations and images. I felt that my interpretations could only slowly touch the infantile experience of disconnection from the protective security of mother's containing presence. An excess of psychic pain was flooding her ego, causing Frances to experience fears of psychic death and unbearable distress represented by the constricting metal trap or cement around her heart. My sense was that earlier projective identification had failed to help her experience her mother as a container for her psychic distress, and that she was attempting to experience some of these unbearable fears with me. Her internal space had an autistic, deadened quality which lacked any sense of aliveness. At times I, too, felt consumed in the deadness, unable to contact thought and images within myself. It was as if we were both immersed in the coffin, in the deadness, and in the state of unknowing. Frances's hardened shell around her feelings, represented by her heart, made me feel that I had little possibility of penetrating the thick protective walls which had been erected around her self. She made me feel like a mother who cannot hold a screaming baby who wants to be silent and for the unbearable pain to end.

Her mental state appeared as an elaboration of sensations that were not yet feelings. These bodily images had present within them an emotional meaning that could not at that time be

fully experienced and reflected upon. When I did attempt to bring our attention to the potential meaning of these sensations and body images, she felt that I was attempting to assault her and that it was I as persecutor who was trying to force her to experience all of these bad feelings. I was the torturing mother of infancy who neglected her, made her feel badly, and who would not provide a safe internal space for Frances to exist within her maternal reflection. Frances warned me that if I continued to make her feel awful things, something would burst inside of her. My sense was that she recognized that her rage over feeling abandoned and uncontained by her mother of infancy would burst through her defences if she felt psychologically assaulted, and she feared that I would not be able to contain her intense emotionality. Memories of feeling isolated, abandoned, and rarely held as a child emerged, but with little affective connection.

My thoughts at the time were that Frances's experiences of psychic pain and emptiness were caused by infantile experiences of absolute helplessness, failed dependency, and failures of containment within the mother/infant relationship. Frances had been unable to internalize a "thinking self" that would enable her to bear and reflect upon her feelings and emotional experiences. Her internal object world was filled with pain, constriction, and death. The task for me at this phase of her analysis was to attempt to maintain emotional rapport, to maintain a receptive mental state where her mental contents could be communicated to me through projective identification, and not to prematurely offer interpretations that could be a defence against suffering through and experiencing her intense psychic pain.

As we suffered through this painful terrain, Frances began to experience the burning sensations in her heart as connected with rageful and angry affects. I asked her to elaborate upon these feelings and she responded as follows:

*F: I feel burning in my heart, and surges of energy. I feel it coming straight up from my gut. The energy goes all over. The constriction around my heart and throat feels like the aftereffects of anger. I want to destroy something. I want to run away. I feel totally helpless. Something is overpowering me and I don't have control over it. You're making me feel this way.*

*B: Perhaps a feeling that I'm not able to respond to you and by making you feel badly I increase your despair. You could be afraid I can't help to keep you alive.*

*F: There is no spark inside of myself. (She sobs uncontrollably.) I want my mommy to hold me. I was two years old and I wanted my mom but she wasn't going to come. It hurts. The pain is very strong. The emptiness grips me. I feel like my whole soul is blank. It creates pressure and pain, crushing my heart.*

*B: It's so hard to feel that I can help you keep the spark alive, that I could help you hold this terrible pain.*

I think that Frances at this point could not begin to link her primitive sensations to the experience of infantile helplessness and lack of maternal containment. These primitive sensations were related to a traumatic break in the relationship between mother and infant at a time when the need for affective attunement, emotional containment, and ego support were strong. Frances's experience of parts of herself being destroyed was, I think, related to her infantile rage at her abandoning mother, who had insufficient psychic space

in which Frances's infantile emotionality could be contained; therefore these unbearable emotions were directed against her self. Frances was in search of a maternal reverie and containment that would help her to assimilate overwhelming emotions having their roots in infantile states of mind. As she had not found this in her infancy, she had encapsulated herself utilizing autistic defences and in this way protected herself from being overwhelmed by unbearable emotions and tensions which could either leak out or explode from within. Much of the early symptomatology, such as her bulimia and experience of emotional withdrawal, seemed to be related to these types of encapsulating and autistic defences.

### **The Search for Security and Containment within the Analytic Relationship**

As Frances's search for an experience of being safely contained within the analytic relationship continued, her experience of autistic-like encapsulation gave way to a desire for bonding and attachment. She deeply yearned to be safely held within my mind, to be deeply and securely rooted within me. Her need in the analysis for an experience of some secure holding involving nondifferentiation and fusion was strongly felt. I experienced this at the time as a need for her to find a starting point from which she could feel she had an individual existence separate from me. The first stage of the analysis had demonstrated to me that it was necessary for the analytic setting and the analytic relationship to provide the necessary containment for emotional experiences about which Francis was unable to think. In the next stage it appeared to

me that the establishment of meaningfulness was related to the evolution of bonding and attachment occurring within a contained analytic relationship where maintaining an attitude of reverie was essential to facilitate the processing of Frances' infantile projective identifications.

Through the creation of an analytic relationship, aptly termed a "thinking couple" by Bion, Frances and I were able to constellate a capacity for thought which helped her to hold onto a dissolving sense of self. Slowly the capacity for symbol formation began to develop. This evolution occurred as Frances developed the capacity to be more aware of our separateness. Before this sense of separateness could be fully experienced, Frances needed to feel secure in her capacity to be bonded and attached to me within the analytic relationship. As she began to deal more productively with object loss, symbol formation and the creation of an internal space became more possible. Frances was able to identify with my internal capacity for reflection and psychic metabolization, and through this process she could acquire a capacity to develop her own alpha function and internal space. This was a long and arduous process, which occurred over a two-year period in which she often struggled with overwhelming fears and anxieties involving psychotic modes of thought and functioning.

