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Dreaming Myself:
Combining Dreams, Autobiographical Writing and
Psychotherapy in Addressing Narrative Fracture

Janet Mary Dennett

Submitted for the degree of Doctor of Philosophy
University of Sussex
October 2013

UNIVERSITY OF SUSSEX

JANET MARY DENNETT

THESIS SUBMITTED FOR THE DEGREE OF DOCTOR OF PHILOSOPHY
IN CREATIVE WRITING AND PERSONAL DEVELOPMENT

DREAMING MYSELF: COMBINING DREAMS, AUTOBIOGRAPHICAL WRITING AND
PSYCHOTHERAPY IN ADDRESSING NARRATIVE FRACTURE

SUMMARY

This study springs from my experience of what I term 'narrative fracture', a life-hiatus or crisis that derails one's current life pattern and self-identity. It examines the nature of this phenomenon and its possible roots in early infancy and childhood. Three therapeutic modalities: dreams, psychotherapy and autobiographical writing, which were instrumental towards resolution of that narrative fracture for me, are then explored.

The study uses first person heuristic methodology because my own experience, and ongoing process towards resolution, lies at the heart of the research. It also, as part of that methodology, draws on the experience of three 'textual co-researchers' as recorded in their autobiographical writings. Each of the segments of the study, narrative fracture, roots of narrative fracture, and modalities towards resolution, are interrogated from three directions: my autobiographical narrative relating to that segment, and extracts from the other authors' texts of theirs, then examination of these in light of the relevant theory, and finally a reflexive review made of the findings, following thus a pattern, identified by Michelle Davies, of a narrative 'voice', an interpretive 'voice' and an unconscious 'voice'.

Most traumatic for me at narrative fracture was loss of self-identity and erupting internal chaos. Psychoanalyst/interpersonal theorist Karen Horney's theories around the formation of a 'false self' and the related palliative measures of addiction and controlling are my foremost source of understanding here. To discover how self-identity is formed and can potentially be impeded, the mother-baby relationship, the issue of attachment, and the crucial involvement of the body in the infant developmental matrix are explored, principally through the works of Donald Winnicott and John Bowlby; and the related development of 'affect-regulation' and 'mentalization' through Peter Fonagy's breakthrough work. Ulric Neisser and Jerome Bruner's theories bring further understanding of development of the self and the socially constructed elements of self-identity. In the process towards 'reconstruction' Donald Kalsched's theory of the crucial necessity of 're-traumatization' is foregrounded, and the study holds this in mind during exploration of the three therapeutic modalities.

Neuroscience and brain research also inform this exploration, and a common denominator is found between the three therapeutic modalities via Ernest Hartmann's notion of a 'continuum' of modes of mental functioning. It is established that the REM programming and reprogramming state, and input from unconscious mental processing are increasingly at work as we operate at the 'creative'/'dreaming' end of this continuum, and that here psychotherapy, autobiographical writing and dreaming are all shown to be located.

Four key points emerge in understanding the impact of these three modalities on healing narrative fracture: the centrality of the relational; the emotions as 'linchpin'; the power of pattern, metaphor and image; and the potency of the sleeping brain.

With its personal accounts, and the new syntheses made between aspects of the different academic fields it mines, this study offers a new perspective on the nature, and lifelong consequences, of early childhood development. It is envisaged that this will provide valuable insight to the burgeoning numbers of quantitative researchers now recognising the need for first person input to their third person research, and to those who are professionally involved in the care of others, as well as to related policy-makers.

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ACKNOWLEDGEMENTS

It is no exaggeration to say that were it not for my supervisor Dr. Celia Hunt, this thesis would not exist. I extend my most heartfelt thanks to her for her constant and empowering support. Her insight, patience, intuitive understanding, vast knowledge, and unique vocational warmth have nurtured this work through to fruition. I count it a privilege to be among the many MA and Doctoral students she has transformatively enabled.

My deepest thanks and appreciation to Dr. Kate Adams whose inspirational encouragement during my MA dreams research pivotally kept me on course. Her agreeing to be my second supervisor for this project has meant that I have again had the benefits of her generous support, guidance and wide expertise.

Acknowledgement and most profound thanks are due to my psychotherapist, 'Miriam'. It is her transformative support of my own journey that has both informed and enabled this thesis.

Special gratitude to my long-time close friend Dr. Penelope Watkins for her unfailing, unstinting support throughout my MA and PhD journeys, and her most generous giving of her time, encouragement and knowledge; personal, academic and technological.

I of course owe a special debt of gratitude to my three 'textual co-researchers' who, though unaware of it, have played such a pivotal role in my project.

I am indebted too to the many quantitative researchers cited herein, whose painstaking clinical and laboratory research has provided the vital foundational knowledge upon which I have been able to build my own work. I am grateful to Dr. Ernest Hartmann, (deceased) who gave me his time at the 2011 IASD Conference, and to Jonathan Leonard, who was so generous with his time and guidance; his unique insights have greatly assisted my thinking. Thanks to Professor Max Velmans, whose early help encouraged more than he could know.

Lastly, but resoundingly, my heartfelt thanks and love go to my family; to my husband, who has totally supported me through this long sometimes-painful journey, and borne with ruthless exposition in the service of the work. My four children have from their very

beginnings been my greatest most valued teachers. They have all given me their most generous support and encouragement, and their academic and professional expertise, having 'trodden the path before me'. To them my thanks are endless, my admiration great.

INTRODUCTION

This work explores what I am calling ‘narrative fracture’, its roots in traumatic life experience, and how it can be addressed through a combination of attention to one’s dreams, life writing and psychotherapy. I am researching these phenomena primarily through my own experience, though, as I explain later, I am also drawing on the autobiographies of three other writers.

The genesis of my study lies, on one level, in a crisis of acute illness, which beset me just after my youngest daughter’s departure for a pre-university ‘gap year’. My slow physical recovery from that illness was not, alarmingly, accompanied by recovery of life as I knew it; rather a loss of self-identity and self-generating descent into ever-worsening mental chaos ensued. Physically I was back on my feet, but inwardly I was being battered by alien erupting emotions; most notably feelings of ‘existential terror’ symptomatic of trauma. My outer life, which now seemed like a meaningless straightjacket, slowly dissembled; an adverse process waymarked by such ‘casualties’ as (chronologically) my library post, from which I felt at a certain point compelled to resign, my home, and, temporarily, my husband.

Though I had previously begun to be aware of portentous dreams when I belonged to a bible-based Christian group, a chance reading of Jung’s autobiography at this dark time alerted me to the psychological aspects of dreams and led me to listen out for and look for meaning from my own dreams – informed now of the symbolic nature of their content and inspired by the impact on his life of his ‘Big’ dreams. Intention and attention were obviously enough, as I began to receive (and record) a flow of significant dreams. In the stormy seas of my ensuing struggle with the archetypal question ‘who am I?’ my written down dreams became a pivotal lifeline; hope was being re-kindled as I nightly re-read them, fishing for guidance in their symbolism. On some level another version of a self-narrative was taking form. Fortuitously I had a long-time friend who became empathetic listener to my dreams and we chewed over our dreams like earnest detectives. A process of ‘reconstruction’ was - clear to see by hindsight - underway, which finally led me into an MA in Women’s Studies. In that course I was able to examine my experience academically, and began to find answers to questions I had about it as I researched, for my dissertation, the possible role of dreams in

personal empowerment for women. Most crucially, it gave me a 'voice'. And the enlightenment from my dreams continued.

Reading Jung had actually made a sound academic start to my quest for understanding of my problems, and I began to read other Jungian writers; for example Woodman (1982, 1985), whose notion of the *spiral* nature of psychological growth so fitted my own experience - meeting the same inner obstacles over and over again, feeling each time that I was back at the beginning, had made no progress, though hindsight told me otherwise. To see that I had progressed to deeper *layers* of the same issues was a perennial consolation. My MA studies had begun to reveal just how complex a field was contemporary dreams research, vastly expanded over recent decades by the advances in the neurosciences and brain research, driven in their turn by revolutionary new scanning and imaging technology: now it could be *seen* what was going on in the brain and physiognomy in dreaming. There was much more, I realised, to the therapeutic potential of dreams, and so much of the data seemed highly pertinent to the understanding of their role vis-à-vis narrative fracture. I had a great desire therefore to take the research forward to PhD level; to both further my self-understanding and contribute, making use of my own experience, to the research arena.

However, the successful completion of my MA (distinction) brought an unforeseen response within: overwhelming feelings of 'fraud' - of having somehow 'tricked' my examiners - rather than the expected satisfaction. This anomaly alerted me to re-focus on the influence of early childhood events. I was already aware of this influence cognitively on account of my teacher training, and also on a personal level because of my father's shock revelation to me, just after the birth of my youngest daughter, of an unknown step-sibling (upon which situation I was 'blaming' my narrative fracture). A few sessions with one of my MA lecturers, who had a private psychotherapy practice, would, I reasoned then, be the best way to eradicate this pessimistic estimation of my abilities, so at odds with the aspiration to further research.

This is how my search for a doctoral 'place' began and continued in parallel with psychotherapy sessions. I viewed them as two quite separate facets of my life and my primary focus was on the former, which I anticipated would be a short and straightforward process. In the event it became a very traumatic two-year struggle. The many 'rejections' of my outline research proposal eventually brought to crisis point my

post-MA feelings of fraud – and here ‘writer’s block’ was added to the equation, further handicapping my applications. But realisation was dawning during those two years that my psychotherapy, that disparate ‘extra’, was affecting me. Before one of my earliest sessions I had a landmark dream. For the interpretation of that dream I now had the aid of a (Jungian-orientated) professional, which was a quite different experience from my sharing with my empathetic friend. But there were developments to come, which radically increased that ‘difference’.

When I first met the person who was to become my supervisor, at the end of the dismantling two years, I felt at once that I had finally arrived at the right ‘home’ for my research. She supported my proposition to use my own experience as part of the research and a first step to facilitating this was to write my autobiography. Begun in the MA Creative Writing and Personal Development course, which I was allowed as a PhD student to audit, this endeavour proved cataclysmic. It started happily, as I was recalling the handful of happy early memories – bright oases in barren wastes of childhood amnesia - and sharing them with this group of perceptive, encouraging readers. But when writing of later, darker times I encountered such inner reluctance that I would almost have rather shot myself than proceed. Facing and reliving those memories ushered in untellable feelings of alienation, shame and grief. The ‘Writing Practice’ group finished, and now my solitary reader was my supervisor. Thankfully so – without doubt it was her confidential, supportive ‘listening’ that enabled continuation.

Then, as the autobiography writing was in its final stage, I found myself, in one of my psychotherapy sessions, suddenly buoyed by a strange ‘expanded’ sensation - as if I had more ‘substance’, was almost ‘fatter’, expanded. Trying for adequate description, I labelled it ‘3D’ feeling. It recurred quite frequently thereafter, but what was it, and what triggered it? From the literature I was able to identify this new feeling as ‘embodiment’, and I learned from experience that it always occurred in ‘relational’ situations. This is where dream interpretation changed: whilst I was still in that initial ‘3D’ state psychotherapist Miriam suggested we look again at the dream I had brought and - *revelation* – new layers of the dream’s meaning emerged unbidden: 3D dream interpretation! I left that session feeling elated, inwardly ‘grounded’. An unpalatable but crucial revelation was, alas, also thrown up by this phenomenological breakthrough: the inferred *cerebral* nature of my previous understandings. And other equally unwelcome self-revelations gradually began to emerge.

I had by this time chosen my main methodology for the research: heuristic inquiry, and the intensity of these personal developments were endorsing its suitability: 'Indeed, what is explicitly the focus of the approach is the transformative effect of the inquiry on the researcher's own experience' (Hiles 2002 p.3). And I could now see that that heuristic path had in a sense begun when I had decided to seek psychotherapy: i.e. when my journey of discovery expanded beyond my internal pondering and avid reading to the incorporation of a dynamic professional *relational* element, augmented by a professional relational engagement with my supervisor, which together seemed to engender in me a new self-relation. So from my starting point of wanting to research my own experience of writing down and sharing my dreams retrospectively I found that the focus of the research became as much on the present as it was on the past.

There was another 'relational' element in my chosen use of the autobiographies of three other writers. Since my 'narrative fracture' I had been pursuing another line of inquiry: Jung's was only the first of many others' stories of 'life fracture' that I found myself drawn to, for their comfort (offsetting the sometimes fear of madness, allaying sense of isolation) and the enlightenment of their different perspectives. So when I considered suitable co-researchers, a key component of heuristic research, I chose 'textual' co-researchers, having a conviction that I would gain a richer cache of data from the *written* stories of a few chosen 'others', encouraged by Kearney's statement 'the recounted life prises open perspectives inaccessible to ordinary perception' (Kearney 2002, p.132). This certainly transpired to be an enriching 'dialogic' experience. The three autobiographies I chose were those of Sylvia Fraser, Kathleen Sullivan and Marion Woodman. Woodman was one of my early Jungian reads, Fraser's was one of those stories of 'life fracture' I had been much comforted by, and Sullivan's definitive work on dream series, told through her own life experience, I had encountered in my MA dreams research. When I re-read them all for this research, after the traumatic writing of my autobiography, I discovered that I was having a different, more 'organic' engagement with them. They triggered some painful feelings, caused recollection of some forgotten memories, and provoked some revealing self-reflection, absence of which my autobiographical writing had already exposed: I had traversed all my years with 'eyes doggedly averted' from myself.

I gradually came to appreciate along this developmental path that, like a three stranded plait, the dynamic interrelation, and equitability of therapeutic potential, of the three elements – dreams, psychotherapy and autobiographical writing – meant that the

research questions I framed at the outset of my project needed modification. They became:

- What does it mean to say that the self is a narrative and how can it be said to be 'fractured'?
- What is the relationship of dreams to self-narrative restoration, and how does my experience, and that of others, help to explore this?
- What benefits toward narrative restoration may be psychotherapy-specific in my own experience and that of my 'co-researchers'?
- What are the benefits of writing down and sharing our self-stories in the service of narrative restoration, and may these findings be informative in examining writing down and sharing of our dreams?
- What contribution can my findings make to the intersection of dream theory, theories of 'narrative fracture' and the theory of creative writing for personal development?

In my early explorations into the nature of the self, I was beginning with a tacit acceptance, product of my early religious upbringing, college study of metaphysical poets etc., of the existence of an 'essential self' and very limited awareness of the notion of the socially constructed self. Negotiation of these contentious arenas was therefore a necessary first step for me. Regarding understanding of both narrative fracture and the psychotherapeutic process, again I was beginning with tacit predispositions to the, broadly, Jungian analytical psychology view. I had no prior conceptions of the therapeutic potential of autobiographical writing before encountering this burgeoning field at the start of my course. My personal experience of it, for this study, dramatically demonstrated its transformational powers. Clearly this rapidly expanding new discipline was particularly relevant to understanding the process of restoration after narrative fracture. But these and all the avenues of my research have their place in the following chapters.

Regarding my choice of terminology; early on in my planning stage, the term 'narrative fracture' became my preferred description of my own experience, because I felt strongly that the term 'nervous breakdown' did not fit, conjuring, I thought, an image of someone so 'struck down' as to be almost unable to get out of bed, with mental functioning totally disabled. This, after my recovery from the physical illness, was not the case with me. Frank (1997), writing of severe illness stories, uses the term 'narrative wreckage', but this did not seem appropriate, as my physical life was not in

danger. Certain daily outer events continued, so, fundamentally, what had been 'broken' were my 'life-narrative', my self-identity, and sense of meaning and purpose of life. Thus, with the metaphor of broken bone rather than amputation coming to mind, did the phrase 'narrative fracture' present itself to me as the most fitting evocation. Consequently, the term as I use it denotes a life-hiatus; a crisis, that sabotages/derails the sense of continuity in the life-narrative of the sufferer, sometimes initially triggered by some innocuous outer happening.

The term 'life-narrative' as I use it above also needs brief explanation: why 'narrative'? Referring to our life as our 'narrative' is a problematic issue, which I address later. When my father made his life-shattering revelation to me in my early thirties, I successfully 'blanked' the information for many years, but a just-below-consciousness realisation lurked ever after that my 'story' as I knew it, i.e. my sense of having a coherent life-narrative, was a total lie. A sense that my life was my 'story' was somehow *pre-existent* in me, and understanding of this propensity has come from the growing area of research around mankind's 'storied' nature. It is perhaps, subliminally, also responsible for my urge to construct this work in a flowing story-like form.

Indeed, as I proceeded I increasingly felt the notion of 'story' to be valuable to my thesis. To achieve the story-like form in my study I decided to first set the academic scene, placing the methodology and methods as the initial chapter. This way the 'story' could flow uninterrupted through the subsequent four main chapters. In Chapter two I examine the phenomenon of narrative fracture, as the starting point. I then probe into the possible roots of this phenomenon in Chapter three. In Chapter four the story moves forward to the exploration of possible resolutions. I am charting thus: 'A metamorphic progression involving decomposition and recomposition' (Chandler 1990, p.21). Finally, Chapter five looks back reflexively, reviewing and drawing conclusions from the completed picture.

Holding the view that the issues I am exploring are particularly pertinent to our current society, my ultimate aim is to make a contribution to the understanding of them of sufficient depth and rigour to be of value for public dissemination. I was encouraged in this aim by an early reader of my outline research proposal, Max Velmans' observation that: 'the provision of firmer ground for realisation of the Self is one of the great challenges of our time!' (Velmans 2007b)

CHAPTER ONE

Setting the Scene

1.1. The Nature of the Project

When I first embarked upon my journey to fathom my situation and my self after narrative fracture my investigations were on three fronts: I was reading in psychology (begun with Jung), I was writing down my dreams and interpreting them for myself (again guided by Jung, so therefore the analytical psychology model) and I was reading others' stories of 'life fracture', from which, as well as comfort, I gained new light on my own. That *modus operandi* has carried into this project.

My aim in this study is to specifically explore the phenomenon of narrative fracture and then to understand *how* and *why* attending to one's dreams, engaging in autobiographical writing and undergoing psychotherapy may contribute towards the resolving of that 'fracture'. I am exploring from three directions: through my own autobiographical writings, and the published autobiographies of three others; through reflecting on these alongside my own; then through bringing theory from the appropriate research fields to bear on the material, to facilitate further critical reflection and analysis.

The rationale for the project is that it offers me the opportunity of:

- 1) Exploring more deeply my own experience;
- 2) Developing a new perspective on narrative fracture;
- 3) Making a contribution to the field of therapeutic autobiographical writing;
- 4) Contributing to a body of knowledge in dreams research;
- 5) Providing understanding for quantitative researchers who wish to add a first person research element to their work.

1.2. Starting Considerations – First-Person Research

My original research proposal centred on using my own experience as data, possibly as a case study. Discussions then with my supervisor settled me upon a first-person study as the most suitable route to achieving my objectives. Given that my first-person study is intent on describing and understanding *experience* and on searching for *meaning*, it is of course a qualitative research project. Woods states the nature of my task and its mandate:

[The] ... quest is accuracy of, and depth of, understanding, and for ways of conveying that to others which keep faith with that accuracy and depth ... *Its warrant lies in its ability to portray different kinds and aspects of realities* (Woods 2006, p.63 [my emphasis]).

I appreciated how conducive the first-person approach could be to conveying complex personal experience with sufficient 'accuracy and depth', able to more richly communicate those 'different kinds and aspects of reality'. These are indeed becoming more generally recognised as relevant; in the literature we see first-person research being widely perceived now as valuable, increasingly used in many disciplines (e.g. Polkinghorne 1988; Coles 1989; Velmans 2007a). Velmans observes that the last two decades have seen a surge of interest in first-person research methods and argues for its place in his own discipline (Consciousness research):

The causes and correlates of conscious experiences are not the experiences themselves ... Consequently, third-person methods have to be supplemented by first-person methods (Velmans 2007a, p.15).

This is one example of the increasing consideration of first-person accounts in the so-called 'hard' sciences, and a measure of how widespread awareness of the personal human element of any research is becoming. Ethnographer Carolyn Ellis gives a description for autoethnography that pinpoints the value of first-person methodology: it 'includes researchers' vulnerable selves, ... celebrate[s] concrete experience and intimate detail; examines how human experience is endowed with meaning' (Ellis 1999, p.669). These are the subtleties, important for my inquiry, which third-person 'objective' research misses, and for which the *accumulation of personal accounts* that gradually builds up a body of knowledge seems the most fruitful way to advance understanding: 'Only by beginning to describe and correlate first-person accounts of the process can we begin to develop a meaningful body of knowledge' (Nichols 2006, p.35).

Polkinghorne expands:

Validation of claims about understandings of human experience requires evidence in the form of personally reflective descriptions in ordinary language and analyses using inductive processes that capture commonalities across individual experiences (Polkinghorne 2007, p.475).

It is the autobiographies of the authors I am using and my own which furnish these 'personally reflective descriptions', and the second of my chosen research methodologies, *Narrative Inquiry* (3.2.), is my route to making 'analyses using inductive processes'.

But having settled on the first-person approach I came to realise that it raised other problems; fundamentally the issues of *truthfulness* and making a *valid claim to*

knowledge, and the achievement of academic rigour; all more difficult to establish when personal subjective accounts are a central component of the work.

1.2.1. Ontological and Epistemological Matters

It was Etherington who flagged for me that establishing one's ontological position at the outset of any qualitative research project is crucially important in supporting validity claims - particularly so for those using a reflexive approach (Etherington 2004, p.75), which is my chosen route (1.2.4.). My first task then was to establish my ontological position - my worldview that shapes what can be known of the world in my consciousness – recognising that we are each, as Goodall points out, necessarily 'rendered partisan' by our particular history (Goodall 2008, p.24).

My worldview is significantly shaped by the experiences I bring to my research, and as I began this 'ontological inventory' several points most likely to be relevant for this study soon sprang to mind. My early religious upbringing, its dogmatism later rejected, could but be a formative influence, then my positive spiritual experience later, predisposed me to the notion implicit in Jung's theory of 'individuation', that there is an 'innate self' that can be progressively brought to fruition through one's life process. On the other hand my subsequent research has brought understanding of the socially constructed aspects of self, and I can see, for example, that I share two of Etherington's ontological views, which highlight the self as constructed by narratives:

- That we live storied lives and our world is a storied world (cf. Armstrong 2006, Kearney 2002);
- That telling and re-telling one's story helps a person create a sense of self (Etherington 2004, p.75, cf. Eakin 2008; Frank 1997; and Frank 2007).

My teacher training had brought cognitive knowledge of child development, but it was reading Alice Miller (2001, 2002) that connected me with my own history and so influentially added to my worldview here. And I further realised that it was feminist research that was essentially the formative influence (and the abiding ethos) for my academic research. In feminist research 'the approach taken is likely to be, say, qualitative rather than quantitative, constructivist rather than objectivist, experiential rather than cerebral ... a seeking of shared understanding rather than an attempt to prove a point' (Crotty 2013, p.177). This may also perhaps be the approbation of another standpoint of mine: I consider that what 'chimes' with me is pertinent to pursue further. More accurately stated, I am referring to intuition. 'Throughout the history of

human thought and in every field of knowledge intuition has played an essential role', Claire Petitmengin-Peugeot points out, (2002, p.44). This aligns with Romanyshyn's thesis: He argues for an 'imaginal' approach to research, which: 'differentiate[s] a region of reality that is intermediate between sense and intellect and that mediates between them' (Romanyshyn 2007, p.81), and with Polanyi's now classic exposition of the 'tacit dimension' of human knowledge: 'we can know more than we can tell' (Polanyi 2009, p.4, and cf. Lakoff and Johnson 1999, Freud 1999 and Polkinghorne 2007). 'There is no perception and no thought that is not mediated by a complex unconscious perspective' (Romanyshyn 2007, p.26). From my experience, my reading, and on account of my dreams, I hold that unconscious mental functioning is a powerful, positive and pivotal influence (Jung 1995, Lakoff and Johnson 1999, Mancina 2006, Romanyshyn 2007, Kalsched 2010). Thus paying attention to tacit knowledge and knowledge that emerges in the form of intuition is key for my approach.

What then, in light of the above pertinent-to-my-study aspects, is my ontological position? As well as the validity issue, this locates me for my readers (who will be from different academic backgrounds, as my study is multidisciplinary) and guides the route of my research. Although my investigations found a sometimes obscure, sometimes contradictory, complex picture, very helpful initially was the simple 'continuum' laid out by Grix. This categorizes theoretical perspectives, with positivism at its one end, moving on to post-positivism and at the other end interpretivism (Grix 2010, p.63, and cf. Burr 2003). Crotty explains: 'A positivist approach [follows] the methods of the natural sciences and, by way of allegedly value-free, detached observation, seek[s] to identify universal features of humanhood, society and history that offer explanation and hence control and predictability' (Crotty 2013, p.67). The claims to objectivity, precision and certitude made by positivism have however been challenged by other scientists, leading to 'an understanding of scientific knowledge whose claims are far more modest ... a less arrogant form of positivism. It is one that talks of probability rather than certainty, claims a certain level of objectivity rather than absolute objectivity ... known today as post-positivism' (ibid. p.29). Interpretivism then: 'emerged in contradistinction to positivism [and post-positivism] in attempts to understand and explain human and social reality' (ibid. p.66). Searle explains what he calls the 'invisible structure' of social reality. Although social reality seems a straightforward concept, 'The child is brought up in a culture where he or she simply takes social reality for granted' (Searle 1996, p.4), he lucidly elaborates his view that our cultural knowledge is of quite staggering metaphysical complexity (ibid.).

I am interested, simply put, in understanding a personal experience, and understanding it, it seems clear to me, from within the social context in which, perforce, I am 'already embedded' – as lucidly detailed by Searle. In other words my ontological position needs to take into account both 'given' and 'constructed' aspects of reality. I could see then that my study must be located at this interpretivism end of the continuum. 'Interpretivism is overwhelmingly oriented towards an uncritical exploration of cultural meaning' (Crotty 2013, p.60)

Given that I am using the autobiographical writings of three other authors and myself as data, one of my methodologies will be narrative inquiry (see section 1.3) and a comment on the subject of narrative research from Smythe and Murray further supports this interpretivism positioning:

It has been argued that narrative has its own distinctive epistemology, that it is a mode of knowing fundamentally different from the paradigmatic mode more characteristic of logical and scientific argument (Smythe and Murray 2000, p.326).

Asserting that there are many perspectives from which to tell a story they note:

The epistemological import of multiple narrative perspectives is in the suggestion that narrative meaning must be multiple as well. Rather than aspiring to a singular account of reality ... the narrative domain requires that we live with multiple interpretations of reality (ibid. p.327).

And Straw speaks of the modern-day 'transactional' view of reading, which holds that 'meaning is constructed by the reader during the act of reading ... [which] relates closely to the rubric of constructivism' (Straw 1991, p.68). Comments such as this and also reading Michael Crotty (2013) led me thus to constructionism and more specifically constructivism. Crotty's chapter on 'Constructionism' is sub titled 'The Making of Meaning' – which is the object of my study. 'Constructivism is an interpretive paradigm' he states, but to clear up a common confusion, he points out that the terms 'constructivism' and 'constructionism' being so similar are often used interchangeably, or mistakenly thought of as the same, and succinctly explains the difference. He describes constructionism as:

the view that all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world and developed and transmitted within an essentially social context ...[and in which view] ... meaning is not discovered but constructed (Crotty 2013, p.42),

‘Constructionism’, he notes, is used where the ‘social dimension of meaning is at centre stage’ and ‘constructivism’ where it is not. ‘It would appear useful then’ he concludes,

to reserve the term *constructivism* for epistemological considerations focusing exclusively on ‘the meaning-making activity of the individual mind’ and to use *constructionism* where the focus includes ‘the collective generation [and transmission] of meaning’ (ibid. p58 [his emphasis] – words in parentheses are phrases he is borrowing from Schwandt 1994).

