

THE CONSTELLATION OF THE ARCHETYPAL FEMININE :

A PSYCHIC PROCESS ESSENTIAL TO PSYCHODYNAMIC PSYCHOTHERAPY

TRACY JACQUELINE BLOW

IN PARTIAL FULFILMENT OF THE DEGREE OF MASTERS IN
CLINICAL PSYCHOLOGY

UNIVERSITY OF CAPE TOWN

1994

The Commission of Enquiry has been given
the full powers of the University of Cape Town
to act in all matters relating to the institution.

The copyright of this thesis vests in the author. No quotation from it or information derived from it is to be published without full acknowledgement of the source. The thesis is to be used for private study or non-commercial research purposes only.

Published by the University of Cape Town (UCT) in terms of the non-exclusive license granted to UCT by the author.

This work is dedicated to Stephen, who held me in my descent into
the realms of the Great Goddess, and guided me back,
deeply healed.

I would like to thank P for selflessly entrusting her dreams to me.
Your generosity is deeply appreciated.

My thanks also go to my supervisors, Sally Swartz and Rod Anderson,
for their valuable assistance. Their insights have helped me to
shape strong and valued intuitions into theory.

The financial assistance of the Centre for Science Development,
(HSRC, South Africa) towards this research is hereby acknowledged.
Opinions expressed and conclusions arrived at, are those of the
author and are not necessarily to be attributed to the Centre for
Science Development.

ABSTRACT

The aim of this study is to explore and demonstrate the necessity for a psychodynamic psychotherapy which embodies and thus evokes the qualities of the Archetypal Feminine. C.G. Jung's concept of the *coniunctio*, or union of psychic opposites, forms the central theoretical premise on which the study is based. It is with the constellation of the *coniunctio* that psychic transformation is achieved. The re-evocation and hence constellation of the archetypal feminine is viewed here as essential for the attainment of psychic integration, in view of the denigration and splitting off of psychic feminine aspects so evident in the histories of most cultures.

The role of the feminine in personality development is described by way of an analysis of the archetype of the Feminine, and a documentation of early infant object relations as posited by such Analytical Psychotherapists as Michael Fordham and Mara Sidoli. These early infantile experiences can potentially be re-evoked in the therapeutic transference, particularly when a regressed psychic state is facilitated. This is well documented by analytical psychotherapists, and it is posited here that in order for this process to occur, a therapeutic approach which reveres and hence evokes the Feminine in all her manifestations is critical. This theoretical proposition is examined by way of an analysis of a series of dreams. The dreams were recorded by the dreamer while in

a psychodynamically-oriented psychotherapy. The dreams occurred over a seven month period, and were presented in written form to the researcher with accompanying associations. Without gaining any further insights from the dreamer, the researcher analysed the dream series by utilising the associations provided, and amplifying archetypal material. In this way, the need for a therapeutic approach which facilitates the spontaneous emergence of feminine symbolism is demonstrated, and hence the gradual constellation of the *coniunctio* is shown.

The implications for psychotherapy which emerge from this analysis involve the need for an approach to psychic healing which allows for the facilitation of the constellation of the archetypal feminine. Such an approach would provide a sense of secure therapeutic boundaries which would evoke the qualities of the containing vessel. Within this holding environment, a state of regression would occur in which the patient could re-experience infantile levels of relating, levels at which original damage occurred. With an awareness of the dynamics of such early relating, and the potential for their re-evocation, the therapist would facilitate healing and psychic transformation. Myth and fairytale would provide a rich source of reference for the interpretation of dream symbols, and for understanding the myth being lived out by each patient.

CONTENTS

INTRODUCTION	1
THEORETICAL CONSIDERATIONS :	
The Role of the Archetypal Feminine in Infant Development	4
The Role of Mythology in Facilitating the Therapeutic Process	7
Dream Interpretation and the Facilitation of the Individuation Process	10
<i>Coniunctio</i>	14
The Archetypal Feminine	19
A Theory of Infantile Relationships as Posited by Michael Fordham	23
Union Experiences of Mother and Infant	26
The Transference as Re-Evocation of Damaged Early Object Relations	30
Therapeutic Regression	32
Psychotherapy Guided by the Feminine Principle	35
METHODOLOGY	39
RELEVANT CASE HISTORY	41
AN INTERPRETATION OF THE DREAM SERIES	42
CONCLUSION	55
REFERENCES	59
APPENDIX A	

INTRODUCTION

This research was inspired by a personal regressive experience within a psychodynamically oriented psychotherapy. The experience resulted in a reverence for the feminine not previously felt by the researcher. This involved a very profound sense of the importance to psychic health of respecting the feminine and integrating unconscious feminine aspects of the psyche. It led to a literature search which might confirm the fundamental nature of this experience. What emerged was an obvious recognition in the literature of the role of the feminine in the therapeutic process, but no detailed documentation of this by way of a study of a dream series. This then became the object of the current research.

The object here is to analyse a series of dreams for their Archetypal Feminine content, and to demonstrate the need for a feminine orientation to psychodynamic psychotherapy in order for psychic transformation to occur. In order to demonstrate this, an insight into the nature and significance of the Archetypal Feminine in all her manifestations is required. This insight provides support for claims made regarding the historical importance of the Archetypal Feminine to the psychic make-up of humankind. More specifically, the role of the Archetypal Feminine in infant

development, and its implications for the role of the personal mother, needs to be outlined. This bears relevance to subsequent discussion of early infant-mother relationships.

The role of mythology and dream interpretation in the therapeutic facilitation of the individuation process couches the study within a general therapeutic orientation regarded as fundamental to Analytical Psychotherapy.

Central to the transformative effect of a therapy which embodies the qualities of the feminine, is the concept of *coniunctio*, or the union of opposites. This concept, as posited by Jung, is defined in relation to the transference dynamics occurring within the therapy. The role played by the Archetypal Feminine in the constellation of this archetype is identified.

The mother-infant relationship represents one of the most profound experiences of the *coniunctio*, and thus the theory of these early experiences, as posited by Michael Fordham, is closely documented. This provides a foundation for understanding the impact of negative early mothering experiences on psychic development, and the pathological personality structures which result.

The transference which becomes manifest in the therapeutic relationship is considered for its role in the re-evocation of these damaged early object relations, and for its potential for healing. The healing experience of the therapeutic regression, known to the objective psyche from time immemorial and described imagistically by myth and fairytale, is described as it emerges within the therapeutic relationship.

The need for a feminine orientation to psychodynamic psychotherapy is discussed, with explanation of what such an orientation implies.

This theoretical foundation provides a context for an analysis of a dream series provided by a woman in a psychodynamically oriented psychotherapy. The emphasis of the analysis is on the need for a therapeutic relationship which facilitates the constellation, or emergence, of the Archetypal Feminine, thus allowing for the attainment of *coniunctio* or psychic union. The demonstration of this need has implications for psychotherapy, and these are discussed.

THEORETICAL CONSIDERATIONS

THE ROLE OF THE ARCHETYPAL FEMININE IN INFANT DEVELOPMENT

Fundamental to an understanding of early object-relations is the role played by the archetypes of the collective unconscious. Jung described archetypes as 'uniform and regularly recurring modes of apprehension' (Jung, 1969, p.137). Sullivan describes the archetype as 'the innate foundation of the psyche...inborn potentialities (which) structure one's developing inner object relations.'

(Sullivan, 1989, p.47) For Sullivan (1989, p.136) this means that the 'infant is born...not with preformed images or ideas, but rather with the capacity and tendency to think, feel and perceive in certain ways - in human ways - in response to the typical and recurring experiences with which life confronts each individual anew.' Jung considered a fundamental aspect of this process to be the humanisation of the archetype whereby it is filled out by conscious experience.

Jung believed that 'the infant psyche is complex at birth and that the innate archetypal forms are components in its complexity; he recognised individual characteristics from the beginning of life and understood the powerful effects of the identity between mother

and child'. (Fordham, 1976, p.36) Thus 'child maturation starts from a wholeness out of which the ego and archetypal images are derived by deintegration.' (Fordham, 1976, p.33) This process involves a '"fragmentation of archetypes" (which) leads to the emergence of individual archetypes from a great complex mass, and to the formation of coherent archetypal groups.' (Neumann, 1974, p.7) In terms of the interpersonal relationship established between mother and infant, conditions are provided for the "incarnation" of the individual archetypes. In this way, the archetypal idea of "mother" is given human form as the infant experiences and interacts with the presence of the personal mother. Observation of the mother-infant dyad has revealed this incarnation of the archetypal structure as infant development progresses. (Sidoli, 1983, p.203)

Neumann (1974, p.15) considers the child's first experience of the mother to be the archetype of the Great Mother, an all-powerful numinous woman on whom the child depends for all things. The objective reality of the personal mother is experienced when ego and consciousness are more developed. (Neumann, 1974, p.15)

Neumann further postulates that, 'When...there is a relationship to the offspring, this relationship is retained as an indissoluble bond between mother and child. This *participation mystique* between mother and child is the original situation of container and

contained. It is the beginning of the relation of the Archetypal Feminine to the child.' (Neumann, 1974, p.29)

The role played by the Archetypal and Personal Mother is a formative one in the formation of the mother complex. The infant psyche requires that it be enfolded in a maternal psyche. The infant has particular needs which, within broad limits, must be met by the mother. How the mother behaves is organised by the developing psyche as the beginnings of a "mother complex" - a pattern of relatedness ingrained in the psyche's foundation. "Mother complex" refers to the psyche's innate capacity to correlate and integrate mothering experiences which then become part of individual psychic structure. (Sullivan, 1989, p.143) The humanisation of the archetype by the personal mother is vital. Its failure allows for archetypal space to be filled out by overwhelming impersonal forces (Sullivan, 1989, p.145), and results in the formation of autistic defences, or defences of the self. (Sidoli, 1989, p.13)