The emergence of Frances's need for a safe space in which she could deposit her projective identifications was elucidated in the following dialogue:

*F: On weekends, during the separation I can't find me. There is no me there. It's all blackness all around...I want all of your attention. I don't want any respon-*

*sibilities. I just want to be an infant. I only want to take and not give, I want to be totally cared for. I want all of your attention. I feel all wrong.*

*B: When we're together you seem to feel alive, and then when alone you can become fearful of the depths of your neediness.*

*F: I feel crazy with all of these emotions running around. I can't hold on anymore. I feel alive when I'm with you. When I'm away from you I am dead. When you go away you take something of me with you...I feel so bad inside. I can't find that spark.*

*B: You're needing me to keep the spark warm and alive, to hold it safely within me.*

*F: I feel there's nothing inside. It's just empty. I don't want to go through this. This feels like the only safe place in the whole world, yet all this crap comes up,...all this darkness, feelings of just falling off the edge and going into nothingness. I'm afraid of being all alone. I get swallowed up in the blackness. Take care of me. I keep having the feeling I'm falling into oblivion. It's very scary.*

*B: You're needing me to be right here with you.*

*F: I feel like I'm being torn away from my mother. My mother isn't holding on. It just feels like I have been left all alone and abandoned.*

Frances was struggling with an experience of disconnection from a mothering figure who could provide sufficient holding. She experienced the terror of being a helpless baby as falling into a vast black void. During these sessions Frances often closed her eyes and allowed inner images to emerge. It felt to me that she was creating an imaginary umbilical cord where she could feel connected to me in an

ongoing way. The development of this quasi-dream state and the experience of oneness which she so deeply desired were ways of coping with the dread and pain of a too sudden and painful awareness of bodily separateness from the mother/analyst with whom she needed to feel fused at this time. I felt that her previous use of autistic defences was a means of protection from the pain of feeling torn away too soon from her mother's body (Tustin,1990), and that she needed to rework in the analytic space this early infantile trauma.

She described the pain and torture of trying to hold on and to cope with severe separation anxiety as follows:

*F: I don't want to go.(Cries.) Please, oh God! I feel like my inner core is being torn apart...I was so desperate to get here today. I can't survive without this...I feel all alone in this bottomless pit. I'm alone and can't get back. I'm just laying here holding on for dear life.*

*B: It's so hard to hold on to the feeling of our being together.*

*F: I fear being dropped, and I fear exploding. I can't stand being so needy...I'm over here going crazy and you're just there watching. Get the hell out of my life. (Screams). It's so big and empty and cold. I'm afraid of falling into this hole, afraid of falling into this void.*

Frances' desire for closeness alternated with rageful and murderous affects. She reported the following significant dream at this time:

*I was at my mother's house...I was just feeling close. We went to sleep holding hands. We were sleeping in two double beds. I tried to wake her up but I couldn't. Then a person came in the room and she didn't see me. She was tall and in a nurse's uniform. I*

*was scared. She bolted onto the bed and started to strangle my mother. I bolted up and asked, "Who are you?" I was scared.*

I think that the dream is a representation both of her deep ambivalence in the transference as well as her feelings about the mother of infancy. Her associations to the dream indicated that she was aware of how she and the woman in the nurse's uniform represented different aspects of herself and her attitude towards me as the mother/analyst. She hated being so dependent and vulnerable, yet simultaneously experienced a deep need for emotional connection. She elaborated during this period fantasies of wanting to murder me in a violent manner. Her hatred towards me seemed to reflect how badly she felt about her vulnerability with me, her need to make me experience the terror of being an infant at the mercy of a potentially psychotic and abusive mother as well as the terror of being the mother who was the recipient of violent and psychotic-like infantile emotions.

As Frances became able to elaborate her underlying madness, she began to feel increasingly soothed and calmed by the analytic relationship. These were maternal functions, which she was incrementally constructing inside of herself based on her identification with my capacity for maternal reverie. She described these calm mental states as follows:

*F: I feel protected and cared for here. It's like I have to come into this safety zone to get rejuvenated. I get the sense of your being there with me and I can recreate the energy that is here...There are quiet times when I feel a sense of being in touch with you. There's this sense of peacefulness. It's a filling up of all those*

*empty spaces. Then I get the feeling I'm not dead, I'm not empty or just floating alone in space.*

During this period I experienced a mental state of primitive unity with her. In my notes I described experiencing Frances as rooted to an imagined breast/penis within me. The intensity of her projective identification made me experience my own body image as androgynous. I had the distinct feeling that she was creating within me what she had so distinctly lacked with her mother, and that the intensity of her projective identifications and their containment within me had a healing impact upon her. It was through this transactional process that a more secure mental state was created within Frances in which she could experience increasingly complex emotional and psychological states of mind through dream, fantasy, and symbolic image.

Frances's analysis continued on an intensive basis for another four years, at which point the frequency was reduced. During those four years she was increasingly able to work on infantile anxieties and to integrate them. After this period of being rooted in a primal mother/infant relationship, she was able to negotiate more separation from me and to mourn the closeness that had been created between us during that period. She was also able to return to graduate school in psychology and later to teaching. She began to explore more coherently her femininity, relationships, and her inner spiritual development. I think that Frances's increased capacity for symbolization through the development of alpha function facilitated the development of her sense of self. During the period of analysis reported, Frances became more able to introject

the analytic container-breast and its capacity for psychic nourishment and integration. She was able to give psychological shape to her anxieties and to bear her anxieties sufficiently enough that she did not have to immediately discharge and evacuate these uncomfortable internal states.

I think that this description of Frances's analytic process helps to elucidate the necessity of regression to infantile states of mind to help transform a damaged relationship to the self into a more relational ego/self dialogue that has the potential to nourish integration.

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