This fits with my approach, because although my making of meaning is achieved in a ‘dialogic’ way, using the published texts of three other authors alongside my own autobiographical excerpts, and pertinent theory, it is not in the same way as say Mishler’s (1991) ‘joint construction of meaning’ deriving from his research interviewing: the meanings I am making are my own, as I quest for richer understanding. ‘Research in constructivist vein ... requires that we not remain straitjacketed by the conventional meanings ... Instead, such research invites us to approach the object [of our research] in a radical spirit of openness to its potential for new or richer meaning’ (Crotty 2013, p.51, cf. Etherington 2004, p.76)

Grix (2010) flags that there are ‘gradations’ between paradigms, rather than clear-cut jumps from one to the next, so that I further had to consider whether constructivism, as my epistemological stance, was ‘weak constructivism’ or ‘strong constructivism’. (In terms of his simple ‘continuum’ weak constructivism would be positioned on the post-positivist side of interpretivism, and strong constructivism on the other side). Goldman defines weak constructivism:

Weak social constructivism is the view that *representations* – either [linguistic or mental] – are social constructs. When [e.g.] it is said that “gender” is constructed, a weak interpretation of this is merely that people’s *representations* or *conceptions* of gender are socially constructed. Similarly when it is said that scientific facts or entities are socially constructed a weak interpretation of this is merely that scientists’ *beliefs* or *theories* are socially constructed ... [which is] ... compatible with there being mind-independent and community-independent *facts* that render such representations true or false (Goldman 2002, p.196 [his emphasis])

The distinction then between this view and that of strong social constructivism, he says, hinges on what exactly is said to be constructed, and explains: ‘Strong social constructivism [on the other hand] claims not only that scientists’ *representations* of [e.g.] quarks or thyrotrophin releasing hormone are socially constructed, but that *quarks themselves* and *thyrotrophin releasing hormone itself* are socially constructed’ (ibid. p.196 [his emphasis]).

Informed by this distinction, and bearing in mind my above-mentioned need to take into account both 'given' and 'constructed' aspects of reality, and Smythe and Murray's point that the narrative domain requires we live with multiple interpretations of reality, I was now finally able to more precisely locate myself epistemologically in 'weak constructivism'.

Deep reflection on one's chosen epistemological 'place' is counselled by Crotty. 'What implications does being ... constructivist hold?' he asks. 'It speaks to us about the way we do research. It speaks to us about how we should view its data' (Crotty 2013, pp.64-65). I shall be discussing this in my Claim to Knowledge section (1.2.5.) and we shall see how this stance guides my choice of methodologies in section 1.3.

But first there is another pivotal issue to face:

1.2.2. The Issue of Truth

The autobiographical accounts I am using are an important part of my evidence and realising that this – autobiographical - 'kind of evidence' is often contentious around the issue of truth, I needed further understanding

Using oneself in the research has been derogatorily labelled by detractors as 'me-search rather than research' (Goodall 2008, p.38), and Cohen concurs: 'although there are attempts to ... genuine self-exploration' autobiography is 'not easily made into a medium of truth. It is much more usually an exercise in self-justification or self-aggrandisement' (Cohen n/d., p.2). Far from aggrandisement, my experience of the endeavour was a facing of agonising truths and feelings of shame. The notion of arguing for the 'truth' of my work initially engendered startled trepidation; due, I soon guessed, to the dictatorially instilled imperative of 'telling the truth'/'owning up' in my childhood. But then I was introduced to the crucial concept of '*personal truth*' and greatly helped past this hurdle in my autobiography writing by Celia Hunt's expansion, in the creative writing and personal development context, of Lejeune's concept of 'the autobiographical pact' (Lejeune 1989, 119-137) which

autobiographers implicitly make with their readers: that they are engaged in a sincere quest for truth, even though that truth may only be an

approximation, or what I have called 'personal truth' (Hunt and Sampson 2005, p.192).

Of course it is well known that autobiographers sometimes consciously set out to deceive, so Lejeune's autobiographical pact does not always hold (see Miller N 2007; Eakin 2008 pp.17-21), but in a personal development context, where the aim is to gain deeper self-understanding, making 'an "agreement" with ourselves that we ... [will] ... try to be as "truthful" as possible ... [can] ... provide us with a framework of honesty and truth-seeking, within which we ... [can] ... pursue our personal truth' (Hunt and Sampson 2005, p.192). I was reassured intellectually and emotionally by the existence of this implicit 'pact', which seems to me as valuable for first-person research as for autobiography.

One point to note when considering 'writing the truth' is that our past can only be narrated through the lens of our present day self, so that, as Hunt says 'whilst autobiographical memories contain a high degree of self-reference, they are never true in the sense of being literal representations of events' (Hunt and Sampson 2006, p.4). Warnock endorses this 'autobiographical truth' asserting:

To claim to remember something is to claim to know what it was like, because I was physically and geographically there and have not forgotten. There is thus a truth-claim in any account of what I remember (Warnock 1994, p.129).

Another problem for communicating the truth of oneself in autobiography writing is the well-known difficulty of finding and framing *language* to accurately convey extreme feelings (Goodall 2008, Polkinghorne 2007): 'All marginal experiences or crises necessitate a struggle with language' (Chandler 1990, p.4). And there is another issue with regard to 'accurate portrayal' often addressed in critiques of autobiography, which Bauman describes thus:

an autobiography must have a story-structure ... the author must ... chop off all that does not contribute to the story ... the memories need to be selected ... [but] ... memories come in bits and pieces, leaving many ... gaps ... the author has to fill in the blanks, link the single bits with each other in a smooth and plausible way. Here comes imagination helped by a sense of probability: it could have been so. No autobiography can be written without such a touch of fiction (Bauman 2002, p.30).

What mediates for the validity of that 'touch of fiction' is that the author is conveying his *experiential* truth, and '[as] ... the Impressionists ... are more than painters ... they are painters of mood and vision and their paintings are consequently animated with a

feeling tone... so it is with writers' (Pateman 2005, p.157, and cf. Hunt and Sampson 2005, p.23) - Pateman's gist being that their writing is 'animated with a feeling tone' on account of their experiential knowledge (ibid pp 156-158) bringing enriched conveyance of the story's essence.

These then are points I have needed to hold in mind when considering my 'argument', with my study being substantially based on 'autobiographical truth'.

1.2.4. Reflexivity

A further assertion from Polkinghorne, that 'Validating knowledge claims is not a mechanical process but, instead, is an argumentative practice' (Polkinghorne 2007, p.476) brought support to my proposed taking of a reflexive approach. When first considering the issue of 'making a claim to knowledge' I had turned to Etherington's *Becoming a Reflexive Researcher* (2004), having the conviction that reflexivity would be key for my examining the subjects of my research. Nichols describes the reflexive stance as 'fluid, non-linear, free-flowing, allowing for shifts back and forth between positions' (Nichols 2006, p.52), and Goodall encapsulates how I viewed it in regard to this study:

"Reflexivity" implies that there is some careful thought that is informed by existing scholarly thinking *in addition* to whatever personal (or "self-reflexive") passages are folded into the reflective passage (Goodall 2008, p.39 [his emphasis]).

Noting that 'Reflexivity has become an increasingly significant theme in contemporary social research', Etherington details:

For some researchers reflexive awareness may involve little more than a means of checking against ... subjective bias creeping into an experiment ... For others, reflexivity may become the primary methodological vehicle for their inquiry, as in research using autoethnography, autobiography, heuristic methodologies, narrative inquiry ... ' (Etherington 2004, p.31).

The latter is more my position – reflexivity as a methodological vehicle for my inquiry.

Regarding self-reflexivity: it was a profound shock to uncover, when writing my autobiography, my seemingly lifelong lack of self-reflection; a total absence of self-questioning. Chandler explains this lack: '[we] ... manage to avoid overwhelming questions most of the time simply by refusing to ask them', but that once they are asked, 'a Rubicon is crossed, and they must be answered', and often 'autobiography becomes a vehicle for asking and answering ... [these] ... fundamental questions'

(Chandler 1990, pp 109-111), which transpired with me. Hunt defines self-reflexivity (in the context of creative writing) thus:

It involves creating an internal space, distancing ourselves from ourselves, as it were, so that we are both 'inside' and 'outside' ourselves simultaneously and able to switch back and forth ... ' (Hunt and Sampson 2006, p.4).

There is certainly one element of self-reflexivity in my autobiographical text, i.e. that which happens at the point of writing: As the present day author I 'stand outside' the former self (selves) of whom I am writing because I cannot but recount my memories in the light of my current awareness. But in my third autobiographical piece (Chapter 4) self-reflexivity is an intrinsic part of the writing: I not only stand outside of my former self, of whom I am writing, but stand outside of my writing self too.

Taking an overview, the reflexivity of this research is on several levels: There is the self-reflexivity engendered by my re-engagement with my own and my 'co-researchers' texts, the reflexive comparison of my and my co-researchers' texts, and a further layer of reflexively re-entering the texts again with the perspectives of the relevant theory, in the 'reflexive review' sections of chapters two, three and four.

1.2.5. My Claim to Knowledge

'Why should anyone set store by what we are asserting?' asks Crotty, and concludes 'The only satisfactory answer ... is "Look at the way we have gone about it" ... [and] for that reason, expounding our research process, including its more theoretical moorings [is a vital part of its credentials]' (Crotty 2013, pp.40-41). I have laid out my 'theoretical moorings' in 1.2.1 above, but given the nature of my project (see 1.1. and 1.2.) my making a valid claim to knowledge required further clarification.

Wrestling with the difficulty I was helped by Polkinghorne's clarification:

The concept of validity is a "prototype" ... rather than a definitional concept. Thus there are degrees of validity rather than a claim being determined to be either valid or not valid. A degree of validity or confidence is given to a claim that is proportionate to the strength and power of the argument used by a researcher to solicit readers' commitments to it (Polkinghorne 2007, p.474, and cf. Goodall 2008, p.38-39).

According to Polkinghorne, the key to my claim to knowledge is the strength of my argument. This is directly linked to the rigour with which I carry out my research and the clarity of my reporting on it. Polkinghorne had pointed out earlier however that 'different

kinds of knowledge claims require different kinds of evidence and argument' (ibid. p.474)..

Bearing in mind these guidelines of Polkinghorne's and particularly this comment that 'different kinds of knowledge claims require different kinds of evidence and argument to convince readers that the claim is valid' (Polkinghorne 2007, p.474), I can now particularise my approach to making a claim to knowledge. It is nowadays generally accepted that no piece of research, even the most rigorously controlled clinical research, can be completely objective and there is no need here to chart the historical process of this well-known paradigm shift in academic research, which McCarl Nielsen succinctly details (McCarl Nielsen 1990, pp.2-31), but an argument from her concluding analysis is illustrative for me. She uses a metaphor to elaborate on the nature of feminist inquiry:

Consider a ... conversation between two people. If the context ... is free enough – if the two people respect and trust each other and are roughly equal in materialistic terms – then both are free to engage in unlimited dialogue, and the resulting conversation is potentially very constructive, creative ... Because verbal interaction is so dynamic, the discussants' ideas, thoughts, beliefs, and statements get developed, modified, and expanded in the course of being juxtaposed with other ideas, thoughts, theories, and so on ... this is what happens ... in our pursuit of knowledge ... *knowledge formation is a dialogic process* ... (McCarl Nielsen 1990, pp.29-30 [my emphasis]).

Holding that 'dialogic process' in mind I turn to Varela and Shear (2002) in the text they edited on first-person approaches to the study of consciousness. They make two points key for me: 1) The peripheral and pre-reflexive will remain unknown unless they are actively included in our scientific study ... more refined levels of description of human experience have to be developed and utilized' (Varela and Shear 2002, p.307). 2): 'first-person approaches are naturally seen as *complementary* to what we have learned from third-person approaches ... The real challenge, as we see it, is to build the necessary *circulation* between first- and third-person' (ibid. p.307 [their emphasis]).

These two: McCarl Nielsen's pinpointing of the creative, constructive dynamic of the *dialogic* process towards knowledge formation and Varela and Shear's notion of *circulation* between first and third-person together spell out the approach through which I am making a claim to knowledge. I set out with the original aim that the synthesis of 1) my autobiographical material, 2) the use of others' stories for comparison, 3) reflective

and critical analysis, getting outside the experience to, as impartially as is possible, explore and interrogate the material in the light of the relevant theoretical contexts and 4) the crucial element of reflexivity, would produce a comprehensive robust study. I can now reframe this more succinctly, understanding that through the *dialogic* and *circulatory* dynamics of my reflexive approach underpinned by the autobiographical pact as outlined above, will come the 'constructive, creative' outcome of an '*argument that convinces* ... at the level of plausibility, credibleness ... [and] ... trustworthiness' (Polkinghorne 2007, p.477).

1.3. Methodologies

I have chosen two methodologies to combine towards my gathering of knowledge: Heuristic inquiry and Narrative inquiry.

1.3.1. Heuristic Inquiry

It was when reading Moustakas' account of his research into loneliness, and what initiated it, that I had a strong sense of recognition that this was probably the main methodological 'home' of my research. This was later confirmed when I read 'In heuristic research the investigator must have had a direct, personal encounter with the phenomenon being investigated' and 'Heuristic inquiry is a process that begins with a question ... that has been a personal challenge and puzzlement in the search to understand one's self' (Moustakas 1990, pp.14-15). My own inquiry had begun as an organic response to an urgent need-to-know, as Moustakas' had been triggered by the death of a loved one plunging him into loneliness. His consequent view that 'with virtually every question that matters personally there is also a social – and perhaps universal – significance' (Moustakas 1990, p.15) echoed my own, that the phenomena I was intent on exploring were of social and cultural moment, and reinforced my aspiration to contribute new understanding of them.

The word heuristic comes from the Greek *heuretilos*, meaning "I find", which is related to the familiar "eureka" (Douglass and Moustakas 1985). The approach of heuristic research lies at the opposite end of the research spectrum to the data collection and objective analysis process of clinical research. As Hiles explains, the heuristic method of inquiry is an adaptation of phenomenological inquiry, differing in that it 'explicitly acknowledges the involvement of the *researcher*, to the extent that the researcher becomes the main focus of the research' (Hiles 2002, p.3 [his emphasis]).

Moustakas originally formulated the basic research design of heuristic inquiry into the following stages:

- **Initial engagement** – ‘invariably the research question is deeply personal in origin’ (Hiles 2002, p.4);
- **Immersion into the topic and question** – the ‘living and breathing’ total involvement; internally and externally alert for any information ‘offering possibilities for understanding the phenomenon’ (Moustakas 1990, p.28);
- **Incubation** – a ‘drawing back’ from this intense involvement – the ‘down time’ that ‘enables the inner tacit dimension to reach its full possibilities’ (Moustakas 1990, p.28);
- **Illumination** – evolves naturally from incubation when ‘awakening to new constituents ... new knowledge, ... corrections of distorted understandings, or ... disclosure of hidden meanings’ (ibid. p.29);
- **Explication** – ‘The researcher brings together discoveries of meaning and organizes them into a comprehensive depiction of the essences of the experience ... explicat[ing] the major components of the phenomenon’ as a ‘prelude to the understanding that is derived from ... dialogue with others’ (ibid. p.31);
- **Culmination of the research in a creative synthesis** – again an internal meditative process which ‘permit[s] an inward life on the question to grow in such a way that a comprehensive expression of the essences of the phenomenon investigated is realised’ (ibid. p.32).

Concerning that ‘dialogue with others’, I am in one notable respect diverging from the classic model in that I am not using ‘co-researchers’ directly, but rather engaging indirectly with three others, through their autobiographical accounts, as my ‘textual’ co-researchers (which introduces a third-person element to my study). Although acknowledging that he is engaged in ‘heuristic indwelling’, Hiles has coined the term ‘*heuristic comparison*’ for when, ‘needing to engage deeply with some specific material’, he has ‘deliberately [chosen] two or more texts for this work’ (Hiles 2002, p.7). This seems an appropriate term for my deep engagement with my co-researchers’ texts.

Douglass and Moustakas describe the nature of heuristic research as a process that ‘affirms imagination, intuition, self-reflection, and the tacit dimension as valid ways in

the search for knowledge and understanding' (Douglass and Moustakas 1985, p.53), which qualities Moustakas later expanded upon:

- *Tacit knowing*: (cf. Polanyi 2009) 'at the base of all heuristic discovery is the *power of revelation* in tacit knowing' (Moustakas 1990, p.20 [my emphasis]);
- *Intuition*: 'from the tacit dimension, a kind of bridge is formed between ... [this] ... knowledge and the explicit knowledge which is observable and describable' that is 'the realm of ... the intuitive' (ibid. p.23);
- *Indwelling*: is 'the heuristic process of turning inward to seek a deeper ... comprehension of the nature or meaning of a quality ... of human experience ... Throughout a heuristic inquiry, indwelling is an essential ...a painstaking, deliberate process' (ibid. p.25);
- *Focusing* (cf. Gendlin 2003) is also a relaxed and receptive inner attention, which 'enables the researcher to identify qualities of an experience ... [and] ... able to determine the core themes that constitute an experience' (Moustakas 1990, p.25);
- *The internal frame of reference*: 'Heuristic processes relate back to the internal frame of reference. Whether the knowledge derived is attained through tacit, intuitive, or observer phenomena ... its medium or base is the internal frame of reference' (ibid. p.26). Moustakas goes on to point out that to validly convey understanding of our human experience to another we must share with them our internal frame of reference.

I realised when examining these stages, and the nature of the approach as defined by Douglass and Moustakas, that I had been already loosely following the heuristic methodology since soon after my narrative fracture, as I struggled to understand my situation. This seems to suggest that it is based on natural human processes triggered by the deep inner 'need to know'. In the reality of using this methodology my experience has been that the different phases have overlapped and occurred in random order, which has not detracted from their potency. Insights have often arrived unexpectedly, a significant dream precipitated a change of focus, or some outer event or psychotherapy session triggered an involuntary temporary 'withdrawal'. New understanding could be arrived at any hour of the day or night.

'Good heuristic research ... requires rigorous definition, careful collection of data, and a thorough and disciplined analysis. It places immense responsibility on the researcher'

(Frick 1990, p.79). Choosing to take the route of heuristic research, *living* the knowledge-quest, has been an unsettling, sometimes precarious, experience. The sense of certainty about the direction of the research and previously held concepts with which I entered upon it were soon demolished. Nothing, I realised, could be taken for granted, and anxiety states related to worries about progress of the study often militated against achieving those productive 'meditative' states. All of which perhaps serves to confirm the choice.

Moustakas' views agree with Polkinghorne's regarding the validating of human experience research, though he puts the onus for validation on the researcher rather than the reader: 'The question of validity is one of meaning. Does the ultimate depiction of the experience ... present comprehensively ... the meanings and essences of the experience? This judgement is made by the primary researcher' (Moustakas 1990, p.32). Obviously both are relevant, but the key point is that it is that enriched understanding of meanings and essence that particularly commends this methodology to my study.

1.3.2. Narrative Inquiry

Clandinin and Connelly, explaining that in their (educational) research they were focused on trying to understand experience, make the fundamental point that, as we understand the world narratively, it makes sense to study the world narratively: 'Experience is what we study, and we study it narratively because narrative thinking is a key form of experience and a key way of writing and thinking about it (Clandinin and Connelly 2000, p.17). And Speedy (2008) notes the rich narrative research texts emerging from e.g. sociology, anthropology, psychology and ethnography, whilst Andrews and colleagues speak of the 'multilevel dialogic potential of narrative research' (Andrews et al 2008, p.2). These examples demonstrate the increasing use of narrative forms of research. Narrative Inquiry is my other research methodology because I am, as already mentioned, exploring my research topic via my own story and the stories of three others.

'Narrative ways of knowing ... offer me opportunities to share in the "lived experiences" of others that I could place alongside my own life in ways that would inform myself and others' wrote Etherington (2004 p74) describing how she came to her preferred methodology of 'narrative inquiry underpinned by a heuristic process' (ibid. p.75). The

feedback from her readers, when she used her own and others' narratives in exploring her subject, was that they 'gained more from the personal, subjective, reflexive approach I used to represent those stories than from studies based on traditional research methodologies that they found hard to remember or link with practice' (ibid. p.74). This corresponds with my own experience of gaining so much self-understanding from others' stories and encapsulates my rationale for using the narratives of three others, alongside my own, through which to explore my topic: It would have been possible to make a thorough investigation of the subjects of my research using those 'traditional research methodologies', but extending the research of those subjects through personal stories of some who had experience of them, in the light of the relevant theoretical knowledge, aims at that enhanced understanding her readers describe.

For the investigation and analysis of the texts to be gainful an ordered approach is needed. Polkinghorne details two prospective models for analysing the personal accounts/narratives of others – namely *narrative analysis* and *analysis of narratives* (Polkinghorne 1995). In narrative analysis the text is the knowledge in itself, which the researcher presents as part of his argument, whereas in analysis of narratives the narrative is the data the researcher interrogates in order to illustrate/explore his chosen points. The latter fitted my inquiry, but there are many possible approaches to this, directed by the nature of the researcher's 'chosen points', of which Etherington gives some examples: 'content analysis, conversational analysis, grounded theory and thematic analysis, any of which could be used to analyse stories' (Etherington 2004, p.81). I thought that the approach most suitable for me would be thematic analysis, as a multitude of themes – perhaps more accurately they were 'similarities' at that stage - seemed to naturally emerge as I re-read the others' and my autobiographies. The authors I chose as my 'co-researchers', the reasons for my choice, and the themes that I finally settled upon for my inquiry are detailed in the following sections.

Clandinin and Connelly single out 'three sets of considerations within questions of method in narrative inquiry – theoretical considerations; practical ... text-oriented considerations; and interpretive analytic considerations' (Clandinin and Connelly 2000, p.127). These are points worth noting; I understood them thus:

- 1) Theoretically it is important for the beginning narrative inquirer to distinguish narrative inquiry from the very similar theoretical approaches of for example phenomenology, ethnography and grounded theory. Even though 'as work

proceeds, narrative inquirers will discover that aspects of their work have features that some call ethnographic ... phenomenological and so forth' it is important to keep 'in the foreground of our writing a narrative view of experience ... as our theoretical methodological frame' (ibid. p.128).

- 2) 'It is responses to questions of meaning and ... significance that ... shape the analysis and interpretation parts of our work' and as 'a vast and rich research potential ... [we] ... return to them again and again, bringing our own restored lives as inquirers, bringing new research puzzles, and re-searching the texts' (ibid. p.132).

Further assessing the issue of the place of theory in the inquiry Clandinin and Connelly note the tensions between proponents of the different approaches: Formalists 'turn to exposition of theoretical frames to position ... their inquiries' whereas, 'narrative inquirers tend to begin with experience as expressed in lives and told stories' (Clandinin and Connelly 2000, pp.40-41). And they observe that 'the tension often appears as a tension between literature reviewed as a structuring framework and literature reviewed as *a kind of conversation* between theory and ... the stories of life contained in the inquiry' (ibid. p.41 [my emphasis]). My chapter formatting aligns with the narrative inquirers' approach they describe, with my reflexive use of relevant theory being 'a kind of conversation' (see 1. 2.5.).

One final point to make is how well these two chosen main methodologies of mine have worked together – reminding me that 'narrative inquiry underpinned by a heuristic process' was Etherington's preferred methodology (Etherington 2004, p.75). I too have found them complementary; as a pincer movement approaching the knowledge from two sides. For example, whilst I have been interrogating the other authors' autobiographies as data for my narrative inquiry, I have also been 'engaging' with them heuristically bringing deeper understanding of my own experience. Also, when Polkinghorne comments that narrative research, in common with conventional research, most often involves the two performances of collection of evidence and analysis or interpretation of that evidence, he notes that 'narrative researchers frequently move between these two performances choosing further sources of evidence based on needs derived from interpretations of the already gathered evidence' (Polkinghorne 2007, p.478). This captures precisely the heuristic approach.

1.4. Autobiographical Texts for Analysis

This being a first-person study, my autobiography is a central part of my knowledge quest, but a synopsis of it is not included with those of the others below, because three substantial sections of it, covering the parts of my life pertaining to the subjects of this research, are included in the following chapters, and, beside those cameos, I am of course 'present' throughout the text in a way that my 'co-researchers' cannot be.

The first time I had attempted to commit my life to paper was for this project. I assumed it was all in my head, except whatever was casualty of my childhood amnesia. I began the task in the first term of my research, still suffering 'writer's block', but auditing the 'Writing Practice' course on the MA Creative Writing for Personal Development gave a dramatic impetus to the task: I had the input of the most enthusiastic and supportive 'listeners', which seemed to release my writing to a rather 'stream-of-consciousness' momentum (Hunt and Sampson 2006, Johnson, 2007). I became optimistic that by maintaining this mode I could bypass the felt interference from an inner self-censor: my strict patriarchal upbringing had ingrained the mandate that talking about oneself was reprehensible.

Having journeyed thus through oases of happy childhood episodes I *did* remember, I came inevitably to the 'darker' times of the years surrounding my narrative fracture, and the task became unbearable agony. Finally a 35,000 word, unformed, unreadably boring manuscript lay in my downcast hands. As a necessary first step, this script had done its work, but my plan to include some of it in my thesis seemed a pipe dream. This emotional veto passed however, and when I came to planning my chapters I realised I would need three segments of my story, so set about decanting from that inaugural mass these 'cameo' pieces: my adult years around my narrative fracture, my early years, and my heuristic journey; with the last continuing the story to the end of the project. I have chosen to write my three cameo pieces in the present tense, in the style of Sylvia Fraser's text (discussed below), as I feel the present tense brings an immediacy that can bring events to life.

The purpose of my initial autobiographical endeavour was to chronicle one experience of 'narrative fracture' and progress towards its resolution. In the event, the writing itself played a pivotal part in my heuristic journey.

1.4.1. My Co-Researchers' Autobiographies

I am exploring three autobiographies alongside my own. Their texts and mine are the data for my narrative inquiry. But I am also 'engaging' with the three authors as my 'textual co-researchers', having the conviction, from my own experience, and Etherington's and other narrative researchers' input, that a multi layered, richer cache of data would emerge from the *written* stories of a few chosen 'others' (Kearney 2002, p.132; cf. Clandinin and Connelly 2000; Coles 1989). Mishler highlights an advantage of narrative inquiry that is key for me, i.e. that it facilitates the *joint construction of meaning* (Mishler 1986 [my emphasis]). The obvious disadvantage to my 'textual' engagement with the authors is that, because I am choosing not to directly contact them as part of my inquiry, they are unable to correct my perceptions.

The basis on which I consider it possible and fruitful to take this 'textual co-researcher' route is their *experiential* knowledge of narrative fracture and the restorative phenomena being explored in this study: 'Only the experiencing persons – by looking at their own experiences in perceptions, thoughts, feelings, and sense – can validly provide portrayals of the experience' (Moustakas 1990, p.26; cf. Pateman 2005, p.158).

These are the authors I have chosen:

- Sylvia Fraser (2004) *My Father's House*, London, Virago Press
- Kathleen Sullivan (1998) *Recurring Dreams: A Journey to Wholeness*, California, The Crossing Press
- Marion Woodman (2001) *Bone*, London, Penguin Compass, {and chapter 7 'Beloved Enemy' in (1985) *The Pregnant Virgin*, Toronto, Inner City Books}

The first effect of this 'co-research' was on my own heuristic process: I had read each of the books at different times during the years before starting my PhD and my first attempt at writing my autobiography. I then re-read each of them post that turbulent experience, which had clearly transformed my perspective. My first reaction after each was 'If only I had read this before I had attempted my autobiography!' But of course it was the catharsis of that experience that engendered my new response. It was as if I were reading them for the first time. I seemed now to have a 'dynamic' engagement with them; resonances ran deep in places, some painful feelings were triggered, and

also, recollection jolted of forgotten memories of important incidents of my own by some of theirs.

At a conscious level my choice of these texts was made because each was telling a different story of crisis causing a life-hiatus correlating with my definition of 'narrative fracture', and because dreams had featured for each author, in different ways, in their resolution of that fracture. Dreams are an important common denominator given that dreams were a primary feature of my own process towards resolution. Psychotherapy and autobiographical writing are also common to all; so several bases existed for comparison. Fraser's childhood amnesia, reminder of my own, had kept that book lodged at the back of my mind since my first reading of it. Its elucidation of a split off 'other self' and several false personae at different life stages, the way her dreams recovered and assisted memories, and her dynamic engagement with her reader, enabling multi-layered understanding, all confirmed for me this choice.

Woodman was firstly a choice on account of her being a Jungian analyst, whose work I had read in the early days after my narrative fracture. Her description of her detachment from her body, and her honest portrayal of the precarious yo-yoing of her cancer battle with deeper layers of her addiction to perfection and primal fear are other rationale for the choice of these texts. Finally it was Sullivan's exposition of recurring dream themes and series of dreams, her severe somatic issues and the fact that her life fracture was actually triggered by a dream, which drew me to this choice. What I wondered, might my choices have to tell me about myself? I felt intuition (see 1.2.1.) had a hand, and thought of Romanyshyn mooting that our project is less under our volition than we think (Romanyshyn 2007, p.82).