THE ROLE OF MYTHOLOGY IN FACILITATING THE THERAPEUTIC PROCESS

An important aspect of Analytical Psychotherapy is the use of the mythological history of dream symbols for both the therapist's silent understanding of the patient's psychic situation, and for interpretative work. Just as Perera's (1981) use of the Inanna myth relates the therapeutic regression to a collective and deeply meaningful process for both therapist and patient, thus holding both through an often frightening experience, so other myths can provide similar meaning and containment. By understanding the myth which reflects the psychic situation of the patient, the healing process can be facilitated. Jung considers the importance held by myth historically when stating that 'libido that will not flow into life at the right time regresses to the mythical world of the archetypes, where it activates images which, since the remotest times, have expressed the non-human life of the gods, whether of the upper world or the lower. If this regression occurs in a young person, his own individual life is supplanted by the divine archetypal drama, which is all the more devastating for him because his conscious education provides him with no means of recognising what is happening, and thus with no possibility of freeing himself from its fascination. Herein lay the vital importance of myths : they explained to the bewildered human being what was going on in his unconscious and why he was held fast.' (Jung, 1956, p.308)

Jung regarded myth as the primordial language of the psyche. This mythic language communicates in imaginal ways about the psychic, interpersonal, and cosmic experiences common to humankind, and it uses the language of the symbol, the original language of the unconscious. (Neumann, 1974, p.15). 'The collective unconscious...appears to consist of mythological motifs or primordial images, for which reason the myths of all nations are its real exponents. In fact, the whole of mythology could be taken as a sort of projection of the collective unconscious.' (Jung, 1969, p.152) And in particular reference to dreams, Jung states that 'there are numberless interconnections to which one can find parallels only in mythological associations of ideas.' (Jung & Kerenyi, 1985, p.71) In his work with the dream and fantasy material of patients, Jung encountered typical mythologems which could in no way be attributable to prior knowledge or experience. He thus concluded that "myth-forming" structural elements must be present in the unconscious psyche. These products are never (or at least very seldom) myths with a definite form, but rather mythological components which, because of their typical nature, we can call "motifs," "primordial images," types or...archetypes. ...the archetypes appear in myths and fairytales, just as they do in dreams and in the products of psychotic fantasy.' (Jung & Kerenyi, 1985, pp.71-72)

Johnson regards myth to be a rich source of psychological insight, and he demonstrates this with his analysis of the myth of Eros and Psyche. Johnson believes that 'we must learn to think mythologically. Powerful things happen when we touch the thinking which myths, fairy tales, and our own dreams bring to us. The terms and settings of the old myths are strange; they seem archaic and distant to us, but if we listen to them carefully and take them seriously, we begin to hear and to understand.' (Johnson, 1989, pp.xi-xii) Johnson analyses this myth so as to provide insight into the feminine aspects of the psyche, discussing the archetypal origin of mythological motifs and relating events which occur in the "outer" world of the myth directly to events which occur in the "inner" world of contemporary people. He is dealing with the Feminine as it exists in both women and men. Von Franz has been most influential in her analysis of myth and fairytale. Themes and characters in fairytales are analysed as symbols of psychic processes, thus providing insightful knowledge of these processes. By revealing the rich archetypal content of this material, she has provided Jungian analysts with sources of profound insight to aid their analytic work. (Von Franz, 1988)

The essence of this approach to the analysis of dream and fantasy symbols is that, as archetypal projections, these symbols depict situations and modes of functioning typical to humanity. They thus provide guidance for individual experiences, couching them in a

context which provides insight into the current psychic situation, as well as possibilities for the situation's outcome.

DREAM INTERPRETATION AND THE FACILITATION OF THE INDIVIDUATION

PROCESS

Jung regards dreams, 'the products of unconscious fantasy-activity', to be 'self-portraits of what is going on in the unconscious, or as statements of the unconscious psyche about itself.' (Jung & Kerenyi, 1985, p.74) Dreams have either personal character, 'which go back unquestionably to personal experiences, things forgotten or repressed, and can thus be completely explained by individual anamnesis', or an impersonal character which 'have their closest analogues in mythological types. We must therefore assume that they correspond to certain *collective* (and not personal) structural elements of the human psyche in general.' (Jung & Kerenyi, 1985, p.74, original emphasis) Dreams function in a compensatory manner to consciousness. Compensation implies 'balancing and comparing different data or points of view so as to produce an adjustment or a rectification.' (Jung, 1969, pp.287-288) 'If the conscious attitude to the life situation is in large degree one-sided, then the dream takes the opposite side.' (Jung, 1969, p.288) These compensatory dreams 'seem to hang together and in the deepest sense to be subordinated to a common goal, so that a long

dream-series no longer appears as a senseless string of incoherent and isolated happenings, but resembles the successive steps in a planned and orderly process of development.' (Jung, 1969, p.289) The emergence of feminine symbols in transference dreams can thus be considered as compensatory in nature. The symbols express a desire for union with the feminine, a desire which compensates for both the damaged early relation to the archetypal and personal mother as well as the dominance of the masculine in psychic functioning.

Jung has called the unconscious process expressing itself in the symbolism of a long dream-series the individuation process. (Jung, 1969, pp.289-290) Jacobi (1973, p.107) describes individuation as 'a spontaneous, natural process within the psyche.... Unless it is inhibited, obstructed, or distorted by some specific disturbance, it is a process of maturation or unfolding.... Under certain circumstances, in practical psychotherapy for example, it can in one way or another be stimulated, intensified, made conscious, consciously experienced, and elaborated'. (Jacobi, 1973, p.107) 'By activating the contents of the unconscious, such an effort eases the tension between the pairs of opposites and makes possible a living knowledge of their structure. Leading through all the hazards of a psyche thrown off balance, cutting through layer after layer, it finally penetrates to the centre, that is the source and

ultimate foundation of our psychic being, to the SELF.' (Jacobi, 1973, p.107) The striving for *coniunctio* - the union of opposites - is thus central to the process of individuation, and involves the healing which occurs when 'split off' psychic aspects are brought together or reintegrated. By analysing alchemical texts, Jung revealed how the process of *coniunctio* occurs within the individuation process. (Jung, 1953, p.462) With regard to the role of the mother-symbol in the individuation process, he states that it 'no longer connects back to the beginnings, but points towards the unconscious as the creative matrix of the future. "Entry into the mother" then means establishing a relationship between the ego and unconscious.' (Jung, 1956, p.301)

The integration of the unconscious is achieved by bringing to consciousness the contents of the unconscious. This is achieved, in part, by the psychic assimilation of the meaning of symbols appearing in dreams and fantasy material. Symbolic images are the only possible representation in consciousness of the unconscious archetypal forms. (Fordham, 1976, p.18) 'The symbols act as transformers, their function being to convert libido from a "lower" into a "higher" form. This function is so important that feeling accords it the highest values. The symbol works by suggestion; that is to say, it carries conviction and at the same time expresses the content of that conviction. It is able to do this because of the

numen, the specific energy stored up in the archetype. Experience of the archetype is not only impressive, it seizes and possesses the whole personality, and is naturally productive of faith.'

(Jung, 1956, pp.231-232, original emphasis) Neumann expands on this when he states that symbols 'take hold of the human personality as a whole, arouse it and fascinate it, and attract consciousness, which strives to interpret them.' (Neumann, 1974, p.8) The psyche is impelled to assimilate the unconscious content or contents contained in the symbol. 'This assimilation culminates in the formation of views, orientations, and concepts by consciousness.' (Neumann, 1974, p.8) 'Consciousness is set in motion and must employ all its functions to assimilate the symbol, for a merely conceptual assimilation proves totally inadequate. The symbol also acts with greater or less force upon feeling, intuition, and sensation,' and it 'compensates for overemphasis on consciousness.' (Neumann, 1974, p.17) Jung considers the primary task of the psychotherapist to be 'to understand the symbols anew, and thus to understand the unconscious, compensatory striving of his patient for an attitude that reflects the totality of the psyche.' (Jung, 1956, pp.232-233)

CONIUNCTIO

The central issue addressed by this study is the vital role played by the archetypal feminine in achieving *coniunctio* and subsequent healing in the therapeutic relationship. Implicit in this is the researcher's proposal that psychopathology is, in part, psyche's attempt to heal the inner Feminine and achieve a psychic balance and wholeness. The therapeutic relationship is the context in which this healing can occur, by way of the transference. If the therapist is familiar with the dynamics of the transference, particularly the patient's unconscious bid for *coniunctio* or the union of opposites, and the vital role played by the Archetypal Feminine in attaining this, then the attainment of wholeness, or the process of individuation, can be facilitated and, in varying degrees, achieved.

Jung has demonstrated that the symbolism and imagery of alchemy express the archetypal process that underlies the transference. (Jung, 1983, p.x) 'The *theoria* of alchemy...is for the most part a projection of unconscious contents, of those archetypal forms which are characteristic of all pure fantasy-products, such as are to be met with in myths and fairytales, or in the dreams, visions, and the delusional systems of individual men and women. The important part played in the history of alchemy by the hierosgamos and the

mystical marriage, and also by the *coniunctio*, corresponds to the central significance of the transference in psychotherapy on the one hand and in the field of normal human relationships on the other.' (Jung, 1983, p.159) The alchemical expression of the transference relationship is the *coniunctio* motif, 'the symbol of *unio mystica* (which), as a mythologem, ...expresses the archetype of the union of opposites.' (Jung, 1983, p.5) Thus *coniunctio* is a representation of the union experience occurring in the transference relationship. Alchemical imagery of the *coniunctio*, the balanced pairing of male and female elements, is usually represented as sexual union or marriage. These are also images of individuation.