Turning an academic eye on the books, these are widely differing texts. The authors all had different reasons for writing them, consequently employing different formats. Fraser set out to write an account of her life in the light of the incest she suffered, after regaining the memories of this. Her impetus for writing seems therefore to have been essentially a 'bearing witness' to herself. (Her book is now considered a founding text of the subgenre of incest survival memoirs). A fictionalised autobiography, the immediacy and impact of this book makes it the most experientially evocative communication of the horror of the 'fractured' life among my chosen autobiographies. Fraser's use of three different textual 'voices' – the 'interpretive voice' (her point-of-writing reflexive stance), the 'narrative voice' (present-tense telling of the story), and

the 'unconscious voice' (thoughts, feelings, recovered memories and dreams, italicised in the text), noted by Davies (1995, 32-33) has informed the execution of my study.

Sullivan's motivation for writing is instructional; specifically to illustrate from her own life the experience and impact of transformative dreams and unique relevance of series of dreams. Its didactic nature is further emphasised by the inclusion of dream work exercises at the end of each chapter. She is writing thus as an apologist of dreams, so hers is not a chronologically constructed autobiography (she refers to it as a 'dreamography'), but rather weaves back and forth in time around the different themes connected with dreams, which structure the book. The autobiographical details I needed, though clear, are briefly told, and scattered throughout the book.

The first text by Woodman I am using - chapter seven of *The Pregnant Virgin*, is a landmark episode of her life, used, like Sullivan's, for instructional purpose, of illustrating the place of 'initiation' experience in the process of psychological transformation. The context of this chapter is a book in which the author explores 'the struggle to become conscious [...] the overcoming of addictions [...] relationship and the search for personal identity' (Woodman 1985, back cover). In the second text, *Bone* she tells in journal form the story of her illness with uterine cancer and her healing process, stitching it into the background fabric of her life with relevant autobiographical detail. The motivation here is, like Fraser's, a 'bearing witness' to herself in her 'journey' through this illness, but here too, as with Sullivan, there is the reflexive didactic element. Of both Woodman's texts I would say that her singular style, sometimes referred to as mythopoetic, leaning always to the 'bigger picture', may seem to subsume the personal sense of immediacy in its wide transcendent sweeps, but it resonates instead in that 'other worldly' magical way fairy tales do. This is important, for, as we shall see later (e.g. from Kalsched's work 2010), this is a key level of the psyche for therapeutic change.

I give below a brief synopsis of each text:

Sylvia Fraser: '*My Father's House*'

Fraser suffered incestuous molestation by her father from babyhood. The book recounts her life, with the incest placed chronologically in the story, then her rediscovering of it told at the point in her middle years when that occurred. Her life was on the surface a success story; born into an outwardly respectable family, excelling at

school and university, marrying the class heartthrob, and enjoying a successful career as a journalist, but we learn she achieved this by adopting various personae.

The loss of her journalist post triggered a 'narrative fracture', and she withdrew into three years of solitary writing, after which she suddenly embarked upon an obsessive affair. During the subsequent break-up of her marriage and her move to her own small home the affair continued, until its explosive public end rendered her intent on immediate suicide, which was averted by caring friends. Her father's death shortly afterwards brought some psychic release, and in the following ten 'more settled' years she wrote four novels 'each rife with sexual violence that offended some critics and puzzled me' (Fraser 2004, p.211). A hysterectomy then brought her close to death, and this crisis time brought a deluge of vivid nightmares.

Mention by old school friends of an ex-classmate's attempted rape of his young stepdaughter triggered the first of her incest memories, bringing violent somatic upsurges of emotions. She says that understanding dawned then about so many previous anomalies, e.g. the sexual violence in her novels, and the phobic fear of pregnancy that had kept her happy marriage childless. An earlier dream had, she realised, foretold her next step: divulgence of the incest to her mother. The final chapters following that portentous disclosure turn a reflexive eye on her life in light of her new knowledge and coherence, recount her overwhelming grief at her ex-husband's (who was re-married with young children) sudden and untimely death and end with her mother's peaceful death.

Kathleen Sullivan: *'Recurring Dreams: A Journey to Wholeness'*

The book is essentially a didactic work on dreams. It first recounts a life-shattering nightmare of a trapped eagle Kathleen had aged thirty-nine. This unhinged her outwardly successful life, sent her in panic into therapy, and triggered her resolve to 'devote my life to the extrication of that Eagle' (Sullivan 1998, p.6). Having had, before the dream, an outwardly successful teaching career, though addictions and debilitating illnesses lurked beneath, her life became the facing up to and dealing with these issues, significantly guided by her dreams.

Her mother's 'precarious physical and emotional problems' had begun ten years before Kathleen's birth and progressed into alcoholism during her childhood years. Her further deterioration, physical and mental, meant that the now teenage Kathleen, her main

carer, returned from school on several occasions to find she had attempted suicide, succeeding finally, with an overdose of pills, when Kathleen was nineteen.

After the Eagle dream she realised she had been experiencing dreams for almost twenty years before that, some on the recurring theme of attending college reunions in order to meet a crucially important man, finally identified as 'Victor Biento', who, she came to understand, was the symbolic representation of a lost part of herself. She was eventually able to leave her financially safe teaching career and make dreams her life work. But further dreams in this series then faced her with: 1) her fears about her ongoing illness, and the realisation that 'I had become addicted to the plethora of symptoms which numbed me out ... [as] ... alcohol once had' (p. 73), 2) her compulsive work patterns, that were still dogging her in her new chosen and loved field, and 3) her disfiguring outbreaks of facial sores, and brought enlightenment which helped her through them all. She is throughout reflexively elucidating how her psychic process is mapped through the progression of the dream stories, particularly this series.

Marion Woodman: *The Pregnant Virgin* chapter 7: '*Beloved Enemy*'

This chapter details what I am viewing as Marion's 'narrative fracture'. After a thumbnail sketch of her early life: a comfortable middle-class upbringing as a minister's daughter, we learn that in early mid-life, in the midst of a successful teaching career, she finds herself alone one night in Toronto, needing to hail a taxi home. The cabbies ignore her and shock realisation strikes: 'I had allowed myself to become so dependent on my husband that I could not hail a taxi ... an adult woman, I am helpless when I am alone'. Ensuing urgent need to find out 'who I was when all my support systems were taken away' (Woodman 1985, p.176) took her on a trip of self-discovery to India.

In Delhi she was beset by severe culture shock, collapsed unconscious with dysentery on her hotel room floor and sometime later came conscious 'on the ceiling, my spirit looking down at my body, caked in ... excrement' (p. 178). In disdain she eschewed re-entering it, recognising her lifelong hatred for her body. But then relenting, she began slowly to do her best to take care of it. Despite this extreme 'initiation' she did not return 'in triumph to Canada a transformed woman, liberated from my bourgeois shackles, free to BE' (p. 182) but was precipitated rather into analysis two years later.

To augment the autobiographical details in this chapter I turned to a profile of Woodman written by Marci McDonald (1996). It tells of her mother contracting

tuberculosis when Marion was four years old, leaving her feeling responsible for her two younger brothers, and the three of them becoming consequently a very close and mutually supportive insular group. In her first teaching post she was persuaded to dance – always forbidden by her Pastor father – by a student, after which, she recalled, she never stopped dancing. Whilst friends worried about her skeletal appearance she just thought she was wonderfully beautiful because she was thin. During, and perhaps influenced by, her psychotherapy with a Jungian analyst, she went to train at the C.G. Jung Institute in Zurich, and returned to establish a private practice in Toronto (McDonald 1996¹).

Marion Woodman: ‘Bone’

At the age of sixty-five, at the zenith of this second career Marion was diagnosed with uterine cancer. Her journal recording of the two-year journey through that illness she later edited to form this book, published five years later. After diagnosis she tried to analyse ‘what factors may have contributed to my dis-ease?’ concluding that foremost was the sudden death from cancer of her beloved brother. ‘Much as I tried - and try – to express the shock and grief, I know they linger in my body’ (Woodman 2001, p.7).

After surgery she entered a naturopathic treatment regime, alongside her conventional treatment, sometimes feeling distressed by what she saw as her lack of courage to eschew conventional medicine altogether (e.g. p.62). When some residual cancer cells were found after her initial surgery a course of radiation treatment was prescribed and scheduled to culminate in a forty-eight-hour session (of radiation). During the weeks of radiation appointments she made a long summary of the ‘initiation route’ of her illness, finally reflecting ‘My body has always been the instrument through which I have been forced to come to consciousness (heatstroke, eating addiction, car accident, kidneys, knees, cancer)’ (p. 105). The culminating radiation vault session was a physical torture, and her system was in complete collapse for the next month.

Four months later sharp back pain heralded another diagnosis; her spine was found to be full of osteoarthritis. Then came the huge shock of a scan revealing ‘metastasized bone cancer on the inside of my sacrum’ (p. 178) and the doctor’s prognosis of between two months and two years to live. But a friend suggested a second opinion,

¹ Some of this information comes from a profile of Marion Woodman in the Canadian Encyclopedia, written not by Marion but by Marci McDonald for the 13/05/1996 copy of Maclean’s Magazine. This is not an academic text, though it is the contents of her interview with Marion.

which finally, after many delays and descents into new depths of fear and battles with despair, brought a 'probably-not-cancer' verdict. The complex layers of her inner work throughout the whole process of this illness were navigated most often through use of imagery, as she worked to unite her body with her spirit (her lifelong battle) always with her re-centring herself in the spiritual – praying to Sophia. The book ends with her being overwhelmingly compelled to take to the dance floor at a friend's party, whilst still virtually unable to walk, 'a dance as fierce as I have never danced before. If my back breaks, if I drop dead, it doesn't matter. I am twenty-four. I am healthy, I am whole' (p. 241).

1.5. Method of Analysis

I look now at how I will undertake the analysis of the narratives. As said, I draw together ideas from several different researchers. First I borrow Hiles' '*heuristic comparison*' to designate the textual indwelling (Hiles 2002, p.7), a reassuring endorsement of my decision to choose 'textual co-researchers'. Then the inquiry model I have used for exploring all our texts is *analysis of narratives*, in line with Polkinghorne's definition; with my particular approach for this being 'thematic analysis' (see 1. 3.2.). I have based my procedure loosely on Polkinghorne's summarising of ways of validating narrative research claims. I have tabulated it thus:

1. Exploration of the texts, under the theme heading;
2. Reflection on and interpretation of the singled out excerpts from the text, bringing relevant theory to bear, and explanation of why the chosen interpretation fits better in my view and in the light of the theory, than other interpretations;
3. Explanation of the thought processes which have furnished these;
4. Defence of appropriateness of meanings attributed to textual excerpts bearing in mind that author's life-context, and how my own background experiences 'have produced understandings through interaction with the text' (Polkinghorne 2007, p.477-478).

Regarding the element of interpretation Polkinghorne suggests that: 'narrative interpretation often develops *implications* by comparing and contrasting assembled stories with one another'; and that these 'are creative productions that stem from the researcher's cognitive [and I would add intuitive] processes for recognizing patterns and similarities in texts' (ibid. p.483).

The themes that most prominently presented themselves for this 'thematic analysis' during my re-readings of our texts are listed below.

1.5.1. Main Themes to be Explored

Narrative Fracture

Each of the authors had parallel though very different experience of narrative fracture, when it became impossible for life as they had known it to go on in the same way as before.

False Self

Each of the authors and I had to build psychological defences in early life, which I have designated, drawing on psychodynamic theory, the establishment of one or more 'false selves'.

Addiction

All the authors appear to have had addictive personalities. Addiction is not limited to the well-known substances/habits, such as alcohol, gambling etc., but comes in a very wide variety of guises, as the autobiographies show.

Root Causes

On closer examination of each of the stories earlier warning 'cracks' can be recognised preceding actual 'fracture', but my primary focus here is on information in the autobiographies about the earliest 'roots' of the later narrative fracture that can be traced in our early lives.

Embodiment

Lifelong problems of ill health are a feature of my story and the other authors, with the exception of Fraser - until discovery of her massive uterine cyst. Each of us has had different issues with connection to/acceptance of the body, and our changing relationships with our bodies are a significant part of our stories.

Psychotherapy

The seeking of psychotherapeutic help occurred at the time of the narrative fracture only in the case of Sullivan, whilst with the other two authors and myself some subsequent circumstance triggered this step that all have in common.

Dreams

Dreams play a different but in each case a significant part in the authors' and my recovery.

Autobiographical Writing

Again, albeit in quite different ways, their autobiographical writings have significantly affected all the authors' life-journeys.

Numinous/Spiritual

There are experiences of a 'spiritual' nature featuring in all the autobiographies, and we all experience 'numinous' dreams.

1.6. A Consideration of Ethics

An important and complex issue I need to address before embarking on the next chapters is the question of ethics. 'Although ethical dilemmas arise in all types of research they are especially acute in the narrative domain' (Smythe and Murray 2000, p.329). There are strident ethical approval processes in place today in social science research, particularly designed to protect research participants, Birch et al point out (2012). I need to adopt this strident approach myself because, even though I am not *directly* engaging with other people (e.g. conducting personal interviews or issuing questionnaires) in my research, there *are* nevertheless other people directly involved:

- I am necessarily making mention of my family – grandmother, parents and siblings, and a small number of friends pertinent to my story, in my autobiographical extracts
- I am using the published texts of three other authors as part of my research
- I am writing about myself in frank, sometimes brutally so, terms.

Birch et al chart the history of ethics evolving from its early philosophical roots to the present-day cardinal principles of 'protection, informed consent, confidentiality and anonymity' (ibid p.1). They caution that it is we as the writers of our research who have the responsibility for looking after and caring about what we reveal. It is easy therefore to understand Brinkmann and Kvale's affirmation that 'ethical issues are an intrinsic part of the research process' (2008, p.265). They rightly emphasise the importance of *researcher integrity*, and counsel the researcher to ask 'will any potential harm to the participants be outweighed by potential benefits' (ibid p.265). My conscience must be my guide as I:

consider [my] responsibility as researcher with the participants. In much the same way that we consult our consciences about the responsibilities we have in a friendship, we need to consult our consciences about our responsibilities as narrative inquirer (Clandinin and Connelly 2000, p.172).

Family and Friends

There is minimal reference to my parents, and only passing reference to my siblings, (with the exception of 'Judith' – pseudonym); they are not named, no personal details are given, and certainly no value judgements made of them, in my autobiographical pieces. Nevertheless, the key point is that a successfully completed thesis does enter the public domain. My description of my home environment is only my interpretation of it, based on my own experience; my siblings' accounts, if they ever wrote them, would be very different, and this is what I must ask my prospective readers to bear in mind, whether family or not.

On the other hand, although both my parents died over a decade ago they are still vividly and lovingly remembered both within and outside my family.

People who are deceased may not normally be thought of as research respondents yet they may have left extensive life-history traces ... and importantly, the memories which living people have retained of them. [They] are clearly not in a position to give their informed consent which places an important responsibility upon researchers to be as balanced and objective as possible in any interpretation of their lives ... [heeding] the impact the research may have on living relatives (Oliver 2010, p.22).

Claudia Mills flags up the public betrayal of trust that she says life writing always entails, and cautions us to 'value one's loved ones appropriately' (Mills 2004, p.101). Helpful to me when tackling this point was Richard Freadman's account of how he devised an 'imaginative model'; imagined his father alive and then arguing out with him how he should write about their issues. *Trust* was his overriding focus; he wanted his father to trust his honesty, and he wanted his own 'best self' to be *trustworthy* (Freadman 2004). This is my goal with my writing of my parents. They can have no say in my narration of them, and I am, as Beverley Skeggs underscores, 'setting them in aspic' so to speak, in my autobiographical pieces.

Myself-telling had fixed them in order to explain my movement from them ... My reflexivity, my mobility, my self-narration was based on them remaining in place (Skeggs 2002, p.367).

My parents did not remain the people they were in my childhood, they, as we all do, grew and changed.

I am respecting the privacy of my husband and children, who again only have passing mention in my autobiographical cameos, in not naming them, and have their and 'Judith's' consent for their inclusion. I have used pseudonyms for my psychotherapist and the few personal friends mentioned in my text, changing some details and omitting others for further privacy. I use own names for my supervisors and myself only.

The Other Authors

I am using the published texts of three other authors. I have explained elsewhere (1.5.) how I am using them. Because they are published I obviously have the same right of access to their content as any other reader, and am free within my own mind to appraise them in any way I please. But because I am using them as data in a research project, it is a very different matter. My observations, comments and any deductions I make go, as said, with my thesis into the public domain. I must scrutinize whether there is possibility of causing harm, might I for example unknowingly influence the view of a reader of my thesis about any of them? They are not my stories. I must treat them with the same respect that I would wish of a reader for data purposes, of my own self-writings.

Day Sclater flags the question of whether there is an ethical issue in making psychoanalytical scrutiny and pronouncements of others' lives as portrayed in their texts (Day Sclater 1998). My scrutiny is in part from a psychological perspective and I must, as Etherington cautions, 'tread mindfully', always bearing in mind the problem of the multiplicity of narrative meanings. I must be both sensitive and tentative in any observations or comments I make on their texts, careful to not skew, distort or in any way pollute their nuances and meanings (Etherington 2004). My researcher integrity and my conscience, as mentioned, must be my guide in negotiating this delicate terrain, as I attempt to co-construct meaning with the aid of these chosen texts, i.e. the aid of my 'textual co-researchers'.

One of Etherington's students, 'Peter', came to a realisation in himself during his research that 'I did not want to co-construct with my co-researchers, I wanted to impose' (Etherington 2004, p.228). Issues of power do arise, she acknowledges, when we write about other people's lives, but the uncomfortable position of anxiety engendered as we constantly monitor ourselves is, she consoles, '*valuable in keeping us vigilant and on track*' (ibid. p.226 [my emphasis]). I acknowledge again, as I have in

my Acknowledgements, my debt of gratitude to these authors for their honest and courageous writing.

Myself

Finally, I must recognise that as well as to others, I have also a duty of care to myself. I am aware of the cathartic potential of writing autobiographical material, undergoing psychotherapy and undertaking a doctorate simultaneously. I did not embark upon this venture blindly or rashly. By the time of writing this I have become experientially aware of the pain that can be caused by self-exposure and my self-exposure here is, as said, at times quite brutally stark. My motivation for bearing this pain is based on the one hand on my own experience of being profoundly comforted, in my bleakest times, by the stories of those others who were willing to share their worst and darkest details. Then, bearing in mind Kearney's summary of Claude Lanzmann's² thesis that 'even though no one can tell the story of Auschwitz, we have ... an ethical duty to keep trying' (Kearney and Williams 1996, p.42), my other motivation is that 'any potential harm to the participants [in this case myself] be outweighed by potential benefits' (Brinkmann and Kvale 2008, p.265), i.e. that I may be able to bring new knowledge for the benefit of others. Crucially, I have not stood alone; I have been supported by, and have valued, and continue to value, greatly, a strong 'holding' network of extremely supportive supervisor, second supervisor, psychotherapist and research group.

In summary, what I have been primarily concerned with is not to do harm; not to make harsh value judgements about family and friends; to protect identities where possible; and to offer only tentative interpretations of my 'co-researchers' through their texts.

1.7. Brief Contextual Overview

The Literature Trail

Before outlining the different areas of theory which contextualise my study, I need to describe the nature of my literature research for it. The more common path taken when embarking upon a research project is to undertake, having decided upon one's chosen topic, a search for the most important and relevant literature, and then to produce a literature review. My own path has been contrary to this norm. As described earlier (1.1.), in my adult life I had perennially been drawn to the life stories of others rather

² Survivor of Auschwitz, who has written of his experience

than to novels, in my choice of leisure reading. Then my academic reading for this present study (though I did not know it in these terms at the time) could be said to have started with my happening upon Jung's autobiography, after my narrative fracture. I read voraciously from then on in many different academic fields, starting, as said, with Jungian writers, and then alternative perspectives on self-understanding. The guiding principle in the choice of these texts could be best described as intuitive, i.e. whatever texts 'chimed' with me when I happened upon them on library shelves, or when I was alerted by reference to them in the academic books I was reading. Thus my literature search could be said to have started long before my narrative fracture, with the motivation (unconscious at first) of self-understanding rather than research for this study - which was not even in my imagination until my embarking upon my MA. In other words I have taken a very personal, circuitous, often intuition-led path through the literature that has on many different levels informed this study. A traditional literature review could not portray this path, but the sections that follow detail the texts which have most significantly influenced, informed, and help shape this present work. Being intuitive, my approach, though I was not fully aware of it when I began, was in line with the heuristic methodology I later adopted for this research.

The Main Academic Fields

There are three main academic areas with which I am engaging in the exploration of the subjects of my research and which I am aiming to bring together in a new way:

- a) Research around the self, self-identity and the self-narrative,
- b) Dreams research, and
- c) Research in creative writing for personal development.

Research around the development of the self and self-identity is already a multidisciplinary field, spanning amongst others psychoanalysis, developmental psychology, narrative theory and most recently consciousness studies. The use of creative writing for personal development, and as therapeutic device, is a burgeoning field of study. The field of dream research is equally rapidly expanding, encompassing a wide spectrum from research centred on the 'hard' sciences, through the traditional psychoanalytic and psychology perspectives, along to the growing interest in the creative use of dreams (e.g. Mellick 1996). But the phenomena I am investigating, and the themes that have emerged from the autobiographies, naturally delineate certain areas of each of these disciplines, which are outlined in the three sections below. Additionally it is important for me to highlight the rapidly growing bodies of research

emerging from the neurosciences, much advanced by developments of revolutionary electronic scanning and imaging technology, because the contribution of these to all the fields of research with which I am engaging has been very significant. These academic areas, and the input of the neurosciences to each, are addressed in detail in the following chapters.

1.7.1. Self, Self-Identity and Self-Narrative

We are engaging here with a multidisciplinary field: ‘for truly interdisciplinary endeavors ... understanding moves forward through moving back and forth between disciplinary frames’ (Globus 1987, p.ix). I summarise below my disciplinary frames, pinpointing the pertinent strands of knowledge:

Origins and Development of the Self

Jung was my first guide as I struggled with my own situation, so it was the psychoanalytic model of the mind that became my initial ground of understanding. In those early days my first real awareness of the impact of early childhood issues came from psychoanalyst Alice Miller’s writings on the ‘traditional’ traumatic child-rearing practices, which she labelled ‘poisonous pedagogy’ (Miller 2001, 2002). Of course both Freud and Jung recognised the influence of the early childhood past in later character disorder. But as my reading expanded it was the new generation of practitioners and theorists, emerging from the psychoanalytic field, researchers taking a multidisciplinary approach (Samuels 1986) and thereby bringing valuable new insights to traditional psychoanalytic theory, who became my focus.

Psychologist, doctor and psychoanalyst John Bowlby probed the fields of evolutionary biology, developmental psychology and cognitive science in formulating his (revolutionary, and largely rejected by his peers) *attachment theory*. Viewing attachment as a biological system and powerful survival mechanism, he held that attachment feeds on body contact and familiarity (Bowlby 1997). Psychiatrist and psychoanalytic theorist Daniel Stern built on Bowlby’s groundbreaking work by utilising approaches from developmental psychology alongside psychoanalytic theory and synthesising the ‘observed’ infant from the former and the ‘clinical’ infant of the latter to more comprehensively explore their subjective experience. Focusing, like Bowlby, on the mother-baby relationship, and ‘the sense of self as it may exist pre-verbally’, he sought to locate the ‘very origins’ of human experience (Stern 1985, p.7). Particularly

enlightening for me on the mother-baby relationship has been paediatrician and psychoanalyst Donald Winnicott's work.

Peter Fonagy integrates psychoanalytic theory and attachment theory and his work has taken forward significantly research into the development of a sense of self; particularly he has formulated the developmental stages of self-agency in childhood, starting from *physical agency* through *social agency*, *teleological agency*, *intentional agency* and *representational agency* to the final *autobiographical self* (Fonagy et al 2002, 204-07). Jean Knox, speaking at a conference, connected these stages of self-agency with 'post MA writer's block' (an interesting connection for my own story), asserting that a child's natural urges to self-agency cannot proceed beyond the stage reached by its parents as it would be too threatening for them to tolerate (Knox 2009). Psychoanalyst Knox incorporates new knowledge from cognitive science, developmental psychology and attachment theory in researching the emergence of symbolic meaning in early development (Knox 2003).

I was already aware from my reading of the notion of the 'false self' as a psychological defence mechanism, but a significant advancement of my understanding came for me from encountering the work of Karen Horney. Her lucid exposition of the traumatic effects of early childhood problems on the child's subsequent personality development, and particularly her delineation of the different 'false' selves which may be constructed when the primal circumstances prevent the child's growth towards what she terms 'self-realisation' have given me a new bedrock of knowledge (Horney 1970, 1992). Winnicott also subscribes to this true-self/false-self dichotomy and explores extensively the mother-child relationship (Winnicott 1988a, 1988b). Whilst 'real' or 'true' self sounds like an essentialist entity, that has to be realised, recent theorising tends to see it as a bodily-felt process of self – of becoming more open to experience and what it actually feels like.

As I contemplated my path of inquiry at the start of this project I began by asking myself what exactly had collapsed at the time of my narrative fracture? It was not the outer circumstances of my life, beyond my last child leaving home - and empty nest syndrome is common enough, not usually catastrophic. It was rather my 'sense of self-identity' that had disappeared. And this had revealed an even more fundamental sense of emptiness; I did not have what I now know to label my 'sense of self'. Those concepts of sense of self and sense of self-identity came for me from neuroscientist

Damasio, whose groundbreaking research bridges psychology and physiology. He delineates two levels of consciousness, 'core' consciousness and 'extended' consciousness, which correspond, he notes, to two kinds of self, the '*core self*, a transient entity, ceaselessly re-created for each and every object with which the brain interacts', not dependent on language acquisition; and the '*autobiographical self* ... [which] ... depends on systematized memories of situations in which core consciousness was involved in the knowing of the most invariant characteristics of an organism's life - who you were born to, where, when, your likes and dislikes ... ' (Damasio 2000, p.17 [his emphasis]). Damasio sees both of these as processes rather than entities.

Also very enlightening for me has been the different perspective on how the self develops from cognitive psychologist Neisser, who has formulated five different ways that individuals are able to know themselves: the *ecological self*, the *interpersonal self*, the *extended self*, the *private self* and the *conceptual self* (Neisser 1988, p.36). I detail these in chapter three so mention only the first here, the earliest formed *ecological self*, which though broadly kinetic, is also, Neisser points out, 'accompanied by a definite – and often powerful – kind of *awareness*' (Neisser 1988, 41).

That 'definite – and often powerful – kind of awareness' of Neisser's ecological self has similarities with Damasio's 'core self', and also resonates with Horney and Winnicott's true or real self (Hunt 2013). It also connects, for me, with neurophysiologist and psychoanalyst Mauro Mancia's notion of *implicit memory*: 'the archive for unconscious experiences that cannot be remembered or described verbally'. He explains that 'Experiences of early infancy – including traumas – can only be filed in this memory, as it is the only one available so early in life'. He uses the term 'unrepressed' unconscious for this because, broadly speaking, language needs to be acquired to effect repression, and explains, importantly for me, that, as Freud had intuited, one only becomes conscious of it *through dreams* (Mancia 2006, 97-100). Dreams' role in the restoration of memory is particularly pertinent for my study.

My Use of the Term 'False Self'

At this juncture I must define my own use of the term 'false self' in this study. I have been enlightened by the work of many theorists who broadly speaking subscribe to the notion of a 'false self'/'true self'. Winnicott – who is generally held to have coined the term – 'differentiated between a "true self" and a "false" or "caretaker" self designed to

protect it, and further demonstrated that the caretaker self usually became identified with the mind, leaving the true self languishing in the body, causing psychosomatic illness' (Kalsched 2013, p.11). Before encountering Winnicott I was already aware, from my early post-fracture reading, of Jung's concept of the 'persona', which is, loosely speaking a 'mask': 'One could say with a little exaggeration, that the persona is that which in reality one is not, but which oneself as well as others think one is' (Jung 1995, p.416, see also Jung 1967). More enlightening to me at that time was Alice Miller's writing about the catastrophic early childhood repression of the 'true self' (Miller 2002), because it so resonated with my own story. She, like Winnicott, saw the false self as a socially acceptable 'mask', and like Horney, recognised its attributes of 'grandiosity' and self-contempt.

In the combination of *alternating phases* of grandiosity and depression, their common ground can be recognized. They are the two sides of a medal that can be described as the 'false self', a medal that was once actually won for achievement [of a persona acceptable to the primary care-giver] (Miller 2002, p.43).