'The *coniunctio oppositorum* in the guise of Sol and Luna, the royal brother-sister or mother-son pair, occupies such an important place in alchemy that sometimes the entire process takes the form of the *hierosgamos* and its mystic consequences. The most complete and the simplest illustration of this is perhaps the series of pictures contained in the *Rosarium philosophorum* of 1550. ... Everything that the doctor discovers and experiences when analysing the unconscious of his patient coincides in the most remarkable way with the content of these pictures.' (Jung, 1983, p.36) For Sullivan, these pictures 'capture both the relationship between patient and therapist and the relationship between the patient and

her psyche. The therapeutic process that occurs within the patient is mirrored in the transference; the unfolding of the transference reflects the patient's inner development.' (Sullivan, 1989, p.51)

The *Rosarium philosophorum* traces a process which has *coniunctio*, or the union of opposites, and re-birth as its goal. The King and Queen, representing hostile opposites, stand together fully clothed. They then appear naked, thus stripped and vulnerable, before becoming immersed in the Mercurial Fountain. In this bath they experience union or "Conjunction", followed by "Death" and the ascent of the soul. Purification occurs with the falling of the dew and hence the return of the soul. The final stage is the "New Birth". (Jung, 1983) That this series of pictures can be utilised to represent the therapeutic process with its attendant therapeutic regression is quite clear. Just as Perera's analysis of the Inanna myth (Perera, 1981) provides us with a mythological context from which to gain understanding of powerful, often frightening, regressive processes, so Jung's alchemical motifs reveal a deeper level of understanding of the transference process. The *coniunctio* as it appears in the *Rosarium philosophorum* is of central importance to this study, as it is an archetypal image of the *coniunctio* which is striven for both in the relationship between therapist and patient and within the patient's psyche. It is also

an image of the *coniunctio* striven for in the primary relationship of infant to mother.

For Jung, 'The alchemical image of the *coniunctio*...plays the same role in the exploration of the darkness of the psyche as it played in the investigation of the riddle of matter.... The *coniunctio* is an *a priori* image that occupies a prominent place in the history of man's mental development.' (Jung, 1983, p.5) 'When two chemical substances combine, both are altered. This is precisely what happens in the transference. ...this bond is of the greatest therapeutic importance in that it gives rise to a *mixtum compositum* of the doctor's own mental health and the patient's maladjustment.' (Jung, 1983, p.7) '...this regressive experience involves a deep and disorientating merger between analyst and patient. Jung's *coniunctio* grows out of a state of participation mystique between the two individuals.' (Sullivan, 1989, p.75) And further, for Hall (1983, p.99), 'Much of the work of analysis, indeed, seems to be to maintain a steady and reliable containing structure in which preparations for the *coniunctio* can safely take place.'

Of central importance to the therapeutic process is the therapist's inner *coniunctio* which, through the merger of the transference, the patient experiences. This experiencing replaces and heals the

damaged early union experiences in which *coniunctio* was not possible. This healing enables the patient to achieve an inner state of *coniunctio*. This is documented by Hubback in her work with the patients of depressed mothers, where 'experiences of parental imagos of a depressed kind has led to splitting defences (which) has injured the innate capacity of the person for *coniunctio*.'

(Hubback, 1991, p.23) 'The dissociation between spirit and matter, of which Jung wrote a great deal in...*Mysterium Coniunctionis*, is comparable - in the inner world of some of the patients... - to the dissociation between the images of each of the two parents. ...via the transference/countertransference, there can be a carry-over of the psychological possibility of *coniunctio* from the analyst to the patient. The theme can be worded in the fully Jungian form of granting *coniunctio* archetypal status, so that the constellation of that archetype can be postulated to activate in the patient the capacity to move from dissociation to internal harmony, or integration - the integration of the father and mother imagos.'

(Hubback, 1991, p.39) Thus *coniunctio* involves the constellation of the archetypal feminine, bringing this psychic aspect into a balanced harmony with the archetypal masculine.

The modern psyche has been dominated by modes of functioning conducive to technological advancement and monetarism, to the direct detriment of that which is indigenous to earth. It is with

predominantly masculine modes of psychic functioning that such technological progress has been achieved, dominated by the thinking function regarded by Mahoney as one of the greatest hindrances to the individual's development towards wholeness. (Mahoney, 1991, p.94) With this domination has come the undervaluing and consequent splitting off of that which is intuitive, nurturing, and naturally regenerative, which can be regarded as feminine, as is documented below. The psychic union of masculine and feminine aspects achieved in the process toward *coniunctio* thus implies the constellation of the Archetypal Feminine, and its reintegration. The aim of psychotherapy, then, becomes a transference relationship which facilitates the constellation of the Archetypal Feminine. This constellation and its resultant psychic union enables the patient to heal the rifts created by the splitting off of psychic aspects devalued for generations.

THE ARCHETYPAL FEMININE

Central to this study is the Archetypal Feminine, the psychic aspect from which all that is feminine emerges. Historically, the Archetypal Feminine in all its manifestations, has been severely denigrated and has been relegated to the realm of the unconscious. Sullivan recognises the results of this denigration which goes

beyond the familiar fact of patriarchy discriminating against women. 'Less often recognised are the ways that cultural bias discriminated against the feminine side of each and every individual. *Human wholeness has been the most important victim of humanity's biases against the Feminine.*' (Sullivan, 1989, p.16, original emphasis) Thus it becomes a lifelong task of central importance to heal the injured inner woman in each of us. (Sullivan, 1989, p.163) This can be achieved by a reconnection with and constellation of the Archetypal Feminine, the constellation of an archetype involving an activation of psychic aspects associated to that particular archetype. With the constellation of the archetype of the feminine comes a re-evocation of all that is feminine. This re-evocation is experienced via imagery and affect, for example, and has the potential for bringing to conscious awareness that which has hitherto remained unconscious.

In his analysis of the Archetypal Feminine, Neumann (1974) provides a comprehensive understanding of its dynamics and manifestations. He identifies two characteristics of this archetype, the elementary character which is the 'foundation of that conservative, stable, and unchanging part of the feminine which predominates in childhood (Neumann, 1974, p.26), and the transformative character where 'the

accent is on the dynamic element of the psyche, which...drives toward motion, change, and...transformation.' (Neumann, 1974, p.29) The Feminine is represented in the Archetypal Great Round, the central symbol of which is 'the unity of life amid the change of the seasons and the concurrent transformation of living things.' (Neumann, 1974, p.30) In this phase of the Great Round, the Archetypal Feminine not only bears and directs life as a whole, and the ego in particular, but also takes everything that is born of it back into its womb of origination and death. This concept is vital to an understanding of the role of the Archetypal Feminine in therapeutic regression, and will be referred to in later discussion.

The symbol of the vessel, the holding containment which is fundamental to the therapeutic process, is central to the Archetypal Feminine. 'From the very beginning down to the latest stages of development we find this archetypal symbol as essence of the feminine. The basic symbolic equation woman=body=vessel corresponds to what is perhaps...man's as well as woman's...most elementary experience of the Feminine.' (Neumann, 1974, p.39) The figure of the Great Goddess is the incarnation of the Archetypal Feminine, or Feminine Self. Histories of humankind reveal her existence and profound impact on both individual and collective psyches, past and present.

The term Great Mother is a partial aspect and later abstraction of the Archetypal Feminine. "Mother" here does not refer only to the personal relationship of mother to child, but rather to a complex psychic relation of the individual to the Archetypal Feminine. Neumann describes three forms in which the Great Mother has emerged from the primordial archetype: the good, the terrible, and the good-bad mother. The good feminine (and masculine) elements are experienced as the Good Mother, while the Terrible Mother contains the negative elements. The third form is that of the Great Mother who is good-bad and who makes it possible for a union of positive and negative attributes. (Neumann, 1974, p.21) This structural analysis is central to an understanding of the basic premise of this research, namely the important role played by the feminine in the attainment of psychic balance and unity. In the form of the Great Mother, the archetype provides a unifying force which promotes the union of opposites crucial to *coniunctio*. The analysis also provides an archetypal aspect to the understanding of the "good" and "bad" objects of the theory of infantile relationships as posited by Michael Fordham.

A THEORY OF INFANTILE RELATIONSHIPS AS POSITED BY MICHAEL FORDHAM

In order to understand the psychic dynamics of the transference relationship, and the processes which bring about the healing of damaged modes of relating, it is necessary to understand infantile modes of relating, to which a patient returns in a regressed state. Michael Fordham's theory of infant psychic development provides this understanding.

Fordham's theory is dominated by the ideas of Jung, but deviates theoretically insofar as the stage of human development to which these ideas are applied. Whereas Jung described individuation as a process occurring primarily in the second half of life, Fordham's analytical observations led him to posit that the origin of this process is firmly laid down in infancy. Further, Fordham's observations confirmed and developed Jung's conclusion that symbols of the Self were evidenced in childhood. This led Fordham to posit the existence of an original or primal self in infancy. This he distinguished clearly from the ego which he considers reflects the Self.

Fordham's ideas have been influenced by those of Klein insofar as Kleinian theory presupposed that an infant was psychically complex. The theory of the unconscious fantasy systems existing from the

outset of life was close to the idea of innate archetypal forms, and Fordham accepted the theoretical proposition of the depressive position. There are fundamental differences in the two approaches however, located primarily in Fordham's rejection of the death instinct in favour of defences of the self. (Fordham, 1976, p.57) A further point of difference exists in Fordham's concept of deintegration. This term describes the emergence of a new structure, a spontaneous division resulting in the creation of something more complex than existed before. From the original or primal self a new structure emerges, or 'deintegrates', and is called a 'deintegrate'. This results from the process of 'deintegration'. This structure is more evolutionary than developmental. (Zinkin, 1986, p.298) Energy released in this deintegrative process produces instability and tension which drives the infant toward consciousness of the outside world. (Sidoli, 1983, p.204) Zinkin compares this to Klein's concept of infantile splitting, a "disintegrative" process involving a fragmentation of the ego and experienced as a traumatic falling apart when the infant's holding environment fails. (Zinkin, 1986, p.299)

Fordham's theoretical formulation is based on the premise that early infantile relations involve part and whole objects. An infant's first experience is of mother as part of the self. The first experience is of a breast, and as the primal self deintegrates, perception is gradually extended to incorporate other

parts, so that eventually they construct the body-image of a whole mother. A comparable process leads to the infants' perception and feeling of themselves as whole beings. In each case the objects, mother or infant, at first either good or bad, come to be felt whole in the sense of being both 'good' and 'bad'. (Fordham, 1976, p.9)

This development is dependent upon the processes of deintegration and integration. Following Jung's general thesis of the Self as the centre as well as the totality of the psyche (Jung, 1953, p.41), Fordham postulated the existence of 'an original or primal self, a psychosomatic integrate - a blueprint for psychic maturation - from which the behaviour of infants may be derived as they gradually develop and differentiate into children, adolescents and adults.' (Fordham, 1976, p.11) Thus, the 'primal self can be conceived as an integrate, a steady state, but if the dynamic systems (observed in later development) are to come into existence, it must deintegrate. ...when the self deintegrates it will divide into opposites that are psychophysiological in nature.' (Fordham, 1976, p.12) 'The drive energies that are released in deintegration produce unstable states. ... It is a matter of observation that these alternate with steady states known as rest, sleep and relaxation. In this early period of an infant's life, the ego being very weak, it is convenient to assume that the self controls the needs of an infant to a large extent, and so those steady states

may also be thought of as the manifestations of the self's action: consequently the self may be conceived as a dynamic system that deintegrates and integrates in a rhythmic sequence. It is this that provides for organised differentiation of the self, and underpins the distinction between the external and internal worlds, the self and the not-self.' (Fordham, 1976, p.12)

UNION EXPERIENCES OF MOTHER AND INFANT

Fundamental to these early relationships is the psychic union of mother and infant. Union experiences of mother and infant are regarded by Schwartz-Salant (1991) to be numinous. The numinous nature of this relationship is dominated by the archetype of the Great Mother. Thus the personal mother is experienced as extremely powerful and has the capacity to promote or prohibit the healthy psychophysiological development of the infant. Following her observation of infant-mother dyads, Sidoli noted that the psychological and physical care provided by the mother metabolises and transforms the infant's archetypal experiences. Psychic energy released during deintegration results in the constellation of opposing archetypal experiences, psycho-physiological in nature. Positive mothering experiences constellate the good aspect of the mother archetype, while negative experiences constellate the bad aspect. (Sidoli, 1983, p.203) A prolonged or overwhelming negative

mothering experience is felt to be a catastrophe, and disrupts the self's rhythmic deintegration-reintegration process. (Sidoli, 1989, p.9) In Sidoli's terms, this obstructs the unfolding of the self. (Sidoli, 1989)

The damage resulting from such disruptive experiences manifests in psychopathological personality presentations. Fordham (1976, p.90) discovered that with 'children without evidence of capacity for symbolization...there has been a basic catastrophe in the relation between the baby and the breast-mother'. If an infant 'is submitted to noxious stimuli of a pathogenic nature (either in utero, during or after birth) a persistent over-reaction of the defence-system may start to take place; this may become compounded with parts of the self by projective identification.... Not-self objects then come to be felt as a danger to or even a total threat to life, and must be attacked, destroyed or their effect neutralised. The focus is therefore on the not-self and little or no inner world can develop; the self-integrate becomes rigid and persists. Because of the persistence of the self-integrate, all later development based on maturational pressures result not in deintegration but disintegration'. (Fordham, 1976, p.91) Fordham regards highly the successful therapeutic methods developed by Bettelheim, who created conditions under which there would be as little impingement as possible so that the psychologically damaged child could emerge, by

deintegration, and resume an arrested development (Fordham, 1976, p.90) By implication, the therapeutic process facilitated a psychic situation which enabled the patient to resume the deintegration interrupted in infancy.

Fordham regards that, in less severe cases, 'integrative pathology is not so complete. Deintegration may be assumed to have been partially successful, but has led to splitting, and in some areas ego-development has taken place through interaction between the split-off 'bit of the self and parts of the infant's mother'.

(Fordham, 1976, p.92) 'As the component parts of the self in relation to the whole organism cannot develop, growth is obstructed rather than facilitated. It seems that whatever ego there is reacts by splitting, as a defence against situations controlled by the defensively destructive integrate. ...there is a hard core of self-integration and also split-off bits of the personality that develop in perverse ways.' (Fordham, 1976, p.93)

The work of Schwartz-Salant (1991) and Ledermann (1991) provides insight into the presentation in adulthood of damaged early object relations, existing as a severe disturbance of the inner *coniunctio*. As a result of the stunted deintegration occurring in infancy, the patient 'has enormous fear and resistance against

letting himself depend on anybody, which includes the analyst. ... (These) patients, from infancy onwards, have displaced depending and relating - that is, eros - by a striving for power and control.' (Ledermann, 1991, p.112) Hence this mode of functioning is predominantly masculine in orientation, to the detriment of a feminine orientation which would allow for a better relationship to the other. The damaged fundamental relationship to the archetypal and personal mother adversely affects all subsequent relationships. One of the clinical manifestations of this disorder, as identified by Ledermann (1991, p.104) is 'the negative non-humanized archetypal experience of the analyst.' Hence a central issue with these patients is that of trust, and the basic aim of therapy is to create an empathic warm analytic environment in which trust can grow. This in turn allows for the continuation of the deintegration processes that were so badly impeded in infancy. (Ledermann, 1991, p.114).

Lederman and Schwartz-Salant's observations are based on personality organisations defined as distinct diagnostic categories in the Diagnostic and Statistical Manual - III-Revised. (1987) The modes of relating found in these structures are, however, likely to be evident in most patients presenting with problematic relationship issues. It is at the level of degree of severity that difference exists. What is existent in all such presentations, and

relevant to this study, is the dynamic of infant-mother relating, on the level of both the Archetypal and Personal Mother.

THE TRANSFERENCE AS RE-EVOCATION OF DAMAGED EARLY OBJECT RELATIONS

The relationship which develops between patient and therapist, and which becomes manifest in the transference, presents as an invaluable source of information in understanding damaged early object relations and their healing. Jung described the transference phenomenon as 'one of the most important syndromes in the process of individuation.' (Jung, 1983, p.165) He also stated that 'the heat of the "strong compulsive tie" of the transference bond enables the individual to "rediscover the force of [his inner, archetypal world]".' (Sullivan, 1989, p.77) Sullivan believes that the ultimate healing of the patient depends on the interpersonal connection made at the deepest levels between therapist and patient.

With respect to the transference relationship, Schwartz-Salant (1991, p.159) employs such concepts as the "union experience" and the "unconscious dyad", as well as positing the existence of an "interactive field" or "third presence". From a theoretical standpoint, he feels it to be essential that one complement 'the

projection model that is concerned with early developmental issues' with 'the imaginal model that incorporates the alchemical imagery of the *coniunctio* and its attending stages. We need to adopt a model that is two-sided, one aspect pointing toward a space-time world and the other toward a unitary world structured by archetypal processes. ... The unconscious dyad may be seen as stemming from both the patient and the therapist *while also being part of a larger, interactive field*. Once it is sufficiently seen and experienced, the unconscious couple can eventually lead the patient and therapist to an experience of union.' (Schwartz-Salant, 1991, p.159, original emphasis) Such an experience of union is demonstrated in the dream series analysed in the current study. Further, the 'so-called negative therapeutic reaction is susceptible to containment when both patient and therapist become conscious of the fact that a union experience, though barely perceptible, has previously occurred. *Such union experiences are registered in dreams* and may also be experienced as processes between two people.' (Schwartz-Salant, 1991, p.198, emphasis added)

The "interactive field" can be related to the archetypal dimension of the transference relationship. 'We can say that the archetypal transference is constellated by the *reactivation of early introjects* in the transference and countertransference, and this new material projects outward to yield the wondrous imagery of

hermaphrodites, the combined or double-sided objects that Jung's alchemical research illuminated.' (Schwartz-Salant, 1991, p.158, emphasis added) Schwartz-Salant considers it 'impossible to separate clearly the personal transference and countertransference from the archetypal field dynamics that are so richly constellated within these levels of treatment.' (Schwartz-Salant, 1991, p.168) The transference relationship thus offers the patient an opportunity to heal damaged early object relations. This opportunity is provided by the re-evocation in the transference of the individual's infantile experiences of the personal and archetypal mother. 'On a personal level, the analyst embodies the patient's particular original objects; on an archetypal level, the same instinctual psychological energies that initially bound the infant-patient to his parents now bind him to his analyst.' (Sullivan, 1989, p.59)

THERAPEUTIC REGRESSION

Sullivan describes therapeutic regression as a pattern of healing that is archetypally determined. The patient regresses to the level at which the primary distorting complexes began to solidify, and merges in with the therapist in the same way that the original parental objects were merged with. (Sullivan, 1989, p.88) Sullivan's experiences with a patient whom she named 'Eve'

demonstrates this : 'Through the dreams and imaginative activity constellated in her relationship with me, Eve was able to connect with a quality of mothering she had personally missed, one that she needed.' (Sullivan, 1989, p.146) Fordham describes how Jung's main work involved guiding patients into such regressed states. By concentrating attention on the individual's inner world, he made it possible for them to understand more about the role that self-symbols played in their lives. This concentrated introversion could lead to a solution to their conflicts that he claimed also enhanced their capacity for adaptation. (Fordham, 1976, pp.16-17) Sidoli (1989, p.101) describes the rhythmic process occurring in regressed states wherein each regressive phase is a deintegration leading to a progressive phase, an integration, in which a new psychic content, or deintegrate, is assimilated.