Later reading of psychoanalyst Donald Kalsched's work brought a rich understanding of the catastrophic psychic effects of early infancy trauma, and the resultant formation of intrapsychic defences. He refers to these defences as the *self-care system*, 'a universal inner "system" in the psyche, whose role seems to be the defense and preservation of an inviolable personal spirit at the core of an individual's true self' (Kalsched 2010, p.12). Perhaps the most comprehensive - probably because it most 'chimed' with my personal experience - perspective on this intrapsychic situation and resultant behavioural manifestations came for me from Karen Horney. She posits the formation in the traumatised infant psyche of an 'idealised self-image' and the subsequent formation of 'life solutions'. These 'can usefully be thought of as self-concepts which contain a narrative, including a powerful narrative of 'shoulds' which determines how a person *should* behave, what she *should* be doing with her life' (Hunt 2000, p.66). (I have detailed Horney's theories in 2.3, 2.3.1, and 2.3.2.).

Although I am borrowing Winnicott's words, and am informed by all of the above mentioned, I would summarise my own use of the term 'false self', with regard to its role, as a primal defence of the traumatised psyche, and with regard to its formation, as essentially based on Horney's concepts (though she does not use the term false self it is implied) and augmented by Kalsched's theories. Its nature – e.g. notably cerebral, resistance to change, self-reinforcing, engendering of self-hatred, aggrandizing,

demanding etc. – we shall meet in the following chapters. And we shall see in Chapter 2 how these theories link in with my concept of narrative fracture.

The Role of Feelings and Emotion in Self and Identity

The emotions play a central and crucial role in early childhood development of the self, and the connection with biology Bowlby noted is accurate: it has been established by the recent burgeoning research, particularly from neuroscience into emotions that they are very much 'embodied'. Neuroscientist Candace Pert's discovered the dynamic chemical information network that links up mind and body (Pert 1999), and Damasio refers to the body-mind, seeing no separation (Damasio 2000, 2010). Sue Gerhardt gives an overview:

‘As these disciplines (of neuroscience, psychology, psychoanalysis, biochemistry) begin to communicate and to influence each other, they are offering a deeper understanding of how human beings become fully human and how they learn to relate emotionally to others. For the first time a full biological explanation of our social behaviour is becoming available – by understanding human infancy and the development of our ‘social brain’ and the biological systems involved in emotional regulation (Gerhardt 2009, p.2).

Noting these enlightening developments she found herself ‘linking this data with the data on psychologically disturbed adults’ and she concluded that ‘the challenge now is to put this scientific knowledge of human infancy at the centre of our understanding of emotional life’ (ibid p.2). This is the direction my own research has taken.

Wilhelm Reich, protégé of Freud, first recognised that somatic storage of traumatic memory occasioned blocking of the body's vital energy flow, radically affecting quality of life (Reich 1989). His work, which was vilified in his final years, leading to his imprisonment, was taken up and developed by his pupil, Alexander Lowen, who formulated ‘bioenergetic analysis’ (Lowen 1994). To these beginnings can be traced the many body-centred psychotherapy methods extant today. Rothschild and van der Kolk both research traumatic stress - Rothschild focusing on trauma's impact on mind and body, the somatic element of emotions and somatic memory (Rothschild 2000), and van der Kolk on the interaction of attachment and neurobiology (Van der Kolk 1987).

Woodman's work explores the various, eating disorders from a psychological perspective (Woodman 1982), and Gerhardt foregrounds the link between early emotional regulation and later failure of the immune system. She illustrates with the case of her own mother, who contracted cancer in her very healthy mid-life, at the

height of a flourishing career, shortly after the death of her husband. Such people, she summarises, have learned in infancy that their feelings are unacceptable and must be repressed, but go on to live outwardly successful lives:

They don't expect intimate relationships to be a place where subjectivities are mutually explored, but they are very dependent on the *presence* of a safe object for basic regulation. When this object is threatened – perhaps a partner leaves or dies – there is emotional disturbance that they don't know how to manage (Gerhardt 2009, p.94 [her emphasis]).

My co-researchers and I all likewise lived 'outwardly successful lives' before our narrative fractures.

The Self as a Narrative

Being given the opportunity of auditing the MA course in the early days of my research brought the narrative perspective on the construction of our self-identity to the fore of my exploratory thinking - as did the fact that I was planning to use my autobiography as data. I soon discovered the large and growing body of opinion (e.g. Frank 1997, Kearney 2002, Bruner 2004, Krippner, Bova, Gray 2007, Eakin 2008) that the stories we tell of ourselves, to ourselves and to others, are the matrix of our sense of self-identity. Thus were my frames of reference again expanded, and I could better understand the 'lifeline' attribute of my dream diary: new stories to tell myself about myself. The notion of myself as a 'narrative' was thus fostered, influencing my choosing the term 'narrative fracture'.

Eakin speaks of 'narrative identity' claiming that narrative is 'not merely something we tell, listen to, read, or invent; it is an *essential part of our sense of who we are*' (Eakin 2008, p.ix [my emphasis]), whilst Bruner's thesis is that 'we seem to have no other way of describing "lived time" save in the form of a narrative' (Bruner 2004, p.692). These views are supported by research which positions story and myth as the fundamental way of human knowing and understanding (Armstrong 2006, Kearney 2002, McLeod 1997).

Bruner takes the view that we 'construct ourselves autobiographically' (Bruner 2004, p.708), which I examine in 3.6.2. Though I concur that this goes a long way towards explaining how we construct our self-identity, problematic for me is that it seems to exclude the existence of any 'innate' factor of our being. I hold the view (1.2.1.) that we are more than the sum of our 'self-stories'; that there is a unique innate aspect to the self. There is contention over this innate element, e.g. Strawson's 'I have no significant

sense that *I* – the *I* now considering this question – was there in the further past’ (Strawson 2004, p.433). But several prominent dreams theorists’ (as well as Jung’s) work is also predicated on the existence of an innate unique element in personhood (e.g. Globus 1987, Taylor 1993, Bulkeley 1994, Mellick 1996, Adams 2008, 2010).

Eakin has described his own concept of narrative identity thus: ‘when it comes to our identities, narrative is not merely *about* self, but is rather in some profound way a constituent part *of* self’ (Eakin 1999, p.25 [his emphasis]). This tells of the further development of his theories, informed by developmental psychology and neurobiology. Here he has been drawn particularly to Damasio’s work: ‘for Damasio, self and narrative are so intimately linked that to speak of the one is reciprocally to speak of the other’, (ibid. p.75). Jolly and Hunt consider that Eakin’s labelling of his new, expanded view of the self as a ‘narrative’ ‘underplays the significance ... of the agency of the prelinguistic bodily felt self’, holding that we need in this usage to ‘distinguish more clearly between a narrative of feeling and a narrative of words’ (Jolly and Hunt 2008, p.18). This comment prompted me - realising that my viewing our lives as our ‘unique narratives’ was a controversial conception - to reiterate to myself my concept of ‘the self as narrative’, which I concluded encompasses all of the above views, particularly Jolly and Hunt’s ‘agency of the prelinguistic bodily felt self’ and that I am thus conceptualising an amalgam of, in her terms, both ‘a narrative of feeling’ and ‘a narrative of words’ when I use the terms ‘self narrative’ and thence ‘narrative fracture’ herein.

As these strands of research came together I began to appreciate just how comprehensive a picture I was gaining from the synthesis of the psychoanalytic, the emotional and neurobiological, and the narrative perspectives: The psychoanalytic was bringing understanding of an innate sense of self at the heart of the psyche, the narrative research was bringing understanding of the mechanics and scope of the constructed dimension of the self and self-identity, and the neurosciences’ input was reconciling the two – not ‘either/or’ but ‘both’ – particularly Damasio’s groundbreaking theories. His concepts of the ‘core self’ (the ‘innate’), and the ‘autobiographical self’ (the ‘self as a narrative’), settled my inner dilemmas and brought the whole picture together for me.

1.7.2. Dreams

Since Freud famously proclaimed dreams as the royal road to the unconscious they have been at the heart of psychoanalytic practice. But a giant leap occurred for dreams research in the 1950's with the setting up of dream laboratories and the discovery of the REM phase of sleep (Aserinsky and Kleitman 1953) where most vivid dreams occur (Dement and Kleitman 1957).

It is now scientifically established that everyone dreams every night (with the exception of recipients of a rarely performed brain surgery) and evidence continues to amass of their benefits. But use of dreams as academic data is problematic in that we can only study dream *reports*, which are subject to lapses in memory, embellishment etc. and, as Foulkes (1999) demonstrated in laboratory studies, often change as time lapses between waking and recall. Leonard sums up the current situation:

The amount of [direct] dream research being done today is rather small. But brain research has been booming. As a result information ... from sleep and sleep disorders ... [research] ... from exploration of memory and how it works; from penetrating research on emotions ... [bring] increasingly sophisticated understanding of how many small structures within the human brain ... [together] ... produce both the events of waking consciousness and the highly active brain processes of dreams (Leonard 2009, p.23).

This increasing knowledge of the dreaming brain lead Stevens to assert: 'Any useful contribution to the subject of dreams must attempt to integrate what is known about them from both psychological *and* neurological points of view. Dreams are psychobiological events' (Stevens 1996, p.3 [his emphasis], cf. Bulkeley 1997, p.2). Bulkeley makes a comprehensive examination of the psychological research, reviewing the different theorists, particularly experimental psychologists, and their various perspectives on dream formation, function and interpretation (Bulkeley 1997).

Quest for Meaning

I made meaning from my dreams and was uplifted in bleakest times by the thought that there *was* meaning to be made from them – symbols to be decoded with the highly desirable pay-off of new life-meaning. My dreams that stood out from among the rest were those I later knew to call 'significant dreams'. Several current dreams researchers focus on significant dreams (e.g. Kuiken and Busink 1996; Knudson 2001, 2003,

Adams 2003). Of these particularly important for me is clinical psychologist Knudson, who turns to narrative psychology to explore how the dream experience influences the dreamer's meaning making processes 'repositioning the self-narrative' (Knudson, Adame and Finocan 2006) and focuses on dreams' ongoing significance. He also notes 'a central feature of the autobiographical self ... [is] ... the "self-defining memory" ... particularly vivid, emotional, and familiar, reflecting the individual's most important concerns' (ibid. p.216), which he links with significant dreams.

I formulated a brief taxonomy of my significant dreams:

- i) 'Existential': in which I felt I was either being 'shown' primal scenes or reconnected to 'lost' or 'frozen' emotions – i.e. the 'feeling tones' that restored the *essence* of lost memories (cf. Kuiken and Busink 1996, p.100);
- ii) 'Experiential': in which I felt, on waking that I had *actually* experienced the dream scenario, and felt significantly 'changed' by it;
- iii) 'Numinous': (Jung's concept - the word borrowed from Rudolph Otto). More difficult to describe briefly, these brought a sense of being powerfully 'helped'. Kuiken labels them 'transcendent' dreams, describing them as: 'marked by feelings of ecstasy and awe, graceful and vigorous movement, magical accomplishments, and enhanced awareness of spiritual possibilities' (ibid. p.100).

Emily Bronte captures them best:

I've dreamt in my life dreams that have stayed with me ever after, and changed my ideas; they've gone through and through me, like wine through water and altered the colour of my mind (*Wuthering Heights*).

Emotion, Memory and Trauma

The regions of the brain most active in dreaming are those involved with *feeling*, *memory* and *vision* (Ullman and Limmer 1989, p.177 [and cf. Leonard 2009]) supporting the connection between images and emotion (cf. Damasio 2000, p.47). Hartmann's 'Central Image' theory posits that significant dreams are distinguished by having a powerful 'central image' (CI), and, he claims, the 'CI intensity is 'a measure of the power of the underlying emotion' (Hartmann 2008, p.10). Processing of emotion is widely seen amongst theorists as a major function of the dream (Hartmann 2001, Barrett 2001, Bulkeley 1997). Griffin qualifies, based on his own empirical study, that it is only unexpressed or unresolved emotions (Griffin and Tyrell 2007, p.43), which may be an over-simplification but broadly accurate (cf. Leonard 2009).

Hartmann has composed a succinct overview of dream function (see 4.4.), which I have found most helpful (Hartmann 2001, p.3). This schema gives explanation of the dream's way of 'processing' trauma, as well as its contribution to meaning making on both cognitive and emotional levels.

Hartmann's assertion that dreams make 'broader connections' in the 'nets of the mind' explains their potential service in the restoration of 'forgotten' memories, often necessary for narrative 'restoration' – as in Sylvia Fraser's story. Neisser's 'extended self' and Damasio's 'autobiographical self' require, we note, the function of memory recall, and acquisition of language, which interestingly, Mancina points out, is also required for *suppression* of memory (Mancina 2006, pp97-100). Research has now established that significant dreams proliferate after trauma (Hartmann 2001, Barrett 2001, Taylor 1993), which my experience corroborates, as does Damasio's expatiation of the crucial underlying neural effects of emotion. Cartwright details how the process of dealing with emotions in dreaming effects changes in waking thinking and feeling, and our sense of identity (Cartwright 2012).

Dream Interpretation

As I have said, one can only study dream *reports* (Van de Castle 1994, Tedlock 1987, Adams 2005), and this is of course also true of investigating an emotion, or *any* internally experienced phenomenon. We do now, though, have the potential to know what is going on in the brain and the body in our dreams – at the actual moment of their occurrence – because of advances in body monitoring and brain scanning technology. Deriving meaning from one's dream rests on how one *interprets* it. Jung and most post-Jungian theorists agree that interpretation *must* be grounded in the dreamer's life; there are no 'universal' dream symbols, as the same symbol will mean different things for different dreamers (Jung 1986; Adler 1956; Boss 1958; French and Fromm 1964; Perls 1970). Jung's approach to interpretation was to seek 'amplification' of the dream's images (cf. Hartmann's 'central image' above) – a dialectic process between analyst and dreamer to discover the dream's meanings.

Gendlin devised a series of sixteen questions to facilitate this dialectical process and looked for the dreamer's bodily responses as part of their answers. He also introduced the 'bias control': noting bodily responses to bypass personal bias when interpreting one's own dreams (Gendlin 1986). I was not able to interpret my dreams with the

benefit of this 'bodily response' until my experiencing of what I've called the '3D' feeling in psychotherapy following the traumatic writing of my autobiography. Jung felt that the dream's characters and objects might represent aspects of the dreamer, a view which Perls extended in Gestalt therapy (Perls 1970), but ultimately he understood that the dreamer is the only one who can confirm when the correct interpretation is reached: This 'certainty ... usually comes as a wordless "aha" of recognition' (Taylor 1993, p.7), which for Gendlin would be as a 'physical felt shift' (Gendlin 1986, p.1).

It seems reasonable to assume that there is some rationale in the dreamer's psyche for recurring dreams, perhaps most obviously to underscore an important truth or ongoing need for resolution of a particular problem or emotion. Taylor gives one explanation of these, which is similar to Hartmann's theory of dreams after trauma. Writing on childhood trauma and recurrent dreams, he describes the protective task of amnesia and the role of dreams in restoring memory:

the dreams, in the service of health and wholeness, will always begin to offer increasingly dramatic and emotionally compelling metaphors of the repressed material. The dreams embodying the previously repressed material become memorable, clear, and often recurrent at precisely this juncture (Taylor 1993, p.176).

Recurring themes and series of dreams are Kathleen Sullivan's (1998) research focus (see 1.4.2.). She highlights the significance of their slight changes over time and the many levels of meaning that progressively emerge from them.

1.7.3. Autobiographical Writing for Personal Development

One benefit of my dreams, of which I was consciously aware, was a real sense of purpose being engendered when I began writing them down. I later understood this dream narrative as a type of 'self story' being fashioned; and the re-reading of it, which I did almost every night before sleep, was reinforcing that sense of purpose, and hope; it was a 'lifeline' for the psyche. Reflection on this experience led to my first connecting autobiography with dreams and much later came the realisation of the value, for my disrupted sense of self-identity, of this writing and re-reading process with its inherent reflexivity. Later still came my understanding of the deeper interconnections between creative writing and our dreaming minds. Hartmann in fact envisions a 'continuum' of mental functioning, running from focused waking thought at one end to dreaming at the other, with creativity progressively increasing towards the dreaming end.

Therapeutic Potential

Contrary to my dreams journal, my experience of autobiography writing was traumatic, but I was soon able to apprehend the enormous therapeutic value of the struggle.

There is much evidence for the therapeutic potential of such self-writing, echoing my own experience. When Marilyn Chandler read a series of autobiographical accounts of the Holocaust she was moved by them 'not only as evidence of the indomitability and resiliency of the human spirit, but also as testimonies to the power and importance of storytelling as a deeply regenerative human activity' (Chandler 1990, p.3). Hunt and Sampson explain that (over the past two decades)

there has been a steadily growing interest in the practice of autobiography and creative writing as a means of gaining insight into oneself, of coping with difficult emotional or psychological problems, or as a way of dealing with difficult life experiences such as emotional traumas, illnesses, ageing and death (Hunt and Sampson 2005, p.10).

Many practitioners now use creative and autobiographical writing therapeutically, for example with mental health patients (Hartill 2005), the terminally ill (Archer 2005), and Gillian Bolton has written a comprehensive guide for healthcare professionals and patients (Bolton 1999). Moskowitz moots a creative writing technique of forming characters out of different parts of our inner selves, which can lead to a 'unified understanding of the self and its many contradictions' (Moskowitz 2005, p.43), which finds echoes in Kalsched's 'personified ... daimonic images' (Kalsched 2010). Moskowitz also discovered the different and additional benefit of fictional autobiographical writing, that it 'rendered the truth more bearable' (Moskowitz 2005, p.16 [cf. Hunt 2000, Bolton 1999]).

Creativity Connections

The connection between dreams and artistic creativity is highlighted by a number of writers. Globus writes: 'I think that the study of dream creativity is a very direct route to understanding the true creativity of which human beings are capable' (Globus 1987, 6), whilst Dexter proclaims: 'A dream is like a poem: the meaning of a poem lies not just in ... the words but in the feeling of the sounds and the rhythms which resonate in the listener's body and soul, to set in motion an answering response in the imagination' (Bolton 1999, 89). Our creative potential appears to require a certain mental (brainwave pattern) state to flow, which different writers spanning my areas of research seem to be characterising in different ways: Clare Johnson labels it 'the writer's trance' (Johnson, 2007), Hunt refers to 'los(ing) ourselves in the writing' (Hunt and Sampson

2006, p.1) and Hamilton apparently accesses it in his 'waking dreaming' technique (Hamilton 2010). Stevens explores connections between poems and dreams examining 'aspects of dreaming which find significant parallels in the activities of speech, poetry, story-telling ... [These] ... similarities throw additional light on the meaning and purpose of dreams, the means by which they are created, and the benefits to be derived from attending to them' (Stevens 1996,145). And Johnson makes the singular assertion that 'the world of dreaming, if we only realized it, has more practical and concrete effect on our lives than outer events do' (Johnson R 1986, p.19).

Psychological Research on Autobiographical Writing

Psychologists have added knowledge here: Pennebaker's research has demonstrated that writing about emotional experiences can have a positive effect on physical health, somatic processes and behaviours (Pennebaker 1990). Kuiken has made a study of creative writing about significant dreams that follow trauma and loss, and found their results consistent with Pennebaker's, 'suggesting that expressive writing benefits those who have recently experienced trauma' and that the process of change facilitated through expressive writing involves a form of cognitive restructuring (Kuiken et al 2008). Another noteworthy effect comes to light in Stephenson and Haylett's research: They asked clients receiving 12-step facilitation therapy to complete a third-person weekly progress-evaluation based on their daily-written personal "Feelings" diaries. Controlled analysis of narrative content of the diaries 'showed a marked increase in their positivity' (Stephenson and Haylett 2000, 313-319). This positivity after the "feelings" diaries we could see as the outcome of paying attention to oneself in a relational setting; I give deeper explication of therapeutic potency of autobiographical and creative writing in more detail in later chapters.

It is these above writers who help to connect my experience to a practical field, which my own work will help develop further.

And now, with the 'blueprint' in place, let us embark upon the journey of discovery ...

CHAPTER TWO

Anatomy of Narrative Fracture: *Story in the breaking*

Janet's Narrative Fracture

Back then, before my narrative fracture, my sense of self-identity rested on the 'normal' things I did and was. I was a wife, mother of four children and a housewife. I worked in a library, I helped run a Day Care Centre, was good at baking, drove a car, rode a bike, did yoga, and was 'listening to and helping' several people at this time. I did not reflect on what I did, why I was doing it, whether any of it was not right, I was simply enabled to 'live' by the supporting frame/legitimacy it all afforded.

Then life began to change. Eldest daughter, having achieved nine GCSEs and two A-levels shocked us by choosing to get married, and go into banking rather than university. The following year second daughter decided upon 'a job and a car' rather than A-levels, and left the school, got the job, got the car, and then got in with a new group of lively-minded friends. The novelty wore off for them by the end of the year; they took their A-levels forthwith at evening classes and all headed off to university. And thus she started her university life just a year before our son, both of them at London colleges. The twice termly ferrying back and forth to universities, and driving youngest daughter to her frenetic round of extra-curricular activities all served to bolster my signature busyness. Then she passed her driving test, stormed through nine GCSEs and three A-levels, all A's and A*s, and decided on a 'gap' year au-pairing in Italy, before taking up her university place.

That omen 'gap' segued into my life.

(The following extract from my autobiography attempts to capture that experience by recreating it in the present tense).

* * * * *

Of course I am pleased the children are all settled. I'm also relieved that just now I have no students staying in our granny annexe to cater for. But no, I'm not feeling more rested and relieved by the sharp downturn in my workload, just the opposite in fact. I'm rather edgy and 'down' these days - is it depression? I'm not asking; I'm not

consciously registering anything untoward. My husband, working as hard as ever, with his college lecturing post and his carpentry business, is intent on selling the house to downsize (on outgoings). It's another Sunday afternoon and he is in the workshop, busy, 'absent'. No one is phoning, I have no one to talk to and it feels like – what does it feel like as I sit here in the silent lounge?

I can't sit still. I walk through into the granny annexe; look at the day beds my husband constructed, and the pretty soft furnishings all made by me. The pale butter yellow walls, all so sunny, follow through into the en-suite and lobby. I stare at the garden through the room-wide picture window. I turn my back, wander into the dining room, then back into the lounge. Suddenly, from nowhere, appalling bottomless feelings of horror are overwhelming me, like I have just been herded into a concentration camp gas oven; an infinite, indescribable agony. This I am registering - it has seared like a branding iron. Surveying this pretty domestic world of my creation used to please and comfort me. Now it is obliterated. I am alone in an empty universe.

Several hours have passed; the feelings are finally fading. I'm finishing the day with gardening; joyful once now dead-end. My husband has come in and we engage in that usual 'nice weather' type conversation – the sort I have with work colleagues at coffee time – as we eat. But I am so, so exhausted. And how strange, on this warm night, chilled to the marrow. I am retreating to early bed.

Here's a different scenario. The phone rings and it's my empathetic friend from my bible-study days. She phones most days, and in our long conversations, I am energised. Talking to her I feel a viable part of the human race. Likewise when I am visited by the one remaining person I'm 'listening to and helping' - It's bible-rich uplifting conversation. I am though still face to face, in my now empty house, with 'problems' with my husband. These are of non-communication, no rowing of course; he and I are life-long schooled in emotional restraint. I'm beginning to feel a 'fraud' being married to him (thinks: "I didn't have that 'some enchanted evening' feeling when first we met, and now we don't seem to have any common ground – this can't be right") The fraudulent feelings owe some of their existence to our Christian bible group days; the seeking out and 'living in the truth' were motivating ideals, ideals. I continue to share these with my empathetic friend, and we are focused on a sense of destiny. I am enlightened and inspired by the alchemical notion of 'digging on the dung heap for the philosopher's stone' – it's the perfect explanation for my conundrum existence.

But those Sunday afternoon 'black holes' recur at ever-shorter intervals, until out of the blue a flu-like virus strikes me down. Never in my life have I suffered from headaches, not even when I've had pneumonia, but tonight – it's just after midnight - I am so frightened by the violent pain in my head that I'm doing the unthinkable - for self-effacing me. I am asking my husband to phone the doctor. He has, and I can't believe what I am hearing – I can tell that the doctor is not intending to come out to see me. Now, shockingly, he's asking to speak to me; he's oblivious to my near-death state. He asks for details of the headache – what? What part of the head?

'You are de-hydrated' he calmly, callously announces then.

'Drink plenty of water, and phone the surgery in the morning if you need to'. And he's gone.

I, terminally ill I feel, am totally unheard. It hits right on the lifetime of 'unheard', that I'm not aware of yet. All the lights have gone out in my world now. The doctor never comes. He prescribes anti-biotics.

A raging temperature keeps me near delirious. Black muddled thoughts and dreams merge day with night. I stare at the clock, then again several hours later, to see, horror, that only half an hour has passed. I'm never getting better. I have no hope of getting better. I have no hope.

But I do, eventually, physically, get well enough to get out of bed and weakly potter. It's maybe only a week or so later, but it's an entire lifetime away.

Eventually I go back to work. I drive there. I do shopping on the way home. The outer shell of my life is still there; cold empty shell. I phone the children regularly. I am a performing puppet at work, I feel alienated from my colleagues, but the bookshelves and the rolling journal-storage racks are my friends; I am sometimes in tears unseen amongst them.

I struggle even now to sequence chronologically subsequent events:

The house suddenly sold. So what next? I cannot see how there can be any future with my husband – we seem powerless to find any liveable interface. But we have to find another dwelling for our goods and chattels, and quickly. The only possibility presenting itself is a modern dilapidated estate house. We both see the renovation potential - it's what we've always done, renovate houses. But what life am I packing up our old house

for; the house I loved, for the 'life' I lived? I have no life. I increasingly fear the 'fraud' feelings, the 'living a lie' indicting thoughts. How can I sift and pack? I want to throw away everything. Oh, for an arsonist.

I happen by chance on C. G. Jung's autobiography. A new world of understanding of dreams is opened for me with this opus. I start listening out for my own dreams, now, and have and record many. One of the earliest is clearly a 'landmark' dream:

Little Girl in a Pink Dress

Standing as a spectator, surveying the scene before me, I observe a little girl, a toddler, emerging from the front garden of a grand, white-stucco mansion - standing on a slight rise - and setting off along the pavement. I notice that she is wearing a pretty pink dress, and holding a doll, looking carefree and happy. It is a radiant summer morning. She has only gone a short distance when there comes onto view what seems to be a large puddle of black oil, spreading from the gutter to half way across the road, with slivers of flames flicking its surface. Suddenly, the little girl is no longer on the pavement but, with no visible transition, she is in the pool of oil. I watch her head disappear from view as she sinks. Clearly the pool is very deep, for many seconds seem to pass before her head bobs up again. Her face as it emerges is horrific, burned and oil-slicked. She sinks a second time, and I feel relief, certain that she will be dead and therefore her suffering over. But no, she rises, sinks a third time then re-surfaces again, unbelievably *still alive*. This time she is abstractedly fished out by one of a group of five people sitting on a nearby grassy knoll, and flopped face down on the ground beside them. I hear words then from the little girl's mouth, uttered in what seems like a growl: 'Don't you DARE expect me to live after this.' The five are oblivious.

Despite its horrific content I'm strangely comforted; a 'birth' dream surely? It feels like a building block of an authentic story about me.

Our eldest daughter has had a son. I am feeling so ashamed as I get to the hospital to greet the 'new arrival' and come face-to-face with her 'normal' in-laws – I feel 'misfit' and 'failure' are graffiti-ed all over me, an alien locked out from life. I am flooded by an intensity of love as I take in my arms this tiny boy. But then such inner agony again, as the reality dawns that I have no authentic life into which I can welcome him. No life.

The next day's happenings eclipse everything: The brand new mum has had a pulmonary embolism overnight and nearly died. She is in intensive care covered in tubes at our next visit.

Mercifully, she recovers. To little grandson I am transfixed with devotion, but I quail in cold winds of disaster swirling. So much guilt and feelings of fraud; aren't I living a lie still acting as a wife to my husband? I am in a constant state of low-level panic over these thoughts. In a paroxysm of them (panic attack?) one particular day I hand him back my rings, hoping to relieve myself of some of the 'fraudulence'. When he asks what he should do with them I suggest:

'Throw them in the river.'

He does, alone with his grief. They are in the Great Ouse.

I add two nights a week in a Care Home to my workload. The children are aghast (I hear years later). What were my reasons? Thoughts that I would soon need more money? No logic here; the pay is paltry. Seven months later I leave it. Then existential panic rears again and I feel utterly compelled to resign my library post. A series of three dreams seems to confirm my conviction.

'I am stunned, Janet', gasps my boss, 'No one has ever resigned here before. Is there something not right, something making you unhappy? I will do everything in my power to sort it out.'

'No,' I state in the flatly calm voice, 'it's just that I feel I have to get on with the next phase of my life.' I cannot of course elaborate. There is nothing further she can say, except that she will sort out all the paperwork, and a date of six weeks ahead is set for my departure. Like vultures at the carcass, my colleagues – not unkindly, as they just assume I am looking for an easier life - sort out who will take on my hours to enhance their earnings.

Now, when I'm most free to do so, I find I just can't bear to have my mother to stay. Persecutory irrational thoughts are overwhelming me that she is living vicariously through me. I have no life now; I can't pretend 'happy families' for her respite holidays from my father; my agonies render me so often catatonic. I've just had to make another excuse to him that I'm still 'not feeling well', so will have to postpone. The following year I am absolutely unable – the same 'existential panic' feelings – to attend her 90th birthday celebration; the only one of her children absent. The unspoken horror of my siblings is deafening. I am so, so far 'beyond the pale'.

My husband's resentment grows, though we have some happier interludes along the way, when a friend who is going through a marital break-up comes to stay for a prolonged spell. The calendrical milestone of the millennium galvanizes his realisation

that he has reached the end of his endurance, and giving me a substantial cheque, he tells me to leave, with my friend, by the end of the month.

So here I am, alone in a flat in another part of the country. Husband gone; not-a-wife. Thinking of my children a pain far too intense, I feel the arch-betrayer; not-a-mother. My husband holds the moral high ground; wronged husband, lonely abandoned man to be comforted by children, befriended by female college staff. I know the news will instantly reach all my siblings from my father, whom my husband has informed. My assumed desertion will have equally quickly hit the college staff room. Errant wife; no longer work-colleague. Home gone; not-a-housewife. Not a 'helper', no car, no yoga class. I have bought an old bicycle for thirty pounds, and I do have a sense of higher purpose; that is what has landed me here – I'm certain of that. It may explain a recurring dream theme of those days – it is an egg: I am usually carrying it around, though surrounding details vary, protecting it, attending to it.

It's a sharp bright winter morning and I am out for a walk. Feelings of wellbeing, of a childlike freedom envelop me. My every need is being met; bounteous charity shops, supermarket bargains and always the next book, so fitting my need of the moment – it all brings confidence that the right way forward will emerge. This, combined with my freedom from that fear-of-living-a-lie, gives me long unbroken nights of sleep. Each day I explore at length every dream recalled from the night and rigorously examine every issue that emerges. There is still the background constant of my silent 'who am I?' and it is on my dreams that I pin all my hopes of bold answers.

Six months later I am on my way back to Norfolk. Conviction had been building that I cannot go forward except by going back. There must be unfinished business? My husband collects me and I feel strangely secure driving home with him. Though I am returning still ostensibly 'rudderless' I am returning a very different person, and bringing with me 'treasure' from these 'exile' months: a stash of enlightening books, a diary full of dreams, and now I find I can dare to ask the questions, even the most unspeakable ones, and rigorously pursue issues which arise from them, no matter how painful. I am also bringing one particular gem of a dream, which sustains me through some dark days:

The Colour Hall Hotel

I am arriving for my yoga class; it's our usual teacher but different venue this time. We are in a unique 'Colour Hall' with floor to ceiling stained glass

windows of modern abstract designs. Coloured lighting bathes different parts of the hall in different hues, and there are intricate interactive 3-D murals (which I've never seen in real life) of dazzling colours. I am somehow (unclear how) made aware that this Colour Hall in fact belongs to me. Given that it is my property I am quite surprised that the yoga teacher is not expressing gratitude for my generosity in allowing use of it for the class, but I do not voice this.

Then I am outside in the grounds, being shown round another building, a small, smart college, and then another, this time an elegant hotel. Again I am 'made aware' that I am in fact the owner of all three establishments, which information has up to now been withheld from me. As I walk into the hotel I discover that a Board Meeting of those running the business comprising the three properties is in progress. I reason that, as I now know the entire business is mine I should attend this meeting. The Board members are thunderstruck at my appearance on the scene. They have been making vast profits, which, with me unaware of my ownership, they have been able to keep for themselves all these years. Now the game will be up, their fraud exposed and their ill-gotten gains at an end ...

On waking from that dream I had felt transformed with delight, and certain I had been 'assured' of a fulfilling future.

A major shock awaits me back home. My husband has agreed with eldest daughter and her husband that they buy our four-bedroom house, and he their tiny three-bedroom on the same estate. I am winded, stunned. I feel my 'no place', 'no voice' reprise within. I can agree their purchase of ours – they now have two children – but balk at purchase of theirs ('trapped' feelings? yes, frighteningly so) and suggest we find somewhere to rent, temporarily. My husband agrees, and we find a suitable modern terrace house. We inch our way forward, with lots more challenging of each other, less and less retreating into silence. The minutiae need not be written. I rely on the lifeline of my dreams supporting my journey; but I don't sleep well these days, so my dreams are sparse – an agonising lack, and I get the dreaded headaches sometimes.

We buy that rented terrace house and renovate it and then sell it. We buy the next one and do the same – it's what we do, still; we do it well. I am secretarial temping at Jaeger, but is my heart in it? Of course not: What to do with all the knowledge and understanding I've gleaned through all these years? It feels like it's burning a hole in my psychic pocket. Suddenly I get an unexpected chance to share it: I bump into Poppy, my friend from our 'Gimmersley days' (see start of Chapter 3). She tells of her journey through the intervening years, and I am greatly comforted by sharing.

Now she is encouraging me to look for a university course:

'You should be doing a Master's, Jan, you've always been writing, ever since I first met you!'

I make online investigations, but am making no headway. I'm going to keep looking, definitely; it feels like where my heart is (that destiny thing – that something that's been a constant in all my searching).

I'm on the train to London. After Cambridge I get into conversation with the young woman who just got on, and is opposite me. I'm telling her some of my story and she is reciprocating, bubbling with enthusiasm.

'I write poetry' she tells me, 'and I've set up a charity to encourage those without a "voice" to express themselves through creative writing and poetry - so far mainly working in Africa!'

Her phrase 'those without a voice' chimes like bells in my head. I find myself saying:

'I've been looking for some way of making use of - giving voice to - all the knowledge and understanding I've gained from the turbulent years I've come through.'

'Well, there's an excellent Women's Studies Masters at Anglia University - my friend has just finished it!' she proffers enthusiastically.

There, in one landmark sentence, lies my future.

The compass needle has found a new pivot. It has stilled at last.

* * * * *

2.1. My Co-Researchers' Stories

I will now précis the other authors' accounts of their narrative fracture with selected excerpts from each. Then, in this and the following chapters, inspired by Davies's elaboration of three 'voices' in Fraser's narrative (Davies 1995, pp 30-36), I endeavour to achieve my objective of a dialogic, circulatory exploration of all the texts with a three 'voice' format: a 'Narrator' - which is the voicing of the stories themselves; an 'Inquirer', which examines and probes the details of each; and turns a reflexive eye on them using knowledge of relevant theory, and a 'Sage' which interprets, evaluates, intuits implications, and draws conclusions.

Sylvia's Narrative Fracture

Sylvia was living a settled, prosperous life with her lawyer husband:

I loved my husband. I enjoyed my job. We had a marriage brightly woven out of affection, mutual respect (Fraser 2004, p.145).

But after twelve settled years she begins to experience anomalous bouts of depression

Danny and I are driving across the Saskatchewan prairies ...

"Looks like we're in for it," says Danny, putting up the hood of our convertible ... A small cloud has turned into a major meteorological disturbance. In no time at all it is night.

And so it is with me.

Depression begins seeping like poisonous fog through the cracks in my life ... This pessimism isn't easily acknowledged, articulated or confided. As depression deepens into despair ... it fills my dreams ... I dream: *Danny and I are on our way to a feast. A ragamuffin with glittering eyes holds up her begging bowl: "Please ..." When I try to rush past, she grabs my silk skirt with a filthy hand. "It's my turn now, MY turn. Now ME!"*

Behavioural anomalies beset her too:

I find myself attracted to my childhood haunts (p.147)

Still with a sense of mission I sort through cubbyholes and closets in the attic of my father's house. In a trunk with a broken lock I find ... a fairytale coloring book ... Rapunzel, letting down her golden hair with ME ME ME scratched across her ... Sleeping Beauty ... heavily outlined in black with a now pregnant belly. Her father is plastered with swastikas ...

The violence of the drawings shocks me. Although I've always prided myself on my detailed memory of the past, I have no recall of anything like this. What could have been on my mind? (p.148).

Then comes the event that I label the trigger of her narrative fracture:

the magazine for which I worked eleven years ceases publication. While my colleagues seek job interviews, I go into an empty office where I can peck aimlessly at my typewriter, and close the door ... I decide to attempt a feminist novel covering forty years in a woman's life (p.149).

She is recluse, completely lost in another world:

The deeper I delve through my time warp into the past, the more vivid it grows at the expense of the present-day world. It's as if I have fallen down the Alice-in-Wonderland hole (p.149).

Someone taps me on the shoulder. I jump up, clutching my throat as if expecting a wolf pack. It's Danny, of course. "I asked you a question – I

asked it three times. Do you want to eat on the patio tonight?" ... It's the end of a wonderful fall day, perhaps the last of the season, and I've scarcely noticed ... Soon it will be winter – my third in the same damned room, neglecting Danny, neglecting my friends, forgetting the amenities of life, and for what? (p.150)

It is three years after her job-loss when:

One day in 1971, the book that never would be finished is finished ... with the circumstance of its creation still more or less a mystery to me ... Certain things about the book puzzle me: Why did I give my fictional father a hooked arm? Such an obvious phallic symbol now seems melodramatic. Why did I suggest incest in my father's family? Why did I stud our family history with suicide? ...

Nevertheless, the ground feels solid under my feet. The sky is clear for as far as I can see (pp.145-152).

Those feelings were short-lived; separation, divorce, and a disastrous affair followed.

* * * * *

Kathleen's Narrative Fracture

Kathleen was an obviously popular and successful teacher. In the midst of this progressing career she wakes suddenly one night from a shocking nightmare:

I'm on a field trip with my class. The kids ahead of me become very excited about something they see which is not yet visible to me [...] When I join them I see an enormous spider's web at least eighteen feet in diameter [...] then I notice the Eagle. She is inexorably caught, splayed wing-to-wing, with her regal head stretched to the left, totally entangled in this spectacular web.

Suddenly I experience a grief so deep, so devastating, so all-consuming that I lose all strength in my body. Falling to my knees, I sob from a place never before accessed. I am overwhelmed by remorse, by despair (Sullivan 1998, p.4)

The impact of the dream is devastating:

I awake, carrying the hysteria from the dream into the shattered silence of my bedroom. ... For years the sounds of my own cries have awakened me from nightmares but, awake or asleep, I've never felt anything like this. I'm terrified of this unfamiliar out-of-control feeling. ... By 5.00 AM the anguish in my heart feels like a lump of frozen ice. I think if I were pinned under the

rumble of an earthquake or had just witnessed a murder I would be able to cope more effectively than this. What the hell has happened here? (pp.4-5).

She is clearly catatonic: 'Can I get out of this lifeless, frigid place to teach school in a few hours?'

And her attempt to carry on with her daily life fails:

In the classroom I pretend to be the same teacher I was yesterday, capable of helping a small group of reading students grapple with silent consonants. WHAM! The Eagle flashes behind my eyes. Choking back tears, I flee from the room, leaving an aide in charge.

I hide in the women's lounge, feeling shameful, weak, and stupid. Convinced I am going crazy, I am afraid to approach friends and admit to this dream happening (p.5).

Three days later her continuing despair:

forced me to a therapist ... Reviewing my feelings since the Eagle Dream, I realized I felt like Alice as she tumbled down the hole ... I had no cognitive awareness of my descent into the unconscious.

She spells out her mental and physical state as it was at the time of the life-shattering dream:

Indeed, at that time I had minimal awareness of my awake-life experience. My denial of my physical and emotional condition was so thick, so dense, that it could be penetrated only when asleep ... If a friend had approached me with a list of valid concerns about my state of being ... I would have responded with a sarcastic wit, rationalizing what was obvious to others but which I minimized. My friend could have pointed to a myriad of physical symptoms which plagued me. I suffered from unceasing headaches, severe loss of energy, and bouts of dizziness that forced me to the floor several times a week and kept me unbalanced at all other times ... violent mood swings and uncontrollable rages that seemed to spring from a deep, dark, bitter place within me. Reminded of my outbursts in both professional meetings and intimate gatherings ... I would have justified my responses as necessary, right, and laudable (p.7).

Some aspects of her outer life, like mine, continued for a while, but:

My need to make sense of the Eagle Dream took over my life. I felt as if an alien had invaded my house during the dark of night, removed my head very painfully from my shoulders, screwed it on backwards, and told me to carry on (p.8).

* * * * *

Marion's Narrative Fracture

Marion's life was, like Sylvia's and mine, outwardly successful and settled:

All my life I had it made. I loved being a minister's daughter ... I went to university. I married and moved from the security of my father's home to my husband's (Woodman 1985, pp.175-176).

She describes the incident that ultimately is responsible for its derailment:

Then one cold winter night I was alone in Toronto, I needed a cab. I put out my arm but the cabbies didn't stop. I was not forthright enough. I had allowed myself to become so dependent on my husband that I could not hail a taxi. "This is preposterous." I thought. "Here I am an adult woman, and I am helpless when I am alone." I walked through the snow to wherever I was going (p.176)

The incident had profoundly shaken her, and she makes a decision:

I knew I had to find out who I was when all my support systems were taken away. I knew I would buy a ticket to India ... Six months later I arrived in New Delhi.

There she is traumatised from the start:

A short walk took all the courage I could muster. Terror became my gasoline. Hands grasped at me from every direction ... As my exhaustion grew, my ego could no longer make decisions and strange situations began to develop ... Then on the sixth day ... I walked into the street and saw an American woman ... she stopped right in front of me.

"Are you alone?" she asked.

I opened my mouth to say "yes" and something gave way in my gut. I knew no more until I opened my eyes in her hotel room.

"You're in culture shock," she said. "I've lived here for ten years. I can recognize it. We'll go to your hotel, gather your luggage and I'll take you to your plane. You must go home. Now."

"I can't do that," I said, "I can't live with that defeat. I'd have to come back and try again and I can't do that either."

"You cannot stay," she said ... But I did stay (pp.176-177)

She is now totally alone:

There was no one to phone, no one to visit, nothing to do. All escapes were cut off. I had to move into my own silence and find out who was in there ... Gone forever was the world I had lived in ... Here I could control nothing. I moved in what seemed sheer chaos ... I remember falling on the tile floor, weak from dysentery ... I came to consciousness on the ceiling, my spirit looking down at my body, caked in dry vomit and excrement ... "Poor dummy," I thought. "Don't you know you're dead?" and mentally gave it a

kick. Suddenly I remembered my little Cairn terrier ... “I wouldn’t treat a dog the way I’m treating my own body ...”. I saw it take in another breath. I was overcome with compassion for this dear creature lying on the floor (p.178).

It appears that the following reflection occurred at that moment:

All my life I had hated my body. It was not beautiful enough. It was not thin enough. I had driven it, starved it, stuffed it, cursed it, and even now kicked it ... Most of my life I had lived outside my body, my energy disconnected from my feelings, except when I danced. Now it was my choice – either to move into my body and live my life as a human being, or to move out into what I imagined would be freedom ... I chose to ... move in. Together we dragged ourselves to the little bed. I did my best to take care of it ... For days, perhaps nine days, I stayed in the womb of the Ashoka (p.178).

* * * * *

2.2. Narrative Fracture

I have described narrative fracture as ‘a life-hiatus; a crisis, that sabotages/derails the sense of continuity in the life-narrative of the sufferer – sometimes initially triggered by some innocuous outer happening’. So, coming to examine these accounts, the first big question to ask is why the person has, in Karen Horney’s words, ‘been so intensely affected, why [her]³ whole psychic equilibrium has been endangered by a difficulty which by and large cannot be considered greater than ordinary frustrations and upsets’ (Horney 1992, p.91). Speaking in the psychotherapy context, she acknowledges that the patient herself and sometimes the psychiatrist too,

tends to relate the disturbance to some upsetting event that occurred just prior to the “breakdown” ... [which event] ... the therapist should take [...] seriously and try to understand [...] what in particular was set off in the patient by ... [that] ... specific difficulty (ibid. p.91).

She is pointing out that although the ostensible ‘upsetting event’ is merely a trigger, examination of it will render valuable clues to the deeper underlying issue/s, which have been thereby disturbed. Like the right shaped key, able to unlock the door.

2.2.1. Initial Review of Our Situations

In my case the triggering event was my youngest daughter leaving home on her ‘gap’ year. Though objectively speaking a positive occurrence, it is recognised as a

³ Horney consistently uses the masculine pronoun in her writing, but to tally with the gender of my ‘co-researchers’ and myself I replace with the feminine when quoting her.

sometimes-problematic transition for mothers (empty nest syndrome). But why was I so 'intensely affected' that acute illness soon ensued, and my whole life as I knew it so collapsed in its aftermath?

From my narrative above, it is clear that what constituted my sense of self-identity, maintained my equilibrium, was my many roles – wife, mother, library assistant, Day Care Centre administrator etc. Why then when just one of those roles – mother – was (in the sense of having *dependent* children) over, did the *whole* of my life fall apart? I must 'try to understand what in particular was set off in ... [me]'. Firstly then, what exactly was it my children were supplying, without which I was so bereft? It seems a reversal of roles that they should be providing towards my psychological wellbeing; surely this is a definition of the mother's, rather than the child's, role? Why did not the other worthwhile activities that made up my life, carry me through the transition period to new maternal status? And even more fundamentally, why was my relationship with my husband unable to mitigate this transition? What is the unique and overriding relevance of 'motherhood' to my psyche?

It is my view that the ultimate answers to these questions (and those of the other authors' stories) about the fracture, lie in early childhood, which is addressed in the next chapter. But here I return to Horney, because, of all the theorists, I find her explanations of personality and behavioural states resulting from problematic beginnings most explicit and comprehensive. Diverging from Freud, she came to see that 'neurotic character structure⁴ was of central significance' and that psychoanalysis depended on 'understanding the interplay of forces in our *existing personality*' rather than 'primarily involving relating our present difficulties to our past experiences' (Horney 1992, pp13-14 [my emphasis]). Guided by this, I begin by looking at what personality and behavioural traits were manifesting in my adult life.

There was certainly extreme 'busyness'; all the 'mothering' and housekeeping, volunteering in the community, weekly-boarding students, and the 'counselling', all variations on the theme of 'caring'. I was certainly, in the words of one observant counselee, 'defined by what you do'. That observation took me by surprise at the time and by hindsight I realise I felt it derogatory, but only obtusely, which highlights another

⁴ The term neurotic is not now generally used, having been replaced by such phrases as 'character-disordered'.

significant, trait: a total lack of self-reflection – revealed by my autobiography writing, which so starkly alerted me to how ‘cerebrally’ I had lived my entire life.

Comments by my two older daughters in their teenage years of ‘anorexic!’ when I would lament some weight gain, and ‘o, oh, Manic Cleaning – Nanny and Grandpa must be coming!’ when my obsessive cleaning accelerated pre visits from my parents. At the time they fell on deaf ears, but they reveal two further noteworthy traits - anorexic tendencies and compulsive tidiness. Also I had a lifelong diffuse sense of the other person always being ‘right’, me intrinsically ‘wrong’, which eventually became the anxiety-ridden and intensifying feelings of ‘fraud’ after narrative fracture.

Though I cannot give as in-depth a resume of the personality and behavioural traits of the other authors’ adult lives, I will sum up what is clear or can be clearly inferred, from their texts.

Sylvia

For Sylvia the triggering event was ostensibly the closure of the magazine for which she had worked eleven years, rendering her unemployed. This again is not an uncommon occurrence, though it is regarded as one of life’s bigger stressors. The way that it ‘intensely affected’ her can be inferred from her behavioural response: Contrary to all her colleagues, rather than seeking another position, she completely withdrew from the world into ‘an empty office where I can peck aimlessly at my typewriter’ (p.149).

She becomes a recluse; gone are the

rituals that anchor me to the here and now ... I don’t even bother calling anyone any more’ (pp.149-150).

She laments the three years spent

in the same damned room, neglecting Danny, neglecting my friends, forgetting the amenities of life (p.151).

What exactly then did she ‘lose’ in losing her job? We recall her emotionally happy and materially successful married life, so can credibly infer that the loss of her journalist post and salary would not have caused a financial or social problem for them. That Prairies storm, however, seemed to precipitate her realisation of her psychological state – the depression, proclivity to weeping and pessimism (pp146-147). Clearly her

equilibrium had been slipping, but what was causing this, in such seemingly happy and settled times?

What personality and behavioural traits can we glean from her text? Rage is very apparent: In childhood she suffered from fits (soon put down to 'tantrums', so that rebuke replaced comforting). When escorted home from the ice-rink by one of her male classmates, who was making clear his attraction to her, she rushed away from him into her home, and

my other self bursts into hysterical weeping ... Again, I find myself overcome by an emotion for which I must find a reason ... my body is seized with convulsions, releasing the rage my other self can no longer control' (p.46).

When she was dating Danny there were recurring inexplicable violent outbursts, which she finally realised came from her panicked fear of losing him.

She was socially proactive, particularly in her high school years - serving repeatedly on the Students' Council; a cheerleader; founder member of the 'Golden Amazons', her select gang of friends. At university she was prominent in her cherished sorority, whilst her later journalist's role was an obviously social one. That she was, like me, reliant on external factors for self-authentication/identity is generally apparent, e.g.:

Already we are beginning to see ourselves and each other only as the boys see us' (p.64).

Her stabilised sense of self-identity as a 'Golden Amazon' had evaporated, and now seemed, alarmingly, to be subject to the whim of the boys. That she was living 'cerebrally' is overtly stated in:

only my head went to college. My severed head ... Through rational knowledge I would put together a functional and successful person I could respect (p.120).

Detachment from her body is implied in:

As Daniel pushes against our storm door, a gust of wind tugs at my shawl. He reaches for his coat. "Do you want -?"

"No. I don't feel the cold." Or heat. Or rain. Or anything at all' (p.80).

And evidence of her rigid control of it comes in the indication of a tendency to anorexia:

My diet is working well. I'm down to ninety-eight pounds. I don't even have the curse anymore. I've made up my mind I'll never have it again ... ha ha!

There's intimation of self-harming:

I can burn my arm with a cigarette and not feel it. I wrap my mind around pain till it smothers in its own scream (p.101),

and she gains a reputation for her frenetic but tantalising dating:

The guys say you go out with them a couple of times then you ditch them. They say you use them (p.72).

Kathleen

Kathleen's 'triggering event' was a dream. But why was the impact of that splayed eagle trapped in the web so cataclysmic? The fact that it elicits 'a grief so deep ... that I lose all strength in my body' (p.4), and that she wakes in hysterics, clearly indicates the breaching of massive emotional floodgates. What was the state of her life before this crisis? She catalogues the pre-fracture traits of which, she claims, her close friends would have been very aware whilst she was oblivious: 'violent mood swings and uncontrollable rages' and frequent nightmares (pp. 7-8).

Later she mentions

a need to rescue others ... a pattern begun in early childhood' (p.14) [and that]: The desperate needs I felt as an adolescent created a lethal pattern of trying to fix the unfixable' (p.17).

She also had significant health issues, unceasing headaches and 'bouts of dizziness that forced me to the floor several times a week' (p.7), and we learn of an alcohol addiction only being averted by her being diagnosed with hypoglycaemia, and of further addictions:

seven years after quitting smoking I joined a recovery program for compulsive eating (p.34).

Marion

That innocuous incident of her not being able to hail a taxi was Marion's triggering event. It is something that on occasion happens to most people, but she was definitely 'intensely affected' by it. Her self-berating 'not forthright enough', and defeatist decision to walk through the snow to her destination produced unsuspected feelings of helplessness. She came face to face with the realisation that she did not know who she was when all her support systems were taken away – a realisation that she was defined by what supported her in the way that I was defined by what I did. She told of her moving 'from the security of my father's home to my husband's (p.176). Was there a part of her still the 'compliant child', paradoxical as this may seem in one successfully caring for many children as a teacher?

What personality traits manifesting in her life can we glean from Marion's two narratives? There seems an overriding striving for perfection, and of her being a compliant 'people pleaser': 'Instead of fighting I acquiesced' ('Bone' p.48).

That she too was defined by what she did seems intimated in: 'Who am I without my work? (Ibid. p.177), and perhaps some remnants of 'caring' in:

I have mothered as consciously as I know how, been a container and a mirror for my students and countless others whom I have loved (ibid p.47).

That she had problems with anorexia and bulimia is hinted at in her reflection: 'I was so trapped in my fatness I saw none of that' (ibid p.31), and her overt reflection in India: 'All my life I had hated my body' (p.178).

2.2.2. Comparisons

It will be noted that there are considerable commonalities amongst the tendencies our lives were manifesting: We all appear to have been defined/sustained by what we *did*. This was particularly so for Kathleen and me, whilst perhaps more accurately stated for Sylvia and Marion, it was a rigid unreal self-concept supporting them. But for all of us the external aspects of our lives would seem to have been totally defining us. Three of us were intent on caring for others; Kathleen and Marion as particularly dedicated schoolteachers and I my children and my various 'worthy causes'. We were all manifesting a dedication to being 'good'/compliant, with the exception of Sylvia, who was dedicated to the exemplary playing of her 'role' of the time. All of us, to different degrees, seem to have had a tendency towards perfectionism, and all our stories show total disregard, disdain for and detachment from our bodies, with eating disorders also manifesting in them all. Perhaps corollary of this, we all appear to have been living 'cerebrally'. One noticeable divergence appears with regard to manifestation of emotions between us: whilst Sylvia and Kathleen were prone to outbursts of rage and mood swings, Marion's and my life seem to have been almost devoid of visible emotion, until after narrative fracture.

2.3. A False Self

Our autobiographies reveal that the other authors and I were living conventional, creditable lives: Sylvia was a talented journalist, happily married to a successful lawyer, both Kathleen and Marion had flourishing teaching careers, and I raised four

high achieving children and was a helpful member of the community. There is obvious *discordance* between this description of our lives and the above accounts of our personality traits. Those reveal - though we were not consciously aware of it - that our pre-fracture selves all had problematic tendencies; so what might account for this discrepancy?

To understand this I now examine more closely Horney's theories around disordered character structure. Acknowledging that as a result of early childhood difficulties 'the child does not develop a feeling of belonging ... but instead a profound insecurity and vague apprehensiveness', Horney explains that, inner strength thus 'sapped by ... having to be on the defensive', the desperate need is for 'self-confidence, or a substitute for it' (Horney 1970, p.21). To meet this primal need, she holds,

Gradually and unconsciously, the imagination sets to work and creates in [her] mind an *idealized image* of [herself]. In this process [she] endows [herself] with unlimited powers and with exalted faculties; [she] becomes a hero, a genius ... a saint (ibid p.22 [her emphasis]).

2.3.1. The 'Idealised Image'

This creating of an 'idealised image' then is part of a coping/defence mechanism. According to Horney, it is a first stage of a process of disordered growth whereby development of 'the idealized image becomes an *idealised self*' (ibid p.23 [her emphasis]). Developing one's actual potentials, which she calls the real self, is abandoned as '*the ... [innate] ... energies 'driving towards self-realization are shifted to the aim of actualizing the idealized self*' (ibid p.24 [her emphasis]). This re-direction of life energy, she says, changes the course of the individual's whole life and development, controlling the moulding of the personality:

Each person builds up [her] personal idealized image from the materials of [her] own special experiences, [her] earlier fantasies, [her] particular needs, and also [her] given faculties. If it were not for the personal character of the image, [she] would not attain *a feeling of identity and unity*' (ibid p. 22 [my emphasis]).

It is of course a *false* feeling of identity and unity. In fact some theorists refer to this process she is describing as the formation of a 'false self', most notably Winnicott (1990) who coined the term, (and cf. Kohut 1984; Lowen 1994; Fromm 2001)

2.3.2. Horney's 'Life Solutions'

The idealised image, which I have just referred to as part of a coping/defence mechanism, Horney sees as the central feature of what she calls 'life solutions'. She proposes three main life solutions, which Paris usefully summarises thus: 'In their efforts to overcome feelings of being unsafe, unloved, and unvalued ... people may adopt a compliant or self-effacing solution and move *toward* people; they may develop an aggressive or expansive solution and move *against* people or they may become detached or resigned and move *away from* people' (Paris 1994, p.190 [his emphasis]).