Jung refers to this introversion as an 'immersion in the "sea" (which) signifies the *solutio* - "dissolution" in the physical sense of the word and at the same time...the solution of a problem. It is a return to the dark initial state, to the amniotic fluid of the gravid uterus.' (Jung, 1983, p.79) Jung recognised the role of the Archetypal Mother in this process: '...therapy must support the regression, and continue to do so until the "prenatal" stage is reached. It must be remembered that the "mother" is really an *imago*, a psychic image merely, which has in it a number of

different but very important unconscious contents. The "mother", as the first incarnation of the anima archetype, personifies in fact the whole unconscious. Hence the regression leads back only apparently to the mother; in reality she is the gateway into the unconscious, into the "realm of the Mothers." ...regression, if left undisturbed, does not stop short at the "mother" but goes back beyond her to the prenatal realm of the "Eternal Feminine," to the immemorial world of archetypal possibilities.' (Jung, 1956, pp.329-330)

Central to the dynamics of the therapeutic regression is thus the powerful experiencing of the Archetypal Feminine. Mythologically, a therapeutic regression - facilitated by the containment provided by the transference relationship - is analogous to a descent into the underworld. This is the realm of the Goddess Ereshkigal, the God of the Underworld, Pluto, and Dionysus. For Perera (1981), this descent is dominated by a confrontation primarily with the Goddess, the Archetypal Great Mother. Perera provides an analysis of the regression experience by amplifying the Sumerian myth of Inanna's descent to the underworld. That regression is analogous to a descent to the underworld dominated by the Archetypal Feminine is a concept supported by Jung and Neumann. 'Jung writes of the descent to the plant levels as "the downward way, the yin way...[to] earth, the darkness of humanity."' (Perera, 1981, p.58) Neumann (1974, p.26) refers to the archetype of the Great Round which 'may be

experienced outwardly as world or nature or inwardly as fate and the unconscious.' The Archetypal Feminine, dominated by the preponderance of the Great Round, 'not only bears and directs life as a whole, and the ego in particular, but also takes everything that is born of it back into its womb of origination and death.' (Neumann, 1974, p.30)

By implication, therapeutic regression is strongly influenced by the Archetypal Feminine. This is highly significant if one considers the proposition that a goal of regression is a reconnection with the denigrated, repressed feminine. One can hypothesise that psychological states in which regressive episodes occur are dominated, in these periods, by the Feminine aspects of the psyche. Psychopathology can then be regarded as highly purposive, attempting to constellate the Feminine Archetype and thus restore a vital psychic balance of feminine and masculine.

PSYCHOTHERAPY GUIDED BY THE FEMININE PRINCIPLE

The therapist's approach to healing becomes of central importance within the context of the above discussion. It is posited here that a psychotherapy influenced by the feminine principle is essential for the facilitation of a therapeutic regression and consequent

constellation of the *coniunctio*. An approach which embodies the qualities of the archetypal feminine, as documented above, would be considered as a feminine-oriented psychotherapy. The boundaries established by therapeutic time, place and schedule would initiate the containment imaged by the secure vessel. By dream analysis and the couching of symbolic material in the psychic richness of myth and fairytale, conditions would be created in which the patient could feel deeply understood and hence safe enough to permit the weakening of ego defences and the emergence of hitherto defended against anxieties, memories and fantasies. The therapist would need to work with this material in a manner which facilitated the constellation of the feminine. This would be achieved by identifying the re-emergence of early infantile relationship experiences and the damage which occurred in the development out of the primal self. The therapist's awareness of the role of the archetypal feminine and personal mother in early development would thus be essential for an understanding of the material presented by the patient.

Jung adopted a feminine perspective to psychotherapy, evidenced in his belief that one should have a feeling-relationship to the contents of the unconscious. (Jung, 1983, p.118) Sullivan commits herself to a feminine therapeutic approach: 'As psychotherapists our central task involves mending psychic splits and restoring

inner wholeness; we especially need to include both sides of the psyche, the feminine and the masculine, in our approach to our work. ... Male and female therapists alike need to redeem the un-lived elements of their nature, and for women as well as men those un-lived elements often prove to belong to the feminine sphere.' (Sullivan, 1989, pp.16-17)

The feeling relationship referred to by Jung must, by implication, be employed in the therapeutic context, and, for purposes of this study, specifically when working with patients' dream material. Sullivan regards a cognitive approach to interpreting dream material as inadequate. 'If we seek transformative change in the psyche's structure, an appreciation of the inherent power of the image itself will typically lead us away from interpretive work on primary process material. Classical work attempts to translate primary process thinking - the image in its original form, in the native language of the archetypes - into secondary process thinking. A feminine approach seeks psychological change that grows from core layers of the unconscious upward, and it asks our secondary process mind to learn (or relearn) the primary process language of the soul. It is not that we will not talk about the dream imagery, but rather that we will talk descriptively, emotionally, resisting cognitive understanding that would settle its meaning once and for all.' (Sullivan, 1989, p.160)

A therapy which orientates itself towards the feminine has inherent in it the qualities attributed to the Archetypal Feminine, or Great Mother. In line with the vessel symbolism, this therapeutic approach provides a containing structure which holds the patient emotionally, accepting both negative and positive in a way which allows for integration and growth. The need to be understood beyond the level of ego-consciousness must be met, and can only be if the therapist has personally confronted unknown and unhealed aspects of her or his own psyche. The therapy must allow for a dissolution of persona defensiveness and a weakening of ego strength in order for unconscious material to emerge and be integrated. This potentially frightening and dangerous process can only occur within the holding, receptive container created by the therapeutic alliance. Beane Rutter (1993, p.197) documents the transformation resulting from this process, involving as it does an enhanced sense of self esteem, self-reliance, and increased independence. Within this autonomy is the capacity to relate to ones inner life, to inner feminine guides.

In order for the therapist to provide conditions within which the archetypal *coniunctio* can be constellated, she or he must revere and embody the feminine capacity for holding, nurturing, and encompassing both dark and light.

METHODOLOGY

A series of dreams of a woman in a psychodynamically-oriented psychotherapy are analysed. By interpretation of the meaning of this series, it has been possible to demonstrate the need for a containing, feminine approach to the therapeutic relationship in order for the constellation of the *coniunctio* and subsequent healing to occur. Evidence of the constellation of the archetypal feminine in this process is illustrated.

The focus of the research emphasises a psychic process by which the *coniunctio* is constellated within a psychodynamically-oriented therapeutic relationship. Only brief reference is therefore made to the individual history of the dreamer, and no detail of the verbal interactions occurring within the therapy is given.

The dream series (Appendix A) was recorded by the patient over a period of seven months. This dream series, with associations, was received on paper by the researcher to be further amplified. Thus the analysis for purposes of this research was not carried out in the context of discussion between the dreamer and the researcher. The researcher did not obtain any insights into the therapeutic process beyond those discussed in the Case History.

Of a series of 73 dreams, 26 were selected by the researcher for analysis. Dreams were selected for their archetypal content and for the manner in which they demonstrated the constellation of the *coniunctio*. Those dreams not included either symbolised issues not under consideration in this research, or had to be omitted due to the limitations of space imposed on this paper.

The analysis was facilitated primarily by associations provided by the dreamer, and further by the amplification of dream symbols having an archetypal character. The archetypal character of symbols can be determined by their archaic, mythical, and metaphorical nature. They are conservative and repetitive, being automatic, compulsive and stereotypical. These identical or analogous forms are generated in diverse individuals, cultures and historical epochs. (Faber, 1987, p.22) Based on an existent knowledge of the symbolic manifestations of such forms, and on further research, archetypal symbols were identified and amplified accordingly. Dreams listed numerically are interpreted primarily on the basis of associations provided by the dreamer, but in some cases on the basis of the context provided by the series itself. Where appropriate, amplification of archetypal material assist the interpretation. Dreams listed alphabetically are analysed solely on the basis of their archetypal content, with specific focus on the Archetypal Feminine. Following Jung's methodological approach to

dream interpretation, it is acknowledged that a basic principle of dream analysis demands that interpretation be made only in the context of the web of associations in which the dream is naturally embedded. As Jung himself demonstrates, however, a dream series itself can provide that context (Jung, 1986, pp.119-120). It thus becomes methodologically valid to amplify dream symbols without direct associations to the dream, provided that these dreams occur within a series of dreams.

RELEVANT CASE HISTORY

The patient, "P", is a 40 year old woman born in South Africa of German parents. She has a younger sibling, a brother. She is married with a daughter of eleven years and a son of nine years. P was formally trained in the medical profession, a career in which she is still involved.

P entered therapy as a matter of personal choice. The therapeutic relationship with the first therapist in this series, "D", was experienced as lacking containment, involving as it did an insecure sense of boundaries, a failure to deal with negative psychic aspects adequately, and a primarily ego/thinking function mode of relating. This uncovered a childlike vulnerability in P. With this came an awareness of early needs previously unmet which now

required a relationship conducive to the fulfilment of these needs. This led P to terminate the therapy with D and enter a therapy which would provide the sense of mothering she felt was needed. This therapeutic relationship was found with the second therapist in this series, "G".

The gender of both dreamer and therapists is not to be taken issue with in the current research. While this factor would provide grounds for insightful research in the future, the aim of this study is to focus on the feminine and masculine as psychic aspects of both genders, not as gender-specific attributes.

AN INTERPRETATION OF THE DREAM SERIES

The major premise on which this research is based is the necessity for a more feminine orientation to dynamic psychotherapy. When the therapist has a reverence for the feminine, the therapeutic relationship which develops is facilitated and held in a specifically feminine way, evoking the qualities of that archetype. The feminine container of the therapeutic relationship allows for an honouring and validation of rational and irrational forces, both physical and spiritual. It permits an acceptance of both negative and positive psychic aspects, thus allowing for a knowledge and psychic integration of the shadow aspects of the individual. It

facilitates a primary process level of understanding the dynamics of the Self, letting go of the need to reduce and concretise fluid image and affect.

It is posited here that these conditions are fundamental to a therapy whose aim it is to bring about psychic transformation. The attainment of an inner state of *coniunctio* required for such transformation is facilitated by the constellation of the *coniunctio* in the therapeutic relationship. The dream series analysed here demonstrates how, with an increasingly feminine orientation to the therapy, the archetype of the *coniunctio* is constellated, and psychic transformation is achieved.

The initial stages of this dream series (Dream 1) reveals P's need to be in a situation which allows her to emerge from behind her persona. The conditions for doing so are not right, however, indicated by her ambivalent feelings within the relationship with A. A setting which has potential for psychic union, the meeting of masculine and feminine, is marred by a sense of taboo. If P experiences D as a paternal, authority figure, then the therapeutic relationship is dominated by the masculine. The therapy is potentially a place where psychic union can be achieved, but P does not feel safely held here. Within the context of the earlier theoretical discussion, it can be understood how this lack of

secure holding prevents any progress towards psychic regression and transformation.

At this stage it is premature for P to move to a place of ego consolidation, symbolised by the rite of passage into adulthood of the confirmation ceremony in Dream 2. She needs to be conscious of and nurture the earthy, maternal aspect of her psyche, an aspect which has been neglected. Possibly she needs to experience a psychic regression before this initiation into 'adulthood' can take place. The earthy, maternal aspect of the father/therapist also needs to be nurtured and cultivated so that the regression can occur. This process of symbolising the archetypal feminine and resisting ego consolidation reflects both Jung's (1983) and Perera's (1981) recognition of the role of the archetypal feminine in the process of regression, and the need for a reverencing of the feminine in order for this to occur.

The role of the archetypal feminine is further revealed in Dream A. P is psychically traversing the edge of the collective unconscious. This experience involves the full moon, which has represented the woman's deity from time immemorial, being the expression of the feminine principal in myth, legend, and both modern and classical poetry (Harding, 1990, p.20). The archetypal quality of this experience is indicated by its qualities of beauty and magic.

Soil, as earth in Dream B, symbolises the earth womb, the elementary vessel character of the feminine being the natural element connected with vessel symbolism. (Neumann, 1974, pp.44-47) From this maternal ground springs young trees, the central vegetative symbol of the Great Earth Mother, of containment and shelter. That the soil cracks in concentric circles may indicate P's bid for wholeness, the circle or *mandala* being the symbol of ultimate wholeness of life, of the Self (Jung, 1978, p.266). The emergence of this mandala symbolism indicates the re-activation of the self necessary for a resumption of the deintegration process, and hence the facilitation of individuation.

An emergence of the need to revere the feminine is shown in Dream 3. Here P clearly associates characteristics inherent in the masculine to D, and identifies how these conflict with the feminine aspects of her personality. The masculine orientation to the therapy is posed here as problematic, and P is intuitively appealing for an approach which is more sympathetic to her psychic femininity.

This results in a clear rejection of the structure or container of the therapy in Dream 4. The masculine orientation of the therapy has not provided the relatedness important to P, represented by her concern for the people in the dream. Nor has it provided a safe

environment for the exposure of P's inner child. Instead she has kept this aspect of her self hidden, safe from harm. It is clear that the conditions essential for a regression to early infant-mother relating have not been provided. P has not felt safe enough to entrust her vulnerable, early damage to D, thus the deintegration process cannot be resumed and early damage healed.

Dream 5 is a comment on the role P now feels she has assumed in her relationship to D. They cannot work together in creating a therapeutic relationship conducive to transformation, and must separate. Here, any hope for *coniunctio* is lost as there is no sense of containment and possible union.

P's inability to find a sense of union with D, due to the lack of a secure container and the predominantly masculine orientation of the therapy, is confirmed in Dream 6. This results in a compensatory communication from the unconscious regarding P's need to be exposed to the feminine. This need is greedy at first, almost infantile, and must be met in order for the therapeutic process to provide healing and promote psychic integration. This neediness supports the proposal that the therapeutic regression involves a return to early infantile modes of functioning.

As described by Perera (1981), this regression into the unconscious is experienced as potentially threatening and unsafe in Dream 7. P fears the loss of the maternal, the feminine, and of the positive masculine psychic aspects. This fear is generated by the aspect of the Terrible Mother as described by Neumann (1974). It manifests as awareness of the potential danger of the woman therapist being a devouring, terrible mother who, in a different manner to the current therapist, will fail to provide containment, or the psychic union anticipated in Dream 1.

P's need to nurture her inner child, to be mothered, emerges in Dream 8. These needs are not being met in the therapy due to the power dynamics existing there, and the inability to let go of persona defensiveness. This need for nurturing, and hence for a renewed mothering experience, demonstrates clearly the importance of a feminine orientation to therapy. This would facilitate a therapeutic regression and thus a return to the stages of deintegration previously disrupted by experiences of the negative archetypal and personal mother.

That P needs to undergo a period of regression, and requires containment for this, is shown in Dream 9. A journey into the wilderness is symbolic of a psychological regression into the realm of the unconscious. (Blow, 1990 ; Perera, 1981) P needs to be

adequately contained and carried in this, her journey into the unconscious. The vehicle can be regarded as a contemporary manifestation of the central vessel symbolism of the archetypal feminine. Thus the context in which P knows she needs to be in order for this regression to occur, is one dominated by the feminine.

In Dream 10, the tree, symbol of the centering process of the individual psyche, is laden with fruit, a vegetative symbol dominated by the symbolism of containment, and emerging from the archetype of the Great Mother (Neumann, 1974, p.12). These exist in a garden, symbol of the Self, a containing *temenos* (Jung, 1986, p.192). These symbols of the positive archetypal feminine are compensatory in nature. They are indicative of the psychic aspects which need to be brought to conscious awareness in order for the archetypal feminine to be constellated, and P to be psychically held in the therapy.

That P feels trapped in a therapy in which the masculine is inhibitory rather than facilitatory is illustrated in Dream 11.

This experience has an extremely negative therapeutic effect. The death in Dream 12, as a symbol of transformation, may symbolise the psychic death of P's adulthood in order for regression and

transformation to occur. That this process is experienced as an objective, scientific experiment devoid of feeling is extremely threatening to P's experience of her inner child. The therapy with D is likely to be felt as persecutory, a further manifestation of the Terrible Mother experienced by P in infancy. What is required is a manifestation of the Good Mother, thus allowing for the nurturance and development of the surviving child aspect within P, and hence a healing by way of healthy resumption of the deintegration process.

P needs to feel met and nurtured at a very primitive level, at the level of the earliest establishment of the mother-infant relationship (Dream 13). This affirms the theoretical conclusions drawn earlier which describe the regressive return to the original mothering experience. The disillusionment and lack of nurturance in the therapy means that she cannot be met at this level, thus the union essential for *coniunctio*, and hence individuation, is denied.

P terminated therapy with D one month later. On entering therapy with G, a significant series of changes occurred.

In the first dream of the new therapeutic relationship (Dream 14), P experiences the new relationship as a journey, particularly for her inner child. This journey involves nurturance at the primary

level of taking in food. This anticipates the very primitive levels to which P may return within a containing therapy, and reflects the process described earlier by reference to Fordham (1976) and Sidoli (1983). The masculine, associated with rigidity and persona stereotype, still exists as an inhibitory factor, however. As her negative animus, it is a psychic aspect which P will need to address in order for the attainment of *coniunctio*.

That P has found the containing space she needs in the therapeutic relationship with G, is demonstrated in Dream 15. This allows for the regression to the bliss of mother-infant union required for healing. The negative feminine, representing that which is routine and ordered, still threatens to impede the process, however, indicating P's need for even further containment before she can trust to "let go" completely.

The masculine is no longer experienced as threatening and powerful in dream 16. This is a significant psychic shift allowing for the constellation of the archetypal feminine and the achievement of a psychic balance. The earth womb of the unconscious is full of potential for psychic enrichment and transformation. This potential is enhanced by the symbolism of the snake, which, from prehistoric times, was associated with the Great Goddess as a symbol of the renewal of life. (Beane Rutter, 1993, p.4) The potential danger of

the regressive condition is clearly acknowledged, symbolised by the danger of the snake and the threat of engulfment by the soil, or unconscious. What this anticipates is the necessity for a balanced union of feminine and masculine, not a mere replacement of masculine psychic domination with feminine psychic domination. These necessity of these conditions for the attainment of a psychic balance is clearly described in the earlier discussion on *Coniunctio*.

The therapeutic relationship with G is clearly constellating the archetypal feminine. This provides P with a sense of safety and containment sufficient for her to enter the realm of the unconscious, despite an awareness of danger.

The experience of the masculine is transformed from primitive and threatening to dull and childish in Dream 17. Masculine/animus aspects which had been encouraged by the therapy with D have been humanised and are no longer threatening. Herein lies the danger of a denigration of the masculine, to the detriment of psychic union. This danger is averted by the symbolised meeting of masculine and feminine in Dream 18. Here the union of positive masculine and feminine aspects, required for the constellation of the *coniunctio*, is reflected. P's realisation of her need to escape the masculine therapeutic approach of D, and enter a feminine, contained

therapeutic space with G, has possibly led to a rejection of the masculine, a rejection which is detrimental to psychological union.

Dream 19 clearly shows that the therapeutic relationship with G has allowed for the necessary regression, symbolised by the car's (ego) submergence in the sea (unconscious). However, P will need to constellate the archetypal masculine in order for her ego strengths to return, allowing a gradual emergence from the unconscious. Herein lies the importance of the therapist's own psychic union, or *coniunctio*, which facilitates a similar process in the patient, as described in the theoretical discussion on *Coniunctio*.

The feminine, mothering nature of the therapeutic relationship with G has allowed for dramatic psychological transformation to occur, as represented in Dream 20. P is able to take up a psychic position which encompasses and reverses the opposites, thus attaining a psychic balance. Thus the union of dark and light, feminine and masculine, is symbolised.

Once again the symbolism of tree and garden emerge in Dream 21. With the nurturing of P's inner child, she is able to move towards individuation in a centred way. The budgies are retrospective of Dream 12, the healthy part of P having been nurtured, and now being able to develop.

The cross can be regarded as a symbol of the Self, while the crucifixion is an image of redemption and renewal. Germanic history reveals that people were hung on trees as a sacrifice to Wotan, himself hung on a tree where he acquired a secret wisdom. While in San Salvador, Beane Rutter came upon crosses painted with a central figure of a dancing woman, arms outstretched, with small vignettes of women's daily life filling the rest of the space. Beane Rutter thus regards the cross as a symbol of related, joyful, abundant life, of co-operation and fertility. (Beane Rutter, 1993, p.10)

This symbolism provides apt amplification for the sense of celebration of feminine union conveyed in Dream 22. This sense of union of the feminine has allowed a deintegrative process to occur, with certainty of a reintegration and becoming whole again. Related to earlier theoretical considerations, P has been able to safely regress to a level of some ego dissolution, allowing for a resumption of the deintegration process and subsequent reintegration dominated by the constellation of the feminine.