In the self-effacing solution the emphasis is on the need for love: the tendency therefore is 'to subordinate [herself] to others, to be dependent upon them, to appease them ... what [she] longs for is help, protection, and surrendering love' (Horney 1970, p.215). In the aggressive or expansive solution the emphasis is on mastery: 'By dint of imagination, highlighting "good" qualities, blotting out others, behavioristic perfection, externalizations, [she] must try to maintain in [her] mind a picture of [herself] of which [she] can be proud' (ibid pp192-193). In the detached or resigned solution the emphasis is on freedom: it is a:

withdrawing from the inner battlefield ... If [she] can muster and maintain an attitude of "don't care," ... [she] can attain a semblance of inner peace. Since [she] can do this only by resigning from active living, "resignation" seems a proper name for this solution. It is in a way the most radical of all solutions and ... most often produces conditions that allow for a fairly smooth functioning ...resigned [detached] people often pass for "normal"⁵ (ibid p. 259).

I must though make an important clarification, noted by Paris, that 'In a brief description, [Horney's] theory may seem unduly schematic, but when properly employed it is both flexible and complex' (Paris 1994, p.191). Her types are composites, he stresses, based on her years of clinical experience, and although her typology clarifies 'how certain traits and behaviours are interrelated within a psychological system ... we must not assume all the characteristics ... [of it] ... will be present ...people experience inner conflicts and display behaviours, traits, and beliefs that belong to *more than one solution*' (ibid p.191 [my emphasis]).

⁵ Present day psychoanalytic theorists steer clear of this 'normal/abnormal' terminology, aware of the sociological and psychological complexities around the concept. What Horney seems aiming to convey is what I have called, above, 'conventional, creditable lives' (sic).

2.3.3. Our 'False Selves'

My and the other authors' behavioural and personality traits noted above could then be indicative of our living out 'false selves'; so let us look at our stories again in the light of Horney's life solutions. Sylvia in fact catalogues a succession of 'false selves' or personae - adopted at different stages of her childhood: 'I was special in a good way. I was a fairytale princess' (p.15), and, denoting a 'split' [intrapsychic 'splitting' is the psychoanalytic labelling of this process (see e.g. Klein 1997 and Kalsched 2010, p.13)] she says:

I created a secret accomplice for my daddy by splitting my personality in two. Thus, somewhere around the age of seven, I acquired another self, with memories and experiences separate from mine, whose existence was unknown to me ... (p.15).

Then later:

I say these pictures are of me but they are not. They are of the "glamour girl" I glued together out of tinselly bits cut from movie magazines ... The job of my glamour puppet, whom even then I called Appearances, was to demonstrate that everything was super keen ... (p.65).

Successively, each enabled her to engage successfully in her social environment of the time.

By comparison, the coping persona that constituted the false self in Kathleen, Marion and me was consistently of the 'people-pleasing' and 'caring' type. All of us were 'useful members of society', though Kathleen does demonstrate a 'split' in her comment:

When that domineering force was in charge, I was either compliantly compulsively on or rebelliously totally off... (p.57).

This indicates a constant switching between compliant and expansive solutions. Marion is surely spelling out her false self in:

I will be perfect. I will be a scholar. I will be beautiful. I will make my body what I want it to be' ('Bone' p.112) and 'Instead of fighting I acquiesced' (ibid p.48).

She reflects, with hindsight:

I suppose I overcompensated in order to be acceptable and lovable. I think I have done it almost to death's door (ibid p.48).

It may be that Sylvia displays something of the 'detached or resigned solution', in that she fits Horney's description of being 'an *onlooker*' at herself and her life '[and] also an

onlooker at others' (Horney 1970, pp260-261 [her emphasis]). But this is more likely accounted for by the general detachment involved in all the life solutions as they distance one from the actual world, because she certainly does not fit another detached life solution attribute Horney lists: 'the *absence of any serious striving for achievement and the aversion to effort*' (ibid p.261[her emphasis]) because Sylvia clearly completely threw herself into living life in each of her 'roles'. This trait would seem to indicate the expansive or aggressive solution: 'bent on self-glorification, on ambitious pursuits ... with the mastery of life through intelligence and will power as the means to actualize their idealized self' (ibid p.192).

Kathleen, Marion and I all seem to have adopted the 'compliant, self-effacing solution'. Paris's elaboration of it is particularly fitting to our cases. He notes:

[They] ... try to overcome their anxiety by gaining affection and approval and by controlling others through dependency on them. They need to feel part of something larger and more powerful than themselves ... [which] ... often manifests itself as religious devotion, identification with a group ... or morbid dependency in a love relationship (Paris 1994, p.192).

All of the points he highlights appear to apply to us all, except 'religious devotion', which was not part of Kathleen's life. It would seem reasonable to assume 'morbid dependency': in Marion in her relationship with her husband, in Kathleen from her agony over her longstanding love relationship disintegrating, and in my case could it be that my relationship with my *children* was a sort of morbid dependency? Horney's observation that

for the typical self-effacing person ... the appeal is as much in loving as in being loved. To love for [her], means to lose ... [herself] ...to merge with another being ... and in this merger to find a unity which [she] cannot find in [herself] (Horney 1970, p.240)

makes it a highly feasible thought. Kathleen deviates from part of Horney's description of this type: '[She] is [her] subdued self ... [she] ... tends to suppress in [herself] anything that connotes ambition, vindictiveness, triumph' (ibid p.216) because she seemed to be ambitiously progressing her career, and some vindictiveness seems implicit in the aggressive argumentative outbursts she mentions – supporting my suggesting an element of the expansive or aggressive solution. Making these tentative deductions, I reiterate Horney's assertion that all the solutions are potentially present simultaneously, with generally one dominant or sometimes two in conflict with each other.

I have noted that we were all largely detached from our bodies, living cerebrally. Even though Kathleen and I had lifelong problems with illness we seem to have had minimal awareness and total disregard for the fact. I lived with ‘eyes doggedly averted’ from myself; never questioning my actions; never inquiring into my thoughts, and when I did begin to examine my life it is clear by hindsight that it was as a ‘*detached onlooker*’, and Kathleen acknowledged: ‘I had minimal awareness of my awake-life experience’ (p.7).

This point leads me to conclude an element of the *detached* solution in us all; although it may, again, be accounted for by the general detachment involved in all the life solutions.

2.4. Addiction

Horney’s comment that detached people ‘often pass for “normal” (Horney 1970, p.259) certainly fitted us all though, and part of her description of this detached solution has particular relevance: It ‘consists essentially in ... withdrawing from the inner battlefield’ (ibid p.259). She describes this inner battlefield: a ‘major conflict between expansive and self-effacing drives’ (ibid p.270), spelling out:

There is not only a conflict, but a conflict of sufficient impact to tear [her] apart. If [she] does not succeed in diminishing the resulting tension, anxiety is bound to arise. [She] may then ... take to drinking to allay [her] anxiety (ibid p.189).

Or, we could add, may allay this intrapsychic anxiety with any other addiction. Gerhardt notes: ‘The substance of choice ... [in addiction] ... is something that soothes and in effect medicates the physiological disturbance of emotional distress’ (Gerhardt 2009, p.105).

Apart from Kathleen (see 2.2.1.), none of us were addicted to noxious substances, but our stories certainly all reveal addiction. Kathleen also speaks of

compulsive “workaholic” behavior (p.156) [and her realisation of] a connection between ... chronic fatigue and chronic perfectionism (p.174).

Marion tells of anorexic and bulimic problems, and came to see in herself (and write about [Woodman 1982]) addiction to perfection. Though it went unnoticed, I had a tendency to perfectionism which manifested in such quirks as not being able to wear items of inexact colour match; not being able to leave the bathroom till I had neatly hung the towels, and other such trivia, but also, more detrimental to our family’s life,

unable to leave the house before I had finished tidying things away (obsessive tidying), making us so often late: I can confirm that it most definitely 'has the quality of insatiability' (Horney 1970, p.30). Sylvia also tells of anorexia, and we can sense the addictive, perfectionist nature of her acting out of her different 'roles'. 'Among the drives toward actualizing the idealized self, *the need for perfection* is the most radical one (ibid. pp.24-25 [her emphasis]).

2.4.1. Addiction and the Body

Fittingly Gerhardt flags up in this regard the factor of the body: 'A susceptibility to illness and addictions is rooted in [...] estrangement from one's own body and in the resulting difficulties in regulating feelings' (Gerhardt 2009, p.110). It is in this trait (addiction) that the 'driven', rigid nature of the 'false self' is most clearly demonstrated. It is the polar opposite of the flexibility of the healthy functioning Horney calls the *real self*, outlined by Horney:

[It] engenders the spontaneity of feelings ... the capacity to wish and to will; it is the part of ourselves that wants to expand and grow and to fulfill itself ... It therefore leads to genuine integration and a sound sense of wholeness ... function[ing] without serious inner conflict (Horney 1970, p.157).

I must note that Horney's concept of the 'real self' has been critiqued by several writers, but this outline of hers serves here simply to highlight the *rigidity* of the false self.

To reiterate, it seems clear that both Sylvia and Kathleen were manifesting conflicting expansive and self-effacing drives, and that though Marion and I obviously had dominant self effacing life solutions we can perhaps detect an element of the expansive in our leanings to grandiosity. We can also deduce that we all had intrapsychic conflict '*of sufficient impact to tear [us] apart*' from the realisation that we all had needed the extremity of addiction to allay/keep it at bay. It is easy to understand, from all the above that addictive behaviours with their rigidity and insatiability are a particularly powerful way of keeping firmly in place the defensive persona. It speaks of the powerful urge of the need to be in control, and by inference the size of the fear of *losing control*.

Meanwhile the next question is what, in light of all this, was going on at our narrative fracture?

2.5. Mechanics of the False Self

We have established that the discrepancy between our behavioural traits and what I have called our 'conventional, creditable lives' could be accounted for by the supposition that we were all living in 'false selves'. The false self can be understood simply, in light of the Horneyan theories I have been guided by, as a composite held together by a dominant life solution with other solutions repressed. *What then 'collapsed' at narrative fracture?* It seems logical to deduce that it was our false self that had 'fractured' or rather, more specifically put, the narrative associated with it, as described by Hunt: 'Horney's life solutions can usefully be thought of as self-concepts which contain a narrative including a powerful narrative of "shoulds" which determines how a person *should* behave, what she *should* be doing with her life, what sort of relationships she *should* be engaging in, etc' (Hunt 2000, p.66). If this is the case we must now try to understand how what we have already noted as often a seemingly 'innocuous' happening can dislodge the apparently enormous psychic tenacity involved in maintaining and protecting the false self.

This psychic tenacity is widely acknowledged by theorists, and particularly psychotherapists who have to battle against it with their clients (e.g. Leiper and Maltby 2004, Kalsched 2010, Gerhardt 2009). To understand the overwhelming power of this vice-grip we need to realise that the false self is by nature *self-perpetuating*. Kalsched, referring to the problem as it is encountered in psychotherapy, explains: '[The] self-care system [his term for the defensive 'solutions'] is [so] powerful ... the patient inadvertently resists the very surrender to the process that would restore a feeling of spontaneity and aliveness (Kalsched 2010, p.26). He notes the dyadic nature of this 'self-care system' referring to it as an inner 'Protector/Persecutor', which:

is not educable ... It functions on the magical level of consciousness with the same level of awareness it had when the original trauma ... occurred. Each new life opportunity is mistakenly seen as a dangerous threat of re-traumatization and is therefore attacked. In this way the *archaic defences become anti-life forces*' (ibid p.5 [my emphasis]).

He helpfully expands on the 'magical level of consciousness' - when describing Charles Odier's⁶ ideas - as 'the magical level of infancy with its associated conviction of imminent catastrophe and its terrors of malevolent "forces" or "beings"' (ibid p.118) and

⁶ Kalsched describes Odier as a 'long forgotten, though brilliant psychoanalytic theorist, [who] was a contemporary of Jung's' (Kalsched 2010, p.117)

that it is 'developmentally earlier and more primitive than normal ego-defenses'⁷ (ibid p.4).

Horney concluded that these defensive strategies 'continually augment each other in a vicious circle' (Horney 1970, p.121). She details the mechanics of this tenacious vice-grip, explaining that on the one hand we are 'driven' by a plethora of imperious 'shoulds' we impose on ourselves to maintain our idealised self (ibid. pp 64-85). Remember Marion's 'I will be perfect. I will be a scholar' etc (p.112) - all obviously compliances with her 'shoulds'. The tenacity of the 'shoulds' is demonstrated when, much later, now so much more aware and recovered enough from cancer to help run a seven-day workshop she writes: 'The voice becomes louder inside me: "You aren't pulling your own weight. Really no purpose in being here ..."' (*Bone*, p.157). I recall too my own inner dictate that I 'should' have my mother to stay frequently, to give her regular respite from my father's oppressive regime, completely regardless of whether convenient to my own family. The inevitable failure to comply with all the barrage of 'shoulds' (as they are beyond human possibility of attaining) then engenders a vicious self-hatred, and merciless self-berating (exemplified in Marion's self-berating 'not forthright enough', and the self-spite of that 'really no purpose being here' above). On the other hand is the existence of what Horney calls 'neurotic pride', the substitute for genuine self-confidence, which is based on the 'imagined merits' of the idealised self (Horney 1970, pp 86-109). 'We can hardly overrate the intensity of the impact of ... [these] ... inner dictates. The more the drive to actualize [her] idealized self prevails in a person, the more the shoulds become the sole motor force ... driving [her]' (ibid p.84).

Leiper and Maltby talk of the compulsion to repeat. They tell of the gradual realisation in psychotherapy circles that 'resistance to change might have ... deeper roots' and describe the evolving of this discovery from when Freud, growing more pessimistic over therapy succeeding in the face of this resistance 'proposed a new level of resistance, which he termed 'repetition compulsion' concluding it was 'not simply a resistance to psychotherapy or a defence against painful experience, but ... a fundamental conservative feature of mental life' (Leiper and Maltby 2004, p.106-107). 'So pessimistic was ... [Freud] ... about this "repetition compulsion" that he attributed its origin to an instinctive aim in all life towards death' (Kalsched 2010 p.4).

⁷ I steer clear of using the Freudian concept of the ego, as I have not personally found it particularly helpful in my attempts to understand the nature of the psyche.

There is physiological explanation also of this tenacious rigidity and aversion to change from neuroscience. Damasio explains the basic human brain process of neural mapping: 'Mapping is essential for sophisticated management, mapping and life management going hand in hand. When the brain makes maps it *informs* itself ... Maps are constructed when we interact with objects, such as a person, a machine ... (Damasio 2010, p.63 [his emphasis]). This could well be the neural mechanism maintaining the (albeit false in this instance) 'feeling of identity and unity' (Horney 1970, p.22). The difficulty of reprogramming - remapping - of neural pathways, once they are in place is well known, from, for example, the literature on re-routing of motor skills in stroke victims (Bolte Taylor 2009, Doidge 2008).

All of this gives an indication of just how momentous the task is to breach that resistance. But *paradoxically* Horney talks of a 'collapse into the opposite' if the chosen life solution/s fails despite the psyche's tenacity in holding on to it. When explaining 'neurotic pride' states she says:

[She] still feels at bottom unwanted, is easily hurt, and needs incessant confirmation of [her] value. [She] may feel strong and significant as long as [she] wields power and influence and is supported by praise and deference. But all of these feelings of elation *collapse easily* when, in a strange environment, this support is lacking; when [she] incurs failure; or when [she] is by [herself] (Horney 1970 p.86 [my emphasis]).

She illustrates, from a novel of her time⁸, this fall into the opposite state. It is the story of a

conscientious clerk, subdued in his home life and his office ... never thinking of anything but doing his duty. Through the discovery of the fraudulent maneuvers of his boss, with the resultant bankruptcy of the firm, his scale of values crashes ... He too he realises could be "great" and "free" ... could have ... [his boss's] ... very glamorous mistress.

When in this inflated pride he approaches her and is rejected, he strangles her (ibid pp27-28).

2.5.1. Our Narrative Fracture Revisited

Let us remind ourselves how it happened at our narrative fractures. My daughter left home for her 'gap' year and I went rapidly from a competent productive pillar of the

⁸ 'The Man Who Watched the Trains Go By' by Georges Simenon. Re-published by Penguin Classics 2006

community to someone without a sense of identity. Sylvia lost her job and went from happily married successful journalist to almost agoraphobic recluse. Kathleen had a bad dream and went from ladder climbing career educationalist to panic-ridden survival, faced with acute health problems, whilst Marion unable to succeed in hailing a taxi went from dedicated teacher to guru-seeking hippie.

These were certainly ‘opposites’ into which we each had ‘collapsed’. In my case, from my false self functioning in a mainly compliant/self-effacing life solution (with an element of the detached solution) I ‘switched’ – albeit covertly – into an element of the aggressive/expansive solution: Though I was floundering in loss of identity there was a grandiosity about the ‘higher goals’ I was bent on pursuing with Elaine. The same analysis can be applied to Marion and Kathleen: there is a flavour of grandiosity in Marion’s master plan for solving her problem, and likewise in Kathleen’s seeking help in auspicious venues (e.g. Eselan⁹). And what of Sylvia? She certainly switched into the detached, but although she withdrew from the outside world she was on a mission:

the powerful polemic that will lay the foundation of the feminist movement is beginning to appear ... I decide to attempt a feminist novel covering forty years in a woman’s life (p149).

This produced a first novel, which was followed by four others (‘rife with sexual violence that offended some critics’ {p.211}). There is seemingly still an element in us all of ‘trying ‘to maintain a picture of [herself] of which [she] can be proud’ (Horney 1970, p.192). Is this our attempting to maintain something of the idealised self as hedge against fear of disintegration, which the derailing triggers, and indication of just one of the suppressed emotions released in us at the time of fracture? Primary emotions erupting in me were fear and existential panic; in Marion, once in India, it was also fear and existential terror; Kathleen’s was overwhelming grief; and in Sylvia it was depression ‘deepen[ing] into despair’ (p.146) and grief.

To sum up, several things seem to be activated by the narrative fracture’s jarring/dislodging of the false self:

- The dominant life solution is ‘discredited’;
- The false ‘sense of unity and self-identity’ is derailed;
- We seem to fall into an opposite life solution – a different dimension of the fragmented self.

⁹ A conference centre in California established in 1962 to explore human potentiality.

These are accomplished by what I call the 'trigger event' and Horney refers to as 'some upsetting event that occurred just prior to the "breakdown"' (Horney 1992, p.91) from which, we recall, we must try to understand 'what in particular was set off in the patient by [the] specific difficulty (ibid. p.91).

2.6. Reflexive Review

In this chapter my objective has been to gain in-depth understanding of the phenomenon I have called 'narrative fracture' by, firstly, recounting my own experience of it, and then my three 'co-researchers' experience of it, through extracts from their texts. The nature of narrative fracture has been demonstrated through these and through bringing relevant theory to bear on them. I can now refine my initial definition of narrative fracture, in light of all this, as: 'a life-hiatus; a crisis, that sabotages/derails the sense of continuity in the life-narrative of the sufferer, always triggered by some event/happening, which may or may not appear innocuous, but which is a trauma blow to the psyche'.

I need to embrace the concept of paradox as I reflexively review my findings. What has gradually emerged through the chapter is that the life-hiatus/crisis of narrative fracture is paradoxically actually a beneficial phenomenon: the life-narrative it actually fractures/dislodges is the false-self narrative. The sense of continuity it derails is a false sense of continuity. That sense of continuity, our sense of who we envisaged ourselves to be in our lives – our identity - was, as we have seen, founded on our idealised self-image. It is sustained by a plethora of (unattainable) 'shoulds', which in turn engender bitter self-hatred and self-berating, and on the other hand 'defensive pride', all powered by the hijacked life energies. This dislodging of our established sense of self-identity brings, we have seen, temporary falling into some opposite life solution, perhaps reflecting another aspect of the fragmented self, and into a general chaos, with primal emotions (e.g. terror, fear, grief) erupting. Paradoxically, being released from the 'straitjacket' of the false persona brought – certainly in my case - such chaos and identity-collapse that a fear of going mad was on occasion quite real.

The narrative fracture also seems to equate with Horney's idea of 'collapsing easily' into the opposite, as it topples the unity of the dominant life solution, exposing the futility and fraudulence of the self-beliefs of the idealised self. So, paradoxically, the

tenacious, entrenched *vice-grip* of the false-self life solution ‘collapses easily’ at the swipe of the ‘trigger event’.

It appears that narrative fracture can set in motion, via this ‘derailing’, a process of emergence and growth of authenticity or feeling real, what Horney calls ‘the real self’. This was certainly the case in the other authors’ and my story. The day-to-day reality however of this beneficial process, for me and, it seems implicit, the others, was ongoing chaos, living without established foundations, intermittently tossed by overwhelming emotions.. It seems yet another paradox: ‘chaos as beneficial’.

For me the paradox of the *manipulative* nature of the life solutions was particularly startling. I have focused in this chapter on the *intrapsychic* elements of the false self and these Horneyan life solutions, but there are of course also *interpersonal* elements, which are as she says, in constant interaction with the intrapsychic (Horney 1970, p.291). We remember that desperate need she speaks of, for ‘self-confidence, or a substitute for it’ (ibid p.21) that engendered the creation of the idealised self, which ‘endows [her] with unlimited powers and with exalted faculties’ (ibid p.22). She highlights the constant ‘search for glory’ this entails and the ‘neurotic claims’ upon others to which it gives rise: ‘all [her] needs growing out of [her] inhibitions, [her] fears, [her] conflicts, and [her] solutions ought to be satisfied or duly respected [by others]’ (ibid p.41). This covert domineering I found easy to comprehend vis-à-vis the expansive/aggressive life solution, but definitely not in the compliant life solution – i.e. not in myself: Surely someone so self-effacing and accommodating could not remotely be capable of manipulating others? I recall my shock when I was confronted with this self-attribute in psychotherapy (4.1.) and am reminded of Horney’s own amazement as she gradually realised:

the blindness of patients toward obvious contradictions within themselves. When I pointed these out they became elusive and seemed to lose interest. After repeated experiences of this kind I realised that the elusiveness expressed a profound aversion to tackling these contradictions ... panic reactions in response to a sudden recognition of a conflict showed me I was working with dynamite (Horney 1992, p.15).

The examination of our post-fracture lives – including the gradual exposition of these contradictions and unconscious manipulations - comes in chapter 4.

And was it all actually happening randomly in our lives? I find it hard to think so. The thought that struck me forcibly one day as I mused on the common denominators in our autobiographies was the *timeliness* of our initial narrative fractures. I could add to Sylvia's: 'It seems to be a law of human nature, as compelling as Newton's, that whatever is hidden in the psyche will struggle to reveal itself' (p.153) the rider 'and it chooses well the time to do so'. Marion's 'fracture' occurred when she was in comfortable 'early mid life' (p.175), and Sylvia's when her personal life was settled and secure. Kathleen was at the time of her 'fracture' well established and advancing in a secure career, and none of the three had the complication of dependent offspring to claim their responsibilities. In my case, as I did have that constraint, my narrative fracture occurred after my last child had left home, just when I had more time for myself. It would be difficult to imagine more ideal timing for any of us. I accommodate this thought by remembering Polanyi's 'We can know more than we can tell' (Polanyi 2009, p.4) and come back to it in chapter 4.

Kalsched makes a related point, speaking of the false defence system:

rarely in our contemporary literature do these [false self] defences get any "credit", so to speak, for having accomplished anything in the preservation of life for the person whose heart is broken by trauma. And while everyone agrees how maladaptive [they] ... are in the later life ... few writers have acknowledged the miraculous nature of these defenses – their life-saving sophistication (Kalsched 2010, p.2).

Not only was the 'better day' for the kick-start of resolution of our defences seemingly perfectly timed, but we had also been, from the trauma outset, seemingly 'protected' from physical death towards the advent of that 'better day'.

My theory is that the trauma at narrative fracture mirrors the primal trauma - which theory I develop in the next chapter. Although I have found in Horney's theories the clearest explanations of personality and behavioural states resulting from problematic beginnings, for understanding of this crucial *trauma* element I have turned to post-Jungian psychoanalyst Kalsched's work:

The inner world of trauma ... duplicates itself ... in a pattern which Freud justly called *daimonic*. In Jung's language... the original traumatic situation posed such danger to personality survival that it was not retained in memorable *personal* form but only in *daimonic* archetypal form [which deep layer of the unconscious] cannot be assimilated ... until it has been "incarnated" in a human interaction ... it "exists" in a form that cannot be recovered ... *except as an experience of re-traumatization* ...[i.e. it] must

become a *real* traumatization with an object in the world if the inner system is to be “unlocked.” (Kalsched 2010 p.26 [his emphasis]).

I find further explanation of this in Mancina’s notion of *implicit memory*: ‘the archive for unconscious experiences that cannot be remembered or described verbally’. He explains that ‘Experiences of early infancy – including traumas – can only be filed in this memory, as it is the only one available so early in life’ (Mancina 2006, 97-100). The key point I am taking from Kalsched here is that primal traumas cannot be assimilated until they have been “incarnated” in a human interaction; that it is an *experience of re-traumatization* with ‘an object in the world’ that thus ‘unlocks’ the inner system. Do our narrative fractures and ongoing crises thereafter have this role?

I have designated narrative fracture as trauma and have outlined my theory that the trauma at narrative fracture crucially mirrors the primal trauma. Whether it does, and whether, following Kalsched, it is ‘a re-traumatization with an object in the world’ that ‘unlocks the inner system’ we can explore in the context of its roots, to which I now turn.

CHAPTER THREE

Anatomy of Self-Identity – Story in the Making

Janet: Early Years

Write your story. Start at the beginning. Simple.

But what is the beginning? What if you have no childhood memories? My siblings and I are amnesic about our childhoods. My sister found an apt metaphor:

'It is as if we all existed in separate bubbles!'

She's talking about how none of us seemed to be talking to each other. What we're actually giving voice to is the milieu of our home life, a subdued, heavy, strangely silent atmosphere. What is particularly odd about this is the fact that we were a family of seven children, I the fourth of them; a household of nine people.

But just for me, out of all of us children, a bubble of light blows in like a Tinkerbell – a sparkling full-of-life apparition - when my family takes on a live-in housekeeper, who has come complete with her four-year-old daughter, Judith. Just three months older, to the day, than me! We become inseparable at once; my life has 'come alive', transformed. Happy memory images arise: we are pedaling three-wheeled tricycles, laughing together; we are cooking a dinner of pink petals in the upturned dustbin lid! Now has come the ultimate comfort of being able to start school with a ready-made best friend. No first day nerves for us; just a new shared adventure. There are, admittedly, some uncomfortable anomalies: Why is Judith out-of-bounds when in her and her mother's room? But, worst by far, why is my mother sometimes 'nasty' to her, making me feel simultaneously betrayer of both, struggling uncomprehendingly with conflicting loyalties.

Let me pause here to locate us. The country is turning away from the war years into the Fifties. Those thin sugar paper ration books are gradually disappearing. We are living in a Birmingham suburb, a 'good Catholic family'. Whilst Judith (Tinkerbell) and I are enjoying our first-day-at-school adventure, the family is moving house – though still in the same parish, this one is in a more select suburb. Judith's mother collects and walks us home the mile to this much grander new house, where there's lots to explore. Of

course that heavy empty-feeling atmosphere has moved in too, it got here before us two.

'Let's go in the garden!'

Judith and I have the same ideas at the same time, like twins.

Another exception to the amnesia is memories concerning my maternal grandmother "Nanny". Her imposing Victorian house has a so peaceful and inviting atmosphere. I conjure it still: the whisky smell in the sideboard; the dainty china; that little mahogany dustpan that sweeps crumbs from the damask tablecloth; the silver sugar tongs . . . It is joy here from our first waking breath. Enticing aromas creep up the stairs: wood smoke from the newly lit kitchen fire mingling with sizzling bacon. So exciting to sit around this big oblong table with my older siblings and eat from this art deco crockery, orange and yellow, bright and sunny as the morning and Nanny's Irish laughter. There's a gate in the low fence at the bottom of her garden, with bluebell woods beyond, and these of course are our after-breakfast destination.

Judith is not here. I am in another world at Nanny's. At home and at school is where Judith fills my life and reigns supreme. There, constantly side-by-side as we are, some of our teachers joke that we look like twins. We just marvel at this adult stupidity. But suddenly, when we are both eight years old, comes an unspeakable catastrophe. I might as well have fallen headlong over a cliff.