Dream 23 clearly illustrates the constellation of the *coniunctio*, the *unio mystica* or mystical marriage. This psychic state is youthful, yet developing. The feminine orientation of the therapy with G has revered both rational and irrational, respected positive and negative psychic aspects, and evoked the holding containment of the archetypal feminine. Thus it has facilitated the constellation

of the *coniunctio*. The need for union with both feminine and masculine indicates the psychological balance achieved in the contained relationship provided by the therapy with **G**. The archetypal quality of this dream is indicated by the fantastical, fairytale nature of the setting.

The need for this psychic balance of feminine and masculine is clear in Dream 24. For **P** to become over-identified with the powerful aspect of the feminine would merely create the psychic imbalance which was avoided by the termination of the therapy with **D**.

Dream 25 indicates that the individuation process can now proceed, **P** having been able to return to the original psychological position of infant in relation to a containing, nurturing mother. The disrupted deintegration process was resumed, and with the constellation of the positive feminine, healthy reintegration has been achieved. This demonstrates, by example, the process described by Fordham and observed by Bettelheim (Fordham, 1976, p.90).

Finally, **P** has reached a stage where she can deal with the demands of her outer life, as the therapeutic space created with **G** provides an inner space for self-nurturance and psychic development. This recalls the autonomy described by Beane Rutter (1993, p.197).

Herein lies the attainment of one of the most important goals of psychodynamic psychotherapy - a state of ego-consolidation which yet allows for on-going awareness and integration of the contents of the personal and collective unconscious. This is a process fundamental to individuation.

CONCLUSION

It has been the goal of this research to demonstrate the fundamental role played by the Archetypal Feminine in the healing which occurs in psychodynamic psychotherapy. It was posited, by way of detailed theory, that a complex process of deintegration of the primary self occurs in the context of the early infant-mother relationship. Disruption of this process by negative experiences of the mother has been observed by researchers, and it has been documented that pathological personality structures of varying degrees of severity occur as a result. It has been shown by psychotherapists, who have later documented their work, that the therapeutic relationship can provide an environment which facilitates a psychological return to early experiences of the infant-mother relationship. In this way, the damaged deintegration process is resumed, and with the constellation of the archetypal feminine, is able to continue in a healthy way. Thus pathological

personality structures are reorganised into healthier organisations.

That the role of the archetypal feminine in this process is vital has been demonstrated by the emergence of significant feminine symbolism in a dream series. The series clearly documents the patient's negative experiencing of the initial therapy, which failed to facilitate the evocation of the feminine, and the compensatory emergence of themes and symbols of a feminine orientation. This emergence of the feminine has its significance securely grounded in the theoretical explanations of the Archetypal Feminine. The transformative, nurturing, containing nature of this archetype is fundamental to the process described, and are aspects specific to this archetype. It is only with the constellation of the Archetypal Feminine that the required *coniunctio* can be achieved, and hence psychic transformation can occur.

The implications of this study for psychodynamic psychotherapy involves the therapeutic approach taken by the therapist, and the therapist's own psychic integration. It has been shown that a therapeutic approach which fails to provide conditions which embody and evoke the qualities of the archetypal feminine, fails too in the facilitation of the *coniunctio*. The patient in this study did not experience her initial therapy as safe and containing, but

rather as threatening and destructive, particularly to her inner child. Spontaneous emergence of feminine symbolism and an intuitive sense of the need for a therapy which embodied a mothering, nurturing relationship, communicated this patient's need for a re-connection with both archetypal and personal feminine psychic aspects.

By providing a therapy with a secure sense of boundaries, the qualities of the feminine vessel are evoked, within which the therapeutic regression and psychic transformation can occur. The therapist then needs to facilitate the re-emergence of early infantile relationship experiences, this assisted by the interpretation of symbols emerging from experiences of the archetypal and personal mother. Dream analysis and the couching of symbolic material in the psychic richness of myth and fairytale, are an essential part of this process.

A therapeutic approach which fails to work with, and hence respect, both negative, often threatening, and positive, unthreatening psychic material, and does not acknowledge the importance of the irrational as well as the rational, fails to provide conditions for psychic transformation. The fundamental impairment here is a failure to revere the feminine, a reverence which embodies the

Great Goddess in her entirety, both comfortingly nurturing and terrifyingly destructive.

What is required of therapists, both men and women alike, is that they come to know their own denigrated feminine psychic aspects through the analysis of their own dreams, knowledge of the historical importance of the Archetypal Feminine as it manifests itself in myth and fairytale, and a changing attitude towards the Feminine within and without. In this way, the potential exists for a transference relationship which facilitates psychic union and thus healing at a profound level of psychic experience.

REFERENCES

- Beane Rutter, V. (1993) *Women Changing Women*. London : The Aquarian Press.
- Blow, T.J. (1990) *A Wilderness Experience in Africa : An Archetypal Realm*. In G.S. Saayman (Ed) *Modern South Africa in Search of a Soul : Jungian Perspectives on the Wilderness Within*. Boston : Sigo Press.
- Diagnostic and Statistical Manual of Mental Disorders (Third Edition - Revised) (1987) Washington : American Psychiatric Association.
- Faber, P.A. (1987) *An Experimental and Qualitative Investigation of the Relationship Between Archetypal Imagery in Waking Fantasies and Nocturnal Dreams*. Doctoral Thesis. University of Cape Town, South Africa.
- Fordham, M. (1976) *The Self and Autism*. London : William Heinemann Medical Books Ltd.
- Hall, J.A. (1983) *Jungian Dream Interpretation : A Handbook of Theory and Practice*. Toronto : Inner City Books.
- Harding, M.E. (1990) *Woman's Mysteries Ancient and Modern*. Boston & Shaftesbury : Shambala.
- Hubback, J. (1991) *Depressed Patients and the Coniunctio*. In Samuels, A. *Psychopathology: Contemporary Jungian Perspectives*. New York : The Guilford Press.
- Jacobi, J. (1979) *The Psychology of C.G. Jung*. New Haven & London : Yale University Press.
- Johnson, R.A. (1989) *She: Understanding Feminine Psychology*. New York : Harper Perennial.
- Jung, C.G. (1953) *Psychology and Alchemy*. New York : Pantheon Books.
- Jung, C.G. (1956) *Symbols of Transformation: An Analysis of the Prelude to a Case of Schizophrenia*. London : Routledge Kegan Paul.
- Jung, C.G. (1969) *The Structure and Dynamics of the Psyche*. London : Routledge & Kegan Paul.
- Jung, C.G. (1978) *Man and His Symbols*. London : Picador.

Jung, C.G. (1983) *The Psychology of the Transference*. London, Melbourne & Henley : Ark Paperbacks.

Jung, C.G. & Kerenyi, C. (1985) *Science of Mythology: Essays on the Myth of the Divine Child and the Mysteries of Eleusis*. London, Melbourne & Henley : Ark Paperbacks.

Jung, C.G. (1986) *Dreams*. London : Ark Paperbacks.

Ledermann, R. (1991) *Narcissistic Disorder and its Treatment*. In Samuels, A. *Psychopathology: Contemporary Jungian Perspectives*. New York : The Guilford Press.

Mahoney, M.F. (1991) *The Meaning in Dreams and Dreaming*. New York : Citadel Press.

Neumann, E. (1963) *The Great Mother: An Analysis of the Archetype*. Princeton : Princeton University Press.

Perera, S. (1981) *Descent to the Goddess: A Way of Initiation for Women*. Toronto : Inner City Books.

Schwartz-Salant (1991) *The Borderline Personality: Vision and Healing*. In Samuels, A. *Psychopathology: Contemporary Jungian Perspectives*. New York : The Guilford Press.

Sidoli, M. (1983) *De-integration and Re-integration in the first two weeks of life*. In *Journal of Analytical Psychology*, 1983, Vol. 20, No. 3, pp.201-212.

Sidoli, M. (1989) *The Unfolding Self : Separation and Individuation*. Boston : Sigo Press.

Sullivan, B. (1989) *Psychotherapy Grounded in the Feminine Principle*. Illinois : Chiron Publications.

Von Franz, M.L. (1972) *Problems of the Feminine in Fairytales*. Dallas : Spring Publications, Inc.

Zinkin. (1986) *Some Thoughts on Deintegration*. In *Journal of Analytical Psychology*, Vol.31, pp.297-305.

APPENDIX A

(Dreams appear in italics, while associations appear in parenthesis.)

DREAM 1

A street procession of men with unusual hairstyles - almost like a carnival. I go into a place where there is dancing. The decorations are provocatively sexual. I am there with A. We go into the bathroom/toilets which are shared by males and females. He pulls me to him in a sexual way. I maintain an observing position.

"A carnival in Basel, Switzerland, before the Easter fasting period, where people drop their facade and reveal otherwise hidden parts of their personality. A is a father, authority figure to whom I have very ambivalent feelings re actual physical closeness. I feel flattered but it doesn't seem right - it isn't allowed. The sharing of toilets with males and females is about union, but I don't let go completely."

DREAM 2

I am about to take part in a "confirmation" procession in a church. Am dressed in a white dress like all the others, but have forgotten to put on my new white shoes - I am still wearing my old gardening shoes. I turn back and then see that most of the other graves

outside the church have been cared for and honoured except for a few in front - amongst others, my father's grave. It is small, and only has a few puny wild flowers growing on it. I bend down to look at it. I don't feel adequately prepared for the ceremony, but go in anyway. We all sit on the raised area in the back.

"The confirmation is an initiation into adulthood for which I don't seem ready - I don't have the right shoes. The gardening shoes must have something to do with my father who was a botanist/gardener. His neglected grave is a sign that I have neglected him. It would have hurt him very much if his grave was not cared for with proper flowers or plants. Although things are not right I go in with the others."