It is September start-back-to-school day. This is the beginning of our life in 'The Juniors'; we are to be the 'big children' now. My father has appeared from nowhere. He takes no part in our getting ready. As usual he is chivvying:

'Hurry up! Get in the car. Get – In – The – Car!'

But where is Judith?

She's nowhere. She can't have slept at our house; I didn't know. I have been tricked. No one has told me what or why. I can't ask. I will not be answered. We never ask; 'if you ask you don't get!' We know that. I am frozen to the spot. It is impossible to go to school without Judith, especially to 'The Juniors'.

But I have to.

Though swathed in layers of smart new uniform I feel stark naked, no, worse: as if I have no skin. I am one amorphous mass of agony. New adventure has turned to nightmare. Silently, unseen, I am crying as we drive to school.

I enter the strange new classroom a mute and lifeless mouse. My Judith-boldened life has gone. She and I had been top of the class last year, so I am in the 'A' stream, and the top group. But by Christmas I have been moved down, down, group by group. Now I am in the bottom group. I have never acquired this broad Birmingham accent – I am alien. But even here I am looked down on; I feel lowest of the low. In reading group:

'Janet won't speak up, Miss! We can't hear what she's saying!' they loudly chorus. *How smug. Don't they know that even though I'm forcing it to bursting point, I can't muster any louder voice? I am constantly off school ill, and dragged from doctors to hospital appointments. Finally I am to have my tonsils out, and a very surprising buying spree happens. So here I am, entering the hospital ward like it was Christmas day. New floral quilted dressing gown, pale blue moccasins with white fur trim, fat 'silver' hairbrush with flowers on the back. Five smiley girls, all around my age, all with pretty dressing gowns on, have already settled in. Life here is wonderful, a comforting, cheery round of mealtimes and washing and baths. Now it is lights out. But what's this? It isn't the dreaded darkness (my phobic fear of the dark was to last another twenty five years); there is a soft green-shaded light on the nurse's desk – all night long, Now I sleep the deep sleep of peace, knitting up the unravelling of all those nights I forced my way into my younger sister's bed, resisting with terror-fuelled strength her sleepy efforts to push me back out.*

The bounty continues throughout my stay, with books and comics from a family friend 'auntie Ruby', jellies and ice cream for all from my mother, and after my operation, a beautiful crinoline lady made all of shells, crowning treasure, from that same generous auntie. All too soon the nurses are packing my case, excited for me that I am going home. They can't know I am not pleased, neither, consciously, can I. My father, waiting outside the ward for me, brings the other reality back. He drives me home in silence (or so it seems) under grey skies (or so they seem) then drops me at the bottom of our drive, and returns to work. The small scene that follows has not faded with time. Here is my mother, dark hair set in neat flat-waves, slender but bowed, sitting by the kitchen table. Despite her smile and words of welcome there is no sense of laughter or light about her; such a lurching contrast with what I have just left behind. Hindsight records a horrible empty feeling in my stomach that only many years later could I recognise as depression.

I am ten, and at school things take an unexpected turn. Miraculously despite my massive absences I am still in the 'top' i.e. 11+ class. As I walk into the playground at break time one day, someone shouts:

'Judith Houghton is back!'

Back? What? How?

I see her at once, and I am diffident, disorientated, as she comes up to me. I've got used to the hole in my school life now, have even made one or two substitute friends, but our 'best friends' routine of course resumes forthwith, and I am deeply re-orientated.

Towards the end of this school year I receive the fate-worse-than-death (our teachers' view) news that I have failed the 11+. I am almost winded by this bombshell, when my mother opens the post. Somehow I get to school, where Judith greets me with a doom-laden, shame-faced:

'I've failed!'

'So have I!'

I am instantly transformed. That's all right then. Her shame and my shame seem to have cancelled each other out. Anything is more bearable together – we can await our fate, and concentrate on other things, like the Girl Guides.

At the dreaded secondary mod, as it was derisively referred to by the grammar school pupils, failure turns out to be so much fun. Usually top of the class each year again now, we are also excelling in the Girl Guides. We cycle out into the country regularly with saddlebag picnics, all the while confident that we want to be farmers when we leave school.

Alas, this happy life plan has given way to realism now that we are fifth-formers. In the event, with more 'O' levels than our grammar school ex-friends, we trail blaze - amongst the first from secondary modern schools to gain places in colleges of education – and both train to be teachers. Our paths diverge again, as we head off to different colleges; me to balmy Southampton.

Before we diverge, though, there is youth club to mention. Our parish has opened a youth club in the church hall - because this is the birth era of 'rock and roll' and the parish youth need to be restrained from 'going off the rails'. My friends and I soon join. One of them is enamoured with one of the boys in our fifth form. Tonight he and his friend are at youth club as usual by the time we arrive. Most shockingly, this favoured

boy (whom I also, no doubt like many others, but silently, find attractive) has started talking to me:

'I'll meet you at the bus terminus next Friday,' he announces – a statement rather than a request.

What? He's making it sound like we have some prior arrangement, which we haven't. He obviously wants to walk me to the club next week. My friends are beside me and stunned; I am stunned. But I am life-long schooled in not manifesting any emotion. Therefore I calmly, compliantly, reply 'Alright.'

Now I am in a daze of unreality; waiting for the universe to implode at this obvious deathblow to my friend. In the monumental silence I am miles adrift, battered by overwhelming waves of guilt. But, here's the rub: it is unutterable (I have never learned any vocabulary of emotions for sorting relational issues. Ours was the house of deathly silence remember). I have to live with the ongoing thorn of guilt. The favoured boy is now escorting me to and from youth club every Friday. His dancing is excellent, so is mine. I sometimes notice people watching us dance. I am addicted to kissing him – seemingly innocuous detail, but it has significance in my self-inquiries decades later.

Where are my parents in the story? Here is a home-based incident, from these halcyon youth club days. I walk straight into it from our kissing-laden front porch leave-taking. An ominous extra-deafening silence and an acrid burning smell hit me at once. My second oldest brother, hovering in the hall, tells me the news, soto voce:

'The cloakroom caught alight and two fire engines came.'

I creep over to the passage and look into the cloakroom – now a blackened stinking shell.

'How?' I whisper.

'Probably Mum's cigarette ash.'

O, catastrophic news – we all know my father's view of my mother's smoking. Despite youth club euphoria I recoil. My father will see it as just 'punishment' for her 'crime' of smoking; have moral high ground high as Everest. There will be an acrid black atmosphere longer lasting than the smell. That moral high ground is my father's position with all of us. We children are all, in his eyes, suffering from bone-idleness, totally lacking in any 'gumption', and wanton squanderers, particularly of electricity:

'House looking like Crystal Palace as usual when I drove in!' Much berating needs to be done to improve us. Public school educated, he has a successful road haulage business and, a typical workaholic, is generally oblivious of his children's lives, apart from their shortcomings. Hence it is mostly lecturing, or hectoring, that punctuates the

silence in our house. Strangely, in the outside world he's a different person, quietly spoken and self-effacing.

My mother is quiet and shy too, like her father. She was Convent boarding school educated then legal secretary. Though she did tell of it, she never divulged details of the nervous breakdown she had sometime during those years of working for solicitors, before marriage. Mealtimes are a delight at Nanny's house, but strangely I have no appetite eating at home. I eat heartily on bike picnics with Judith, and I don't notice the anomaly. Sunday lunch is adulterated by my father's presence, drilling in 'manners'. There is another, furtive, aspect to our eating however. A stash of biscuits and chocolate, of which our father is kept ignorant, is hidden in and dispensed surreptitiously from the dining room sideboard. Knowing now the emotional connotations of food, I have come to realise that this was the food (comfort) with which my mother actually sustained herself and us.

A culinary note of a different flavour is my mother's periodical, depressively stated 'I shall put my head in the gas oven'. In the early days I did not understand the 'kill myself' inference, but certainly understood the deadly tone of voice. I do not recall my mother very often laughing out loud.

In this emotionless, appetite-less mode I have come to college. Now, early in the second year, I have found an extra-special friend, Claire. She reprises Judith in my life. Tall, with curly hair, she is softly and elegantly spoken, and delightfully, shockingly frank.

'With a bastard of a father like that, not surprising!' is her refrain whenever I struggle with something. This is my first experience of honest reflection. We philosophise together, work at holiday camps in the vacations and occasionally hitchhike to London. Like me, life circumstances sent her to a 'secondary mod' and, considering ourselves consequently more down-to-earth, we disdain the frivolous histrionic conversations of the single-sex convent and grammar school-educated girls, our fellow students.

As third years now, we have the privilege of single rooms. But Claire's and mine have an interconnecting door, and best comfort of all is about to come this way. We both, we are relieved to discover, have that horrible fear of the dark, so we are now dragging my mattress into her room, and in the soft light of her candles artistically dripping down

their wine bottle holders (so 1960's) we are talking ourselves peacefully to sleep. A genius nightly ritual is established.

My devastating inner pain is being assuaged, by this nightly talking. Source of that pain was my classmate-become-dancing-partner, who suddenly, in the middle of my second college year, tired of a part-time girlfriend, and saw 'the red light' as he put it, and was gone. Gone. I then was gone - into a bottomless abyss. My only agony-vent was a long bath every evening, where I could cry incessantly. When I emerged red faced from 'hot bath' none guessed the devastating deluge. Now I am sharing this with Claire. She is hugely empathetic.

College finished, Claire and I have both obtained teaching posts in Hampshire, and I spend weekends at Claire's flat, because my landlady returns home each weekend. Shockingly, if the probationary teacher I share her house with during the week goes home for a midweek night, a cold panic sets in for me. I switch on every light, and even thus 'protected' do not sleep before the 'safety' of dawn – what would my class of six year olds make of this? Claire's mother has taken our social life in hand, and is announcing to us both, as we sit exhausted from the week's teaching:

'There's a dance at Arundel Castle in a couple of weeks! I've got tickets for the three of us'.

'Don't be ridiculous, Mummy, we're far too exhausted to go out in the evenings. We're in bed by nine every night!'

'Nonsense!' retorts her mother, 'you can't just work and sleep. You need husbands!'

'Oh, God!' mumbles Claire, inwardly acknowledging defeat from long experience.

And indeed this is the advent of my Sussex husband, who comes with friend to that auspicious Dance.

* * * * *

The early years of my subsequent married life are spent in Sussex, where carpenter/site-foreman now teacher-trained new husband sets about renovating our

Victorian cottage first home and our first baby is born. Two further children, a clutch of chickens, and a handful of years later my husband makes a job move which takes us to the wilds of Norfolk. Our half-acre garden there, in the village of Gimmersley, is heaven for our young children and the chickens. But for uprooted husband the whole thing is a frightful culture shock. I have brought the bulk of my social milieu with me in the children, but even I am not totally immune to this eerie step back in time after sophisticated Sussex. Eventually we become embedded and made good friends – most notably a loving and supportive bible-study group in a neighbouring village.

Into a social life infinitely enriched by this little group our fourth and last child is born. A letter arrives a few days later, from the hospital where I have just given birth, so probably notification of my post-natal check-up. No, no. It is notification that rare antibodies have been discovered in my post-partum blood test. These are invaluable for sick premature babies, I am informed, and will be present in my blood for only about another fortnight, so would I give blood during this short window? I am horribly torn. I feel so utterly exhausted. I have stepped straight back into the domestic workload incurred by four children. But I don't feel I can possibly deny premature babies an extra chance of life, and so I agree. I am lying on the trolley in the anteroom whilst the blood is being taken, crying to myself. Only years later am I able to verbalise the feelings behind the tears:

'It's as if I am starving, and have only a tiny crust left, hidden in my curled-up fist, and someone has come along saying I must give it up for well-fed others to eat'.

We have gone well beyond my 'early years', but one final episode must be told. As our new baby turns three months there comes another nuisance intrusion. My mother had been to stay for a fortnight straight after the birth to help out, but now here is my father on the phone trying to arrange their next visit. The nuisance factor lies in the odd rider to the request: that I 'farm out the children for the day', as he has 'something to tell' me. What a huge extra burden with a baby so new and breast-fed. But dissent is not an option for me yet vis-à-vis my father. On the day, the baby's godmother across the road has kindly agreed to have all four. Lunch over we sit for my father's customary family-news bulletin.. I'm tired, but more attentive than usual on account of the odd 'something to tell' which must be imminent. In his usual emotionless matter-of-fact voice he is now telling me, after some preamble about his reasons for the present timing of the divulgence, that Judith is my stepsister – that he is her father.

How am I responding? How am I treating this total annihilation of my identity - best friend gone, life history as I know it gone? I am blanking it completely. I am acting as if everything is unchanged. With teatime over I am helping them get ready to leave, on the next leg of their hot-off-the-press journey. Now that they have gone I am walking, very calmly (catatonic, actually), across the road to retrieve my children, my stability. My emotional-level reaction? It waits eighteen years to surface, till this new baby decides on a pre-university 'gap' year – that omen 'gap'.

* * * * *

3.1. Reflection

As said, it is my view that ultimately the answers to the questions posed by our narrative fractures lie in early childhood. So what I am probing for here are the formative elements of our beginnings that may account for the behavioural and personality manifestations particularised in Chapter two, and may bring explanation for the efficacy of the particular 'innocuous' events which triggered those fractures. These inquiries are central to my study, but this is a difficult quest. Gerhardt considers it 'virtually impossible' to recreate the dynamics of the earliest familial environment into which we were born, so that 'we can never find out what happened in our own individual infancy by direct enquiry' (Gerhardt 2009, p.14, and cf. Stern 1985, p.viii). How then to go about such a quest? Gerhardt's answer is that there are 'other ways to excavate our own infant story because *we carry it inside* and *we live it in our close relationships* (ibid p.14 [my emphasis]). These are key pointers I have used to assist my task.

By the observation that '*we carry it inside*' Gerhardt is alluding to the multifaceted developmental patterns formed in early infancy which manifest in later behaviour and personality. What are these developmental patterns? Modern scientific advances are elucidating this development in different ways, adding to the founding body of knowledge from the psychology disciplines. Stern attributes this burgeoning of research to a 'revolution in the scientific observation of babies ... [there are] ... more systematic observations on the first two years of life than on any other period in the entire life span' (Stern 1998, pp1-2). Actually my clearest initial insights into early infancy came from two researchers who pre-date these modern developments: John Bowlby and Donald Winnicott, only later coming to the research of Stern and others.

Returning to my story, what can be gleaned from this brief narrative of the real nature of my primary, formative milieu? Several factors, which may most likely have a developmental bearing, clearly emerge: although ours was a well-respected family in our parish, the reality of the family life pertaining at my personal beginning did not tally with that public appraisal. I was born to and cared for by a mother whose life had been newly shockingly destabilised. My recollection is of her being frequently depressed; spending most of her time with her back turned doing housework, and very little time (especially after Alice and her mother's departure) talking to us; so it might be right to call her an 'absent' or distracted mother. On the other hand was an overbearing and condemnatory father, absent for most of the time, but whose influence pervaded even in his absence. We saw I had very little relationship with my siblings. Though I recall the household milieu as 'silent' it may be that my mother talked more than I can recall and that I have blanked this out so as not to 'hear' the depression conveyed in her tone. Or is that hindsight 'sense of silence' indicative of a lack of maternal care? There was a dearth of social involvement, our visiting being restricted to mainly grandmother's house, and two maternal aunts, and no social (visiting) interaction with other parish families or neighbours. Illness is another notable theme: Over and above the usual childhood illnesses I had lung problems from the outset; pneumonia at three months and several times subsequently through childhood, and perennial ear and sinus ailments. I had a general disinterest in food, except away from home, and I lived with two phobias, which were to blight well into adulthood: fear of the dark and dental phobia.

The most striking factor emerging from my story is the saga of Alice. I quite 'came alive' when she arrived, and always thereafter felt secure and socially confident – though with her always the 'spokesman' – in her presence. And in my memory I was always in her presence after her advent. Very sharp contrast comes with her departure. I was then instantly timid, mute, insecure and socially inept. Could it be logically inferred then that this was my residual state *before she came*? And if so, why? The other element of this saga is my parents and particularly my father. Essentially what the revelation of Alice's true status destroyed for me was the stability of the 'continuity' of my life. I had lived my life, since Alice's arrival, in the belief that she was my best friend, and that the 'American airman' story was true. In reality it was a planned fabrication in which all three parents were obviously complicit. But perhaps most pertinent is the deduction that Alice, being just three months older than me, would have been 'known about' at

the time of my conception. Whether I was 'reconciliation', 'accidental' or mother's staking claim on husband/marriage I cannot know and is not so relevant. What *is* relevant is what my mother's state of mind would have been during my gestation, after my birth, and then when, on one level obviously with her agreement, four years later husband's (reportedly 'ex') lover became our live-in housekeeper.

These then are the most apparent points that I have noted:

- A distracted and depressed mother
- An overbearing, critical father
- A subdued familial milieu with little relating between siblings
- Illness a recurring theme
- Phobic fears
- A significant family lie

I will consider what theory has to say about the possible effects on my development of these particular early circumstances. But first, what can we glean of the other authors' formative milieu from their texts?

Sylvia: Early Years

Like mine, Sylvia's family was ostensibly respectable, civically responsible, and church-going:

Our lawn was always neatly trimmed, our leaves raked and our snow shovelled. No one drank in my father's house ... no one took the Lord's name in vain ...

Twice every Sunday my family drives to St James' United Church in my daddy's secondhand Ford-with-a-running-board ... My father and three other gentlemen carry the silver [collection] plates ... up to the altar (Fraser 2004, pp.3-4).

As with me, there were serious contradictions between the family's public face and what went on in the privacy of the home. We get the impression of a little girl in need of affection:

Down ... the stairs I go, dragging Teddy Umcline by one ear. It is midday. My Daddy, who works the night shift, is in his blue-striped pyjamas. I hitch at the pink sunsuit that Granny Cragg made for me, waiting to be invited into his bedroom. My daddy gives me candies ... Of all the people in the world, I'm my daddy's favourite. *My daddy and I* ... (p.5)

The hypothetically supportive church, fount of the family's respectability, serves, for Sylvia, only to augment feelings of guilt and isolation:

[In] ... Sunday school ... we learn how Satan tricked Eve into eating his apple and God took off her clothes: "You've been bad, go naked!" (p.4)

Now I lie on my daddy's bed face buried in his feather pillow. [...] My daddy breathes very loudly the way he does when he snores ... Something hard pushes up against me, then between my legs and under my belly. It bursts all over me in a sticky stream. I hold my breath feeling sick like when you spin on a piano stool till the seat falls off. I hear God say: "'You've been dirty, go naked!' ... ' (p.8).

Nor was there any protection for Sylvia from her mother, whose aversion to anything remotely sexual is extreme:

My mother tries to pull my flannel nightgown over my head ... I push her hand away. "Why doesn't Helen have to go to bed yet?"

"Helen is four years older."

I clean lint from between my toes. I fish blue corduroy from my belly button ... I open my legs and – crack! My mother's hand strikes my cheek "Filthy filthy!" ... Panicking, my mother strikes my other cheek. "Don't ever let me catch you doing such a dirty thing again!"

Now I lie in the dark, between cool sheets, with my dirty dirty hands between my filthy filthy legs (pp.6-7).

In fact, for Sylvia at least, any kind of self-expression draws strong disapproval from her mother, increasing her need for her father's love:

Helen and I go with my mother to Loblaw's groceteria ... A lady with red fingernails plays with my hair. "What lovely golden curls, just like a fairytale princess." ... When my mother returns with her stewing beef, a ring of smiling ladies applaud as I swivel ... I know from my mother's corkscrew mouth that she is not pleased. My sister frowns behind her gold-rimmed glasses ... The spotlight goes out. I feel bedraggled ... I comfort myself: Who's little girl are you? My daddy loves me! (p.6)

The sexual abuse engenders night fears in Sylvia:

I cry when my mother puts me to bed. I didn't used to be afraid of the dark but now I know that demons and monsters hide in the cubbyholes by my bed. I'm afraid one will jump out at me, and rub dirty dirty up against me ... I beg my mother to stay with me but she says, "Such a fuss!" ...

She tries to defend herself against her father's behaviour, but it sets up a terrible internal conflict in her, because it is he who has appeared to give her the attention/affection she craved – not seemingly forthcoming from her rigid partisan mother:

Now when daddy plays with me I keep my eyes tightly scrunched so I can't see. I don't want his pennies or his candies or his cookies. Mostly I leave them by the pillow while he swallows me. I hold my breath to keep from crying because daddy won't love me love me love me (p.11).

Even though it inevitably failed, this attempt to stand up to her father is more than I was able to muster even after the birth of my fourth child:

Desperation makes me bold. At last I say the won't-love-me words: "I'm going to tell my mommy on you!" ...

My father replaces bribes with threats ...

"Shut up! What will the neighbors think? If you don't shut up I'll ... I'll ...

My father needs a permanent seal for my lips, one that will murder all defiance. "If you say once more you are going to tell, I'm sending that cat of yours to the pound for gassing!" ... My heart is broken. My resistance is broken. Smoky's life is in my hands. This is no longer a game, however desperate. Our bargain is sealed in blood (pp.11-12).

This unbearable inner conflict starts to erupt in hysterical fits:

I am running ... My rubber boot catches an invisible wire, pitching me forward on my belly. When I come to I am lying in the snow screaming ... My sister fetches our mother. "She's having another fit. She's turning blue!" (p.11)

A psychic split comes about from the realisation that she is unable to protect herself and has no hope of protection from outside:

One day I can stand it no longer.

When the conflict caused by my sexual relationship with my father became too acute to bear, I created a secret accomplice for my daddy by splitting my personality in two. Thus, somewhere around the age of seven, I acquired another self with memories and experiences separate from mine, whose existence was unknown to me. My loss of memory was retroactive. I did not remember my daddy ever having touched me sexually. I did not remember ever seeing my daddy naked (pp.14-15).

Her sense of security lay in her school world, where she was a success, and all was stable and predictable:

I am first to learn all the voices of the vowels ... In the cloakroom I teach the other kids to tie their shoelaces ... just like my daddy taught me.

But this is tragically ruptured:

I am in Miss LaStrobe's room, which is Grade Three ... Miss LaStrobe ... whispers to me: "You're to transfer to Room 11. Don't take anything but your jacket. You've been chosen to skip a grade."

I clutch my desk, feeling my universe tremble. Skip? Skip? Suddenly all is explained – mysterious conversations between my mother and principal Burns ... Miss Buchanan ... introduces me to my new class. Thirty-six pairs of eyes stare at me over their Grade Four readers: freak! ... My school world, which I count on for stability, has turned unpredictable (pp.25-26).

Sylvia's maternal grandmother, who appears to have given solace and stability to her early years, lived on the second floor of the family home. But she died around Sylvia's sixth year, and a homeless family, whose alcoholic father on one occasion sexually abused Sylvia, rented her rooms for the duration of WW2.

After her psychic 'split' Sylvia adopted a series of personae through her childhood and youth, through which she engaged with the world:

Other Grandmother ... confirms: "You get your blond hair from your father and from me ... Just like a fairytale princess." ... I scamper back ... repeating my talisman: just like a fairytale princess (p.18).

In high school there was 'the "glamor girl" I glued together out of tinselly bits cut from movie magazines ... an alter ego I created to hide my shadow twin' (p.65).

Then the intellectual: 'only my severed head went to college ... That was how I rid myself forever of the red-shoed mannequin I invented to hide my other self' (p.120).

Very clearly Sylvia's earliest environment was a milieu engendering extreme anxiety and terror; the extremity demonstrated by the fact of her psychic 'split'. But quite obviously her mother's highly skewed attitude to sexuality would have both predated and devastatingly added to this, by not only affecting Sylvia's physical and emotional nurturing but also rendering her totally without advocate/protector in the home. Her sense of security consequently lay, like mine, outside home and family, and then that, as in my case, wobbled.

The factors that stand out in Sylvia's story I summarise thus:

- A rigid and sexually repressed mother who clearly favoured Sylvia's older sister
- A domineering and - to her, not her sister - sexually abusive father
- A totally unprotective and fearful home environment
- Recurring fits – suspected as epileptic at first, later judged temper tantrums
- Night fears
- Father's incest: a deadly secret at the heart of her story

Kathleen: Early Years

Although Kathleen's earliest years are only scantily described in her text it is abundantly clear her primal environment was far from ideal, with her mother having already suffered ten years of mental health problems prior to Kathleen's birth. The extreme level of her anxiety within her home was revealed in her adult dreams.

Her psychotherapy revealed:

Almost immediately [in therapy] I recognized my need to rescue others and become imprisoned by their problems rather than (and perhaps in order to avoid) focusing on my own. This destructive pattern had begun in early childhood [...]

In nearly every dream, dream ego (the "me" in the dream) became anxious as soon as I realized that I was in my parents' house (Sullivan 1998, p.14).

My dreams about being the desperate caretaker accurately express the panic I felt when I was an adolescent responsible for my severely ill mother. Mother's precarious physical and emotional problems began ten years before my birth. To deal with a sudden weight gain, so the story goes, she fasted while drinking only soft drinks and smoking cigarettes. After several weeks of this weight-loss regime, she suffered her first "nervous breakdown" at the age of twenty-five (pp.15-16).

Although Kathleen only notes consciously registering this panic when she began looking at her dreams from her adolescent years, clearly that intrapsychic anxiety and panic was a constant of her early life.

It seems her father brought little amelioration of Kathleen's desperate situation:

During that time [high school years] my father's uninsured business was burned out, causing financial devastation ...

She mentions later in the book his

rages and depressions [and his] often told story of "almost making it in the big time" ... [as a musician] (p.148).

Her mother's appalling diet led to serious health problems, compounding her mental difficulties:

In her early forties Mother's spine began disintegrating, resulting in a series of unsuccessful major surgeries. With the onset of her back problems Mother's chronic "nervous condition" moved into severe clinical depression. For three months she experienced extended catatonic periods, which were

not alleviated by electric shock treatments. Mother's alcohol addiction was superseded by sleeping pills and morphine after her first surgery (p.16).

Being her mother's primary carer except when she was hospitalized took its toll on Kathleen:

Except for the times that she was hospitalized, I was the primary care-taker for this desperately unhappy woman in constant physical and emotional agony. I soon began to live in terror of what I might find when I entered the house after an absence. Three times I opened the door to the throat-clenching odor of blood and the sight of Mother's unconscious body and large areas of her bedroom or bathroom stained red ... After eighteen months of severe mental problems, Mother somehow found her way back to the mind she had lost. However, her connection to it remained tenuous. Three years later, after a total of three ineffective back surgeries, she successfully planned her death and died of an overdose of pills. I was nineteen years old (pp.16-17).

It seems that being provider of her mother's physical and psychological support both totally consumed her and totally defined her self-identity all her formative years:

Despite my inability to repair her back or to keep Mother from abusing her body through addiction, I was compelled to clean up the messes her illnesses created ...

I felt a strong need to do more than keep my mother alive physically. I decided I was also responsible for making her happy, for giving her reasons to live. Providing stimulation for a catatonic is as impossible as forcing a drunk to put down the bottle (p.17).

Although this is a scant picture, it indicates as clearly as does Sylvia's much fuller account that Kathleen's early environment was far from secure and nurturing.

The main factors are clear:

- A mother with very severe physical and mental problems, which had first manifested with a nervous breakdown (the inference seems that it was the first of many) ten years before Kathleen's birth;
- An unsupportive, angry, depressive father;
- Was she an only child? There is no mention of siblings so, if this was the case, Kathleen bore the entire brunt of her mother's condition and father's failures.

There was definitely no carefree childhood for Kathleen, but instead the ongoing task of being her mother's primary carer. There is no evidence in her text of any outside support for her in this sad and for a child impossibly onerous task, though we do not

have the full picture. So apparent is the sense of failure that coloured Kathleen's self-concept – failure to make her mother happy, to stop her addictions, to make her well, and ultimately to prevent her death.

Marion: Early Years

Marion's family was also respectable, and civically responsible - and, in their case church-centred.

As Marci McDonald's profile of Marion in Macleans Magazine tells us: 'Shortly after her birth ...[Marion's] ... father was posted to a United Church parish in Port Stanley. There, her mother fell ill with tuberculosis and Marion, aged 4, felt responsible for her two younger brothers ... Together, they formed a self-contained tribe, improvising plays from the daily fodder of parsonage life ... "The game was always birth, death and weddings." Even then, on parish visits with her father, she displayed a knack for blurting out unwelcome truths. "I would walk into a room and say, Somebody has been fighting here and I'm not going to stay," she recalls. "My body was like a lightning rod, reacting to everything." Her parents begged her to put a lid on her psychic pronouncements ... And at school, too, she found her instincts quashed. "I learned to hide my reality," she says, "in order to exist" (McDonald 1996).