DREAM A

I am walking with someone, maybe H (Husband) on the beach. It is full moon and beyond the water are shimmering stalacmites. It is beautiful and magical.

DREAM B

The soil around 2 rather small, young trees, but one slightly bigger than the other, is cracking in concentric circles and sinking down a bit. I initially want to lift it all up, but then decide to leave it and simply fill in the cracks with soil.

DREAM 3

I am due to meet L. There are problems in that he is English and I am German.

"L is a grandfather figure. There is a conflict in this dream with his Englishness and my Germanness. Also, D is from England. The L "english" perhaps represents for me the hierarchical structures of that society, the emphasis on the persona, the 'should's and shouldn't's' which go against my more earth-bound attitude to life, which my father was more of."

DREAM 4

There is a fire in town; much smoke is coming our way. We hear that an old building is burning down. I am not upset by this as it needed to go. It is however producing a big fire with lots of smoke. I am upstairs in N's (daughter) room and am handing ?water to people outside who are overcome by the smoke.

"Things are going wrong. There is a lot of passion and anger. The building must go - I don't know what sort of building, but I don't value it much. I am more concerned for the people. Perhaps it was a useless building. Perhaps it's associated to my therapy. I am physically quite away from it, as I am in my daughter's room. Her room is a cosy one, one she likes and feels safe in. It's very much hers and its private."

DREAM 5

The planes of F and L are chartered in different directions.

"F is L's (of Dream 3) female companion. She is supportive and caring of L. They are destined to travel in different directions. Perhaps I see myself in that position in relation to my therapist."

DREAM 6

I see G and ask her to keep 2 hours a week for me.

G is the therapist P contracted for therapy with after having terminated the therapy with D. This contract was agreed upon three months after this dream was recorded, and soon involved three sessions per week.

"The need to see a woman therapist, and my need for lots of time."

DREAM 7

The ocean is filled with dolphins who are black ...could look like sharks, but they're not. I am concerned as my mother and brother have disappeared; I shout for them. They answer and are safe on land.

"These usually non-aggressive, human animals seem threatening and the ocean is not safe. My brother is two years younger than me and I have a good relationship with him - not too involved, a healthy distance. If they were to disappear in the ocean I would be most upset and concerned. Sharks are aggressive and devouring, possibly related to the new woman therapist."

DREAM 8

My children have gone abroad with L to do something concerning my work. I am most upset that they have been sent without my knowledge. I know that they need me, especially the third child which is a baby of 8 weeks.

"I am being used at work - for the public persona and the powers, represented by L. The child part of me is not being seen and feels abused, far too young to survive alone."

DREAM 9

H (Husband) has bought a new coffee machine - but only for 4 people. I wanted one with a larger capacity.

We are about to go on a journey in the wilderness. Trying to find the correct vehicle. H reminds me of the landrover we acquired a while ago, but which was in a garage. We look at it and it seems perfect; new, small, yet enough space for us and the children; a convertible roof and strong wheels; light brown in colour.

DREAM 10

The plum tree in my childhood garden is still laden with ripe plums. H tells me how to thicken the plums for jam; a green tomato and a mashed banana.

"The plum tree bearing fruit during summer is a good childhood memory. H is a chief nurse and a mother figure in the unit where she works. Mashed banana is possibly baby food."

DREAM 11

I am in a house I have to get out of. The men that are there are not helpful. I cry out loud for them to help, but to no avail.

DREAM 12

A group of us are investigating the death of a woman. The leader is a man and there is another man, a woman and myself. We are in what appears a cellar and are attempting to reconstruct the death scene with another woman who is lying on the ground. She is not dead. All sorts of instruments are attached to her face/mouth. Amongst others a large suction pipe that sucked a blind sewer rat and a mouse out of somewhere (not her body). We are not able to get to the cause of death and decide to return. I am the only one to thank the woman lying on the floor for putting up with our experimentation.

Back at home (my childhood home) I go into the pantry. It is well stocked, but in shambles. There are 2 bird cages; the cat has gotten hold of the one and destroyed the one side and the bird is gone - presumably dead. The other one seems to be untouched, but covered by a cloth and asleep.

"The investigation into the death of the woman is done clumsily and ineffectively, with the wrong technical appliances. What comes to light has nothing to do with her or her death, but horrible things that come from elsewhere. This is related to how I feel in my therapy, where negative feelings are not being dealt with. As a child I had a bird which I cared for with great love. Our pantry was a place where there was always food and we had access to it. It was, however, never in shambles."

DREAM 13

A feeling of dread at the possibility of discovering after prolonged search that the person who fed me as an infant was not my mother, but a wet-nurse.

"I was breastfed for one year by my mother - this was a healthy part of my relationship with her. To discover that this good part was not with her would be devastating. I would feel disillusioned, uncared for."

DREAM 14

N (daughter) is going away on her own. I pack her things and am concerned as to whether she will cope. I also want to cut her nails before she goes.

I am to go on a journey with a boat. H (husband) and B (son) take me by train to the harbour, leaving N alone at home. The 3 of us are on the train and try to work out where to get off. I want to get off at a point where it says "Bistro" but H feels I should go further. We pass it?, but I still feel I need to get off to get to the gangway that leads to the boat. I realise the longer I am in the train, the more N will get worried, as she is alone. I try to get off, but a man in a uniform stands with arms outstretched in front of the door, preventing me. I feel anxious.

"My daughter, who had problems separating, is going away. I take care to mother her correctly. I then leave with the males of my family. Getting off at the Bistro and the boat has something to do with my new woman therapist. The man is hindering and stopping me."

DREAM 15

I am seeing G. I show her my account system, but she doesn't want to do hers in such a formal way.

I lie on a sort of couch - no make-up, relaxed, eyes closed and talking. G is sitting half next to me/behind me, legs up, and I am feeling contained. This scene is interrupted by a nurse who wants to take blood from both of us - this is a routine ?FBC. We both protest and I am very upset re the interruption as I have a great need to go on and be left in peace to talk.

"I am seeing my new woman therapist. I desperately need to be listened to. A negative feminine figure interrupts this with logical outer things. I fear that it too will be spoilt, that this state of bliss cannot last."

DREAM 16

Inspection of a battle field. The soldiers are tired and not threatening at all. Some water/?river. On the way back we go through an area of wet, sandy soil. It is riddled with small snakes; most are brown in colour and I think harmless. However I see a green one that could be a boomslang. I go through first, as I am the only one with proper shoes on. My white running shoes and N's (daughter) white flop socks. I am even asked to push someone's bicycle through. Have to go through a glass door which is open. The area feels a bit like a mine field as one does not know where to tread; danger of standing on a snake and squashing it.

"The male figures are less threatening - no more missiles, but while nature is soft and full of life, there is also danger. Besides the snakes there is also the feeling of getting bogged down in the wet soil. This time I do have proper shoes on, this having a strong relation to the little girl. I seem to be coping, am aware that it is not entirely safe, and that I have to be on the look-out for danger."

DREAM 17

It is night. I go to a house where something important has happened. Inside I see a small black dog; he was previously a bigger dog which has been transformed. Out of it had emerged a man, who still had bits of dog fur on his chin. He is smiling - looked a bit dull or childish.

"A dangerous dog has changed to a smaller one, and than to a male, albeit a rather stupid one."

DREAM 18

H (husband) meets G in CNA.

DREAM 19

A University by the sea. I give a talk. I return to my car. It is the rusted Golf, parked on a rock in the sea. It is half submerged. In the water are also research instruments, even a small atomic accelerator; students in diving suits are in the water, investigating. I realise that I won't be able to get my car out, and turn back to get help from a male.

DREAM 20

I am able to do a difficult thing, ?become kosher? because there are good mothers around.

"I am able to do something like becoming Jewish, which would mean a big change, because of being mothered."

DREAM 21

J is visiting me in my childhood garden. He is telling me how the tree has grown since he's last been.

A pink bird cage full of budgies.

"The childhood part of me has grown."

DREAM 22

In the Notre Dame Cathedral. I am sitting on a large cross on the floor. The parts - the lower half - are moving apart. I am sitting on one of them and a woman on another- to my left side and slightly behind me. The movement is gentle and I seem to in part induce it myself. Smaller bits of the cross are also broken off and I hold them in my hand, knowing that I will put them together again.

"I am sitting in a containing space, but separately. I feel very supported."

DREAM 23

G, B and I are all at a wedding. There is a lower and higher area. The lower one I enter, wearing a red, cut-off top. Not sure whether I am appropriately dressed. I am also aware of a man and couples sitting, talking and drinking. Upstairs the wedding celebration

takes place. Magical entertainment. The bride and groom are not that central, rather the fantasy figures...a fairy flying in the air and landing gracefully. G and I stand on a balcony, looking at people on the ground. We speak about meeting here and she says that our work is going very well, so that this seems OK. I agree and add that the fact that we are of the same sex makes it easier. I am aware of B observing us.

"G and B are supportive mother figures. This is my adolescent-type sexuality within a wedding. There is uncertainty on my part. I wish for a relationship to the male figures too; the couples, the wedding."

DREAM 24

Scud missiles which are not working well. Large, but they seem to have lost their power. Now that America is all powerful, I feel that it/she must be particularly aware so as not to misuse it.

"The threatening masculine has lost its power. America is the mother, all powerful, but there is also awareness that she could abuse it."

DREAM 25

I discover to my surprise that my milkteeth are only falling out now. Small permanent incisors are visible and in the background a strong tooth is seen.

"Growing up and being strong!"

DREAM 26

I am with my family and mother in a busy holiday resort. We sleep in rooms with other people, are woken early in the morning in order to have breakfast with a whole lot of strangers. I go outside where there is a big lake. I lean on the edge and watch what's going on. Despite all the business around me, I somehow feel I can manage, as I have space elsewhere.

"The feeling of being intruded on by strangers - when my outer life gets too busy. But I can manage when I have a space somewhere."