The repressive environments of home and school were complicated by Marion's belief that she was a disappointment to her parents on account of her gender:

That despair began in utero, the daughter who was not a son. Paradoxically that terror of being abandoned is the very gasoline that has driven me all my life (Woodman 2001, p.53).

This implies that one or both of her parents must have mentioned to her during childhood that a boy had been hoped for during her gestation.

As with Sylvia and myself, Marion's security lay outside her relating to her parents - in her case her relationship with her brothers, the parochial routine of her life, and the comforting sense of a God-presence, which was then undermined:

All my life I had it made. I loved being a minister's daughter. I liked going to church every Sunday in my organdie dress, my ringlets and ribbons perfectly placed ... I liked slipping into the church every afternoon to wait for God. Hiding under the seat, I often heard Him, but I was never quite quick enough to jump out and see Him face to face. Then the janitor told me the sun warming the old pews made the strange squeaking noise, not God. And I quietly put away my childhood faith (Woodman 1985, pp.175-176)

Might we deduce that 'in my organdie dress, my ringlets and ribbons perfectly placed' intimates parental, or at least mother's, perfectionism?

There is intimation of residual tension in her home environment in:

Most of my life I had lived outside my body, my energy disconnected from my feelings, except when I danced (1985, p178).

As her father forbade dancing she did not dance until she had begun her teaching career.

I glean from the following extract that there was a disconnection between Marion and her mother, or that her mother was not naturally very maternal. Certainly her relationship with her father was Marion's focus, providing her behavioural template:

I never played "mother" with my dolls. Moma and Topsy were my students along with the rest of my imaginary class ... My primary relationship to my father was teacher/student. The blackboard I used from four to sixteen was the focus of my constant inner dialogue, question and answer. So was the microscope ... That archetype was operative between Fraser [brother] and me for sixty years on and off, we were teacher/student to each other in creative relationship. As adolescents we knifed our poems on each other's doors to make sure the message was adequately received, sometimes with bloodstains for emphasis (2001, pp.6-7).

The dominant factors I see in Marion case, despite again sparse information, are:

- Born into a pastor's family – service to others the usual priority in such households
- A change of location for the family shortly after her birth
- Mother contracting tuberculosis when Marion is four
- Her gender a cause of disappointment
- A perfectionist mother?
- 'Teacher/student' relationship with her father

I wonder how much of an element of performing for her father there was in this analytical stance (blackboard and microscope)? Was she acting the perfect 'son'? Certainly her relating with her brother has an 'all boys together' air. I suspect nothing was permitted to threaten the 'perfect pastor's family' image – that that was the overriding reality of her childhood environment.

3.2. Initial Overview

Socially speaking there are some obvious common denominators in our beginnings. Church-going respectability was common to Sylvia's, Marion's and my family. In Sylvia's and my case this façade was covering up a significant family lie. All of us had, albeit for very different reasons, what we could call 'distracted' mothers. Three of us had unsupportive fathers: Whilst my father, a workaholic, was frequently absent, his demands were omnipresent; Sylvia's father was her predator instead of protector; Kathleen's father the recipient of her mother's violence, and raging or depressed himself. Although there is no mention of Marion's father being unsupportive – in fact she spoke of moving from 'the security of my father's home to my husband's' - I have some sense of her supporting *his* status and self-worth rather than vice-versa.

Kathleen and I were living in home environments of deep anxiety, and Sylvia more so, traumatically bombarded on all sides – father, mother, church, and neighbour. Marion it might appear had a less stressful beginning, although her belief that she was rejected 'in utero' clearly looms large; could this be the explanation for her sense that 'Most of my life I had lived outside my body, my energy disconnected from my feelings'? With regard to siblings, I cannot recall any sense of support from mine (Alice obviously excepted), and Sylvia's only sister, being clearly her mother's favourite, stood against rather than with Sylvia. We have no knowledge of Kathleen having any siblings, whilst Marion's experience again is rather different, with her and her brothers forging a 'self-contained tribe' during their mother's illness – which bond obviously endured through their lives.

What it seems I 'carried within' me initially was timidity, insecurity and social ineptitude, which disappeared when Alice entered my world. Physiologically I carried a propensity to illness, and psycho-physiologically two phobic fears. Kathleen mentions a whole gamut of serious physical conditions she was living with in her adult life, for which we might surmise precursor of poor childhood diet and care. She must have been carrying within a deep sense of neglect and, more consciously, a sense of self-guilt and failure. I have surmised that Sylvia was carrying within a sense of being unloved/lonely, so that her father's attention would initially be welcome antidote ('my daddy loves me'). The fact that Marion was aware of having to 'hide my reality' intimates some initial foundational self-agency, but this seems at odds with her much later catastrophic realisation that she could not even hail a taxi on her own. She consistently in her texts

connected the ‘terror of being abandoned’, with the in-utero rejection from not being a son.

Let us see now what light theory can shine on these primary milieux.

3.3. Earliest Beginnings

I must first mention the in-utero stage of development, even though an in-depth exploration of this is beyond the need of my study. It is now common knowledge that the pregnant mother’s physical condition – diet, smoking, alcohol intake, illnesses – radically impacts the developing foetus, and the relevance of her psychological condition is beginning to be studied (e.g. Rochat 2011; Brennan et al 2002; Barker 1990). In Rochat’s attempt to capture the experience of the newborn, using research findings from neuroscience and cognitive and developmental psychology, he points out:

Striking, and arguably among the major discoveries in developmental psychology over the past thirty years is the fact that most of what is demonstrated in newborns is also shown in healthy fetuses during the last trimester of gestation: they habituate, learn, store experiential information, demonstrate comparable thresholds across sensory modalities (Rochat 2011, pp62-63).

We have seen already the physical state of her mother during Kathleen’s gestation, and I know that my mother smoked throughout mine. I have already noted my mother’s likely mental state during my gestation, and Marion’s view of the impact of her supposed in-utero awareness of her ‘wrong’ gender. Then, given also the fact of Sylvia’s mother’s sexual aversion and her father’s incestuous relationship with his sister (revealed later in her text) we could make an educated guess that we may all have been born with a pre-disposition to anxiety. At any rate, whatever the impact of these antenatal influences, it is clear from our above accounts that each of us in different ways was living with deep anxiety in our early post-natal life.

It is this common element of anxiety that returns Horney to my mind: ‘through a variety of adverse influences a child may not be permitted to grow according to [her] individual needs and possibilities’. Hence ‘the child does not develop a feeling of belonging, of “we,” but instead a profound insecurity and vague apprehensiveness, for which I use the term *basic anxiety*’ (Horney 1970, p.18 [her emphasis]). Horney’s explanation of how this basic anxiety is in her view dealt with, leading to the ‘idealised self image’ and

resultant 'life-solutions', we met in the last chapter, and discovered in each of us. But to understand the intricacies of the earliest beginnings of development and thus the earliest impact of our various 'adverse influences' I need to turn now to the theorists whose work specifically researches into this stage. Winnicott intuited from his clinical work that the *mother-baby relationship* was the developmental matrix of the human baby and he made it his particular focus. He laid the greatest emphasis on the baby's first year: 'the emotional development of the first year of life comprises the foundation of the mental health of the human individual' (Winnicott 2006, p5). Newer fields of research have both expanded and modified his work but have all corroborated this viewpoint.

3.3.1. Developmental Matrix

There are many different facets to this developmental matrix. Winnicott pointed out that there is an innate tendency towards growth in 'psychological matters' just as there is in physical development; i.e. that this 'tendency to growth' is across a psychological-physical spectrum; all aspects interrelated and interdependent. But 'we do not witness this natural [full spectrum] growth unless conditions are good enough,' (ibid p.5). He coined the now well-known phrase 'the good-enough mother' and described her attributes, that he considered constituted those 'conditions' – as a willingness and an ability she develops as the baby gestates 'to drain interest from her own self on to the baby'. He refers to this as '*primary maternal preoccupation* ... [which] ... in my view gives the mother her special ability to do the right thing' (ibid pp 21-22 [my emphasis]). He explained that in this 'highly vulnerable' state the mother needed protection, usually 'organised by her man' (ibid pp22-23). Gerhardt, citing later research, points out that the mother is 'primed to do [this] for her baby by her own hormones' (Gerhardt 2009, p.23).

The newborn is in a state of total physical dependence (Winnicott speaks of 'double dependence' at first) on the mother and the function of the 'good-enough' mother in the baby's very early stages can be summarised as

- Holding – 'very much related to the mother's capacity to *identify* with her infant';
- Handling – 'facilitates the formation of a *psychosomatic partnership* in the infant [contributing] to the sense of "real" as opposed to "unreal" ';
- Object presenting – 'initiates the infant's capacity to relate to objects ... and capacity to feel real in relating to the actual world of objects and phenomena' (Winnicott 2006, pp26-27).

Gerhardt particularises these another way, illustrating the somatic aspects of that developmental spectrum: '[the baby's] muscular activity is regulated by [the mother's] touch, as is his growth hormone level. Her body keeps him warm and she disperses his stress hormones for him by her touch and her feeding' (Gerhardt 2009, p.22).

Further elaboration of the developmental spectrum comes from Bowlby, who like Winnicott recognised the central importance of the baby's primary relationship with its mother, originally from researching effects of its loss. He coined the term 'attachment'; going on to develop his 'attachment theory' for this primal relationship and the notion (later challenged¹⁰) that all subsequent attachments developed from it (Bowlby 1997). Acknowledging that psychoanalysts were united in recognising the 'empirical fact that within twelve months almost all infants have developed a strong tie to a mother-figure', he noted that there was 'no consensus on ... what function it fulfils' (ibid. pp.177-178). His research route to ascertain this was a very relevant one. In addition to psychoanalysis he embraced the disciplines of ethology, evolutionary biology, control systems theory, cognitive psychology and 'a new type of instinct theory' (ibid. p.17), a multidisciplinary approach reflecting the complexity of that infant development spectrum. He initially identified the behavioural systems that facilitated attachment to the mother as 'sucking, clinging, following, crying, and smiling'. Later he expanded his theory, postulating that 'between the ages of about nine and eighteen months these usually become incorporated into far more sophisticated goal-corrected systems', adding that 'These systems are so organised and activated that a child tends to be maintained in proximity to his mother' (ibid. p.180). Research by his collaborator Mary Ainsworth established that 'attachment behaviour is clearly present by six months of age' (ibid p.200).

3.3.2. Attachment

Ainsworth went on to identify three different styles of attachment behaviour, which again highlight the emotional aspect of the developmental spectrum:

1. *Secure attachment* – which is established when the mother is able to provide that – in Winnicott's term - 'sensitive adaptation'. The baby in this 'secure' relationship exhibits distress when the mother leaves, and then marked

¹⁰ Fonagy diverged from Bowlby on this issue: 'We find that the traditional classification of attachment patterns may be helpfully reinterpreted in this context as indication of ... capacity to manage or cope with intimate interpersonal relationships' (Fonagy 2002, pp7-8)

happiness on her return. He also goes readily and confidently to the mother to seek comfort when frightened;

2. *Insecure ambivalent attachment* – when the mother's availability is unsatisfactory, so that the baby cannot rely upon it. The baby in this situation exhibits extreme distress when the mother leaves, and ambivalent reaction on her return;
3. *Insecure avoidant attachment* – In this scenario the baby exhibits the tendency to avoid the mother/primary caretaker, and will show no preference for her over others when there are potential other carers present, even if these are complete strangers offering care (Ainsworth et al 1979).

Later Main and Solomon formulated a fourth permutation to this taxonomy:

4. *Disorganised insecure attachment* – This is a more severely disrupted attachment scenario, when the mother/caretaker has severe emotional problems and so is perceived as frightened or frightening by the baby (often with psychological or physical abuse involved) so that the baby's place of safety is also its cause of fear, making it impossible to form a coherent organised interactive pattern (Main and Solomon 1990).

Could we deduce that both Sylvia and Marion had what Ainsworth calls insecure ambivalent attachment, where the mother *is* in some ways 'available'? Both of their mothers, we could assume, wished to succeed in their childrearing, but, in Sylvia's case her mother's rigidity and sexual inhibitions, and in Marion's her mother's probable 'keeping up appearances' (and perfectionism?), and then major relocation and health issues, prevented that 'sensitive adaptation', rendered them 'distracted'. Kathleen's and my mother had more acute, though different, emotional problems making them too distracted to achieve any 'sensitive adaptation'. This leads me to the view that we had the disorganised insecure attachment that Main and Solomon identified, so that we both perceived our mothers as, in my case frightened, and in Kathleen's, frightening. Though I was eight by then, I showed no desire for my mother and a very positive response to the nurses, in my hospital stay.

I have gained some pertinent insights from Harlow's (now ethically problematic) research¹¹, which Bowlby drew on in development of his work. It again illustrates the primacy of the emotional element. He set up various experiments to research the

¹¹ Most scientific experimentation using live animals has now become a morally unacceptable and prohibited method of research.

effects of maternal deprivation, with a view to better understanding the nature of attachment and affectional development. Neonate macaque monkeys were housed with either 'cloth mothers' (cloth-covered wire cylinders) or 'wire mothers' (ditto without cloth covers) and the different tests conducted with this scenario yielded some surprising results. Noting that the cloth mothers 'provided an additional variable of *contact comfort*', he reported that the tests established 'the *overwhelming importance* of [this] *contact comfort*', leading them to conclude: 'The results are so striking as to suggest that the *primary* function of nursing may be that of insuring frequent and *intimate* contact between mother and infant' (Harlow and Zimmermann 1959, p.423 [my emphasis]). When a 'fear-producing stimulus' was introduced into their home cage the infants 'raised on the cloth mother would rush ... and cling tightly to her [then] ... relax and ... turn to gaze at the feared object', whilst the infant 'raised on the wire mother rushed away ... toward their mother but did not cling to or embrace her ... [but] would clutch themselves ... or rub against the side of the cubicle'. The subsequent emotionality (affect) tests showed that 'responses made by infants raised only with a wire mother were more in the nature of simple *flight responses* ... and that [wire mother's] presence ... had little effect in alleviating the fear' (ibid pp421-424 [my emphasis]). That flight response I examine in 3.5.1.

There is one other conclusion Bowlby reaches, pertinent here:

So strongly are human infants disposed to respond to social stimuli, indeed, that they not infrequently become attached to other infants of their own age or only a little older ... [which] ... makes it plain that attachment behaviour can develop and be directed towards a figure who has done nothing to meet the infant's physiological needs (Bowlby 1997, pp216-217).

Research by Harlow and Suomi showed that infant monkeys, isolated for six months from birth, when then exposed to the company of younger three-month-old monkeys – which the researchers referred to as 'peer-therapy' - demonstrated complete social recovery for all situations tested (Harlow and Suomi 1971). In a later paper they found no difference between peer-therapy recipients and mother-reared infants (Cummins and Suomi 1976). This may help explain my transformation at the arrival of Alice, and Marion's relationship with her brothers.

Clearly the mother-baby relationship, the primary attachment, is more than physical dependency. It is also a *relational reciprocal bond* between mother and baby, which provides a fundamental and pivotal sense of security and comfort, often referred to as '*containment*', enabling:

the infant's constitution to begin to make itself evident, for the developmental tendencies to start to unfold, and for the infant to experience spontaneous movement and become the owner of the sensations that are appropriate to this early phase of life (Winnicott 1958 p.303).

We recall Horney saying that the 'adverse influences', which did not permit the child to grow 'according to [her] individual needs and possibilities' essentially came down to the 'people in the environment being too wrapped up in their own ... [problems] ... to be able to love the child ... their attitudes toward ...[her, being] ... determined by their own ... [character-disordered] ... needs and responses' (Horney 1970, p.18). We have already addressed our mothers, but should reiterate that the other primal person in our environment - our fathers - with the exception of Marion's, were also 'too wrapped up in their own problems', and so were neither able to give that love nor provide that protection and support our mothers needed in their 'highly vulnerable' states. Sylvia's father was also very actively destructive. We can in summary make the assumption that none of us, in Horney's terms, would have adequately developed 'a feeling of belonging, of "we," but instead a profound insecurity and vague apprehensiveness' (ibid. p.18).

3.4. More on Development

What then, in view of this, of our ongoing development? Bowlby's later research led him to the view that 'between the ages of about nine and eighteen months these ... [early attachment behaviours] ... usually become incorporated into far more *sophisticated goal-corrected systems*' (Bowlby 1997, p.180 [my emphasis]). To understand these 'systems' I turn now to clinical psychologist and psychoanalytic theorist Peter Fonagy, who took up and developed Bowlby's work. He integrates psychoanalytic theory and attachment theory, incorporating neuroscientific knowledge. His work is widely recognised as having taken research of early childhood development, and its contribution to development of the self, forward significantly, bringing a new breadth to psychoanalytic practice. Fonagy's work has been focused on discovering and understanding the psychic processes that take place in the developing infant. He recognised that:

the baby's experience of himself as an organism with a mind or psychological self is not a genetic given. It is a structure that evolves from infancy through childhood, and its development critically depends upon interaction with more mature minds, who are both benign and reflective in their turn (Fonagy et al 2002, p.4).

His theories of the psychic processes that take place in the developing infant are actually encapsulated in the title of his major contribution to this field: *Affect Regulation, Mentalization, and the Development of the Self* (2002).

He summarised his reformulation of Bowlby's theory thus: 'In our view a major goal of attachment is to produce a *representational system for self-states* through mentalization' (ibid. p.21 [his emphasis]). Simply put, mentalization is the cognition that other people have thoughts and feelings that are different from our own, and Fonagy considered that it 'developmentally commences with the ... [baby's] ... "discovery" of affects through the primary-object relationships' (ibid. p.4). He explains that this "discovery" of affects comes via 'parental affect-mirroring', of which Gerhardt gives example: 'the mother ... soothes her baby's loud crying and over-arousal by entering the baby's state with him, engaging him with a loud mirroring voice, gradually leading the way towards calm by toning her voice down and taking him with her to a calmer state' (Gerhardt 2009, p.23). The outcome is that: 'The infant's automatic emotion expression and the care-giver's consequent affect-reflective facial and vocal displays come to be linked in the infant's mind through a contingency-detection mechanism' (Fonagy et al 2002, p.8).

3.4.1. Affect Regulation

It is, Fonagy elaborates, the image of his caregiver 'mirroring' in this way his internal experience that comes to organise the infant's *emotional* experience. Winnicott's correlating view is neatly summarised by Phillips: 'When the infant looks at the mother's face he can see himself, how he feels, reflected back in her expression ... He can only discover what he feels by seeing it reflected back' (Phillips 2007, p.128). It is then the parental affect mirroring that promotes the crucial capacity for affect-regulation, Fonagy points out, which then serves as the basis of the development of a representational framework: 'The infants come to associate the control they have over their parents' mirroring displays with the resulting improvement in their emotional state, leading, eventually, to an experience of the self as a regulating agent' (Fonagy et al 2002, p.8). He has identified five stages of *self-agency* through which, in optimal circumstances, the developing child passes:

1. The self as a "physical agent," awareness and use of 'the body as a separate and dynamic entity that can cause changes in the environment';

2. The self as a “social agent” – the ‘affective-communicative interactions – [and] ... their subjective emotional-intentional correlates – in which infants and caregivers engage from birth on’;
3. The self as a “teleological agent” – the ‘understanding of goal-directed rational action’, which emerges around 9 months of age (cf. Bowlby’s ‘between the ages of about nine and eighteen months these usually become incorporated into far more sophisticated goal-corrected systems’ [Bowlby 1997, p.180]);
4. The self as an “intentional mental agent” - ‘an already mentalistic understanding of some causal intentional mind states ... [e.g.] ... desires and intentions ... existing prior to and separately from the actions they generate’, which he says emerges during the child’s second year;
5. The self as a “representational agent” and the emergence of the “autobiographical self” – the ability to ‘comprehend the “representational” and “causally self-referential” ... leading among other things, to the establishment of an abstract ... historical-causal concept of the “autobiographical self”’.

(Fonagy et al 2002, pp.204-208)

It seems to me that Winnicott’s theory on ‘aggression’, which he saw as having a natural role in the young child’s emotional development (Winnicott 2006) ties in with Fonagy’s stage 4, which is signified by the ‘tantrums’ through which the child – if securely ‘attached’ - achieves this stage of self-agency (and cf. Horney’s ‘healthy friction’ 1970, p 18). Jean Knox holds that when circumstances are not optimal the child cannot progress beyond the stage of self-agency their parent has reached, as it would be too threatening for the parent to tolerate (Knox 2009).

3.4.2. Development of Mentalization

To briefly summarise Fonagy’s theories, he saw the effective mirroring of the primary caregivers as setting in place patterns of affect regulation. He held that affect regulation and mentalization went hand in hand, that initially: ‘Affect regulation is a prelude to mentalization’ and then, when mentalization has occurred, ‘the nature of affect regulation is transformed’. The resultant sophisticated “mentalized affectivity” ‘represents the experiential understanding of one’s feelings in a way that extends beyond intellectual understanding’ (Fonagy et al 2002, p.5) – which others have referred to as ‘emotional intelligence’ (Goleman 1996). This is the outcome of *optimal* early caring and social experience. But, when this is not the case we instead ‘can misunderstand what we feel, thinking that we feel one thing while truly feeling another emotion. Moreover, it is even possible that we can deprive ourselves of the entire

experiential world of emotional richness' (Fonagy et al 2002, p.5). I return to this point in the next section.

Having focused thus far on the psychological, let us consider the somatic perspective now.

3.5. The Body/Embodiment

An understanding of the physical component of the developmental spectrum is important for me because the other authors and I all had issues with our bodies, and with illness. 'Another possible outcome of poor development of the psychological self is that the body may be used to contain and enact mental states' (Fonagy et al 2002, pp474-475). The reality of this was even recognised by Wilhelm Reich, colleague of Freud, from whom he diverged to focus on this somatic aspect of psychopathology. Reich held that traumatic unwanted memories were stored away in the body, producing structural rigidity, which he sought to release through massage techniques (Reich 1989). We now have scientific corroboration of this from newer fields of research, e.g. molecular biology (Pert 1999), biochemistry (Schoore 1994, Gerhardt 2009 pp 40-42), psychobiology (van der Kolk 1994) and neurophysiology, or psychophysiology, with its sub-specialisations of e.g. cognitive neuroscience (Damasio 2000; Bremner 2005). Consequence of all this newer research is that mind and body are now widely understood as intricately and essentially interrelated.

Winnicott describes the instinctual life as beginning with the alimentary functioning, then around five months the baby being able to 'connect excreting with feeding' and 'From this simple pattern there is a spreading out of psyche-soma experience to include the whole of the body functioning' (Winnicott 2006, p.12). He observed of this sensory instinctual experience: 'All functions tend to have an orgasmic quality in that they each in their own way contain a phase of local excitement and preparation, a climax with general bodily involvement, and a period of aftermath' (ibid p.12). This flags for me the crucial point of the intensity and 'global' nature of *all* of the baby's early feeling experience. 'The basic emotions expressed at birth ... are symptomatic of a rich affective life ... Newborns express these emotions with their whole body, becoming spastic and tense in particular ways' (Rochat 2011, p.67 and cf. Klein 1997 on the intensity of infant feelings). Winnicott found it 'necessary to point out ... [to his medical colleagues] ... how much more intense the infant's feelings are than one can tell

through empathy'. For these colleagues the intensity of primitive infantile feelings would be an alien concept (Phillips 2007, p.48). So we must magnify our adult experiential understanding of pleasure and pain to envisage that of the baby and young child, who as yet has no mechanisms of amelioration or distraction.

3.5.1. The Feeling Body Derailed

Gerhardt particularly notes the neurological and biochemical effects occurring when the primary care-giver is not able to effectively mirror and 'contain' the child's feelings: 'In effect the child has to regulate the parent by protecting her from his feelings', i.e. attending to the mother's feelings requires the blocking out of his own. 'But the child's feelings don't go away... [such children] ... learn to appear calm and unconcerned, but when measured, their heart rate and autonomic arousal is rocketing' (Gerhardt 2009, p.26). She describes the normal cycle of the sympathetic and parasympathetic nervous systems: 'being aroused physiologically by some intense emotional state will lead to *action* of some kind, and then once the feeling has been expressed, the organism will wind down and come back to a resting state'. But 'organismic disturbances like muscle tension, shallow breathing, immune or hormonal disturbances ... [occur, and] ... the cardiovascular system particularly will remain activated, if feelings are suppressed' (ibid p.27).

This is explanation for Harlow's 'flight response', which he reported occurred when a 'fear-producing stimulus' was introduced into the cages of the infant monkeys with wire 'surrogate mothers'. The 'flight or fight' response is indeed common knowledge. Physiologically it is a collection of sympathetic nervous system responses. Release of catecholamine hormones including adrenaline and noradrenaline produce important physiological changes notably a rise in blood glucose and heart rate. This produces increased strength in order to fight. Release of these hormones also results in bladder and bowel evacuation, making the body lighter for fleeing. When the action – of flight or fight - cannot be taken and, as Gerhardt notes, the feelings have to be suppressed, organismic disturbances are the result; it is as if the body remains, on some level, permanently on 'red alert', i.e. high adrenal secretion. This internal state then is experienced as 'normal', and maintenance of this hyperactive state of the adrenal glands is most often achieved by addiction (Edge 2012).

This ties in with research on trauma, from which I gleaned pertinent insights when trying to understand the authors and my relation to our bodies. Van der Kolk says: 'response [to trauma] is bimodal: hypermnesia, hyper-reactivity to stimuli ...coexist with psychic numbing, avoidance, amnesia and anhedonia', and: 'These responses ... are so consistent across traumatic stimuli that this biphasic reaction appears to be the normative response to any overwhelming and uncontrollable experience'. He sums up:

traumatized people lose the capacity to utilize affect states as signals. Instead of using feelings as cues to attend to incoming information ... arousal is likely to precipitate flight or fight reactions. Thus, they are prone to go immediately from stimulus to response without making the necessary psychological assessment of the meaning of what is going on. This makes them prone to freeze, or, alternatively, to overreact and intimidate others in response to minor provocations (van der Kolk, 1994, p3).

This may help explain my absence of reflexivity, and our different emotional behaviours – Marion and myself appearing to have been behaviourally almost emotionless, and Sylvia and Kathleen quite the opposite, given to outbursts of raging.

A report on some current research recently caught my attention. Psychologist Kipling Williams conducted a series of studies on ostracism, and discovered that: 'No matter how people are left out, their response is swift and powerful, inducing a social agony that the brain registers as *physical pain*' (Williams 2011, p.32 [my emphasis]). He noted that: 'Even in verbal or physical altercation, individuals are still *connected*. Total exclusion however severs all bonds ... isolation ... makes us feel helpless: you can fight back, but *no one will respond*'. He concludes: 'ostracism makes our very existence feel less meaningful because this type of rejection makes us feel invisible and unimportant' (ibid p.34 [my emphasis]).

Belonging to a group is a need, not a desire or preference, which, 'when thwarted, leads to psychological and physical illness' (ibid p.34). [See 3.5.2 *Kathleen and I*]

With all these factors in mind –

- The somatic storage of unwanted emotions
- The intensity of infants' feelings
- The blocking of emotions required in surviving 'adverse circumstances'
- The ongoing nature of biochemical effects
- Somatic blocking of emotions as evidence of trauma, and
- The similarly traumatic pain of both abandonment and abuse

- let us look again at the other authors' and my somatic issues.

3.5.2. Overview of our Somatic Stories

Neither Sylvia nor Marion record any significant illness during their childhood aside from Sylvia's hysterical fits – which we can well understand as response to the sexual abuse, in light of Winnicott's observation that such manifestations were the child's intelligent and therefore intelligible solutions to emotional conflict, and 'part of the child's effort to master anxiety' (Winnicott 1958, p.23). But we notice that though neither of them had any children – in Sylvia's case a conscious choice, in Marion's a wish never fulfilled – both had significant uterine problems in later adult life.

Sylvia:

I have a pain in my womb ... Two doctors say I must have a hysterectomy. My response is stoical, but I have bad dreams ... My mind awakens from the anesthetic but my body does not. It refuses to do what I request it to do,

Another operation is scheduled and performed ... The body, whose goodwill I once took for granted, still refuses to function ... in getting rid of the gnarled tissue in my womb, I couldn't shake the disconcerting belief that I had aborted Satan's child (pp 212-217).

Marion:

BANG! ... CANCER. This time it is me ... suddenly in '91 ... [Fraser] ... had cancer ... his death in '92, the shattered dream! Much as I tried – and try – to express the shock and grief, I know they linger in my body ... my body fell into despair. Although I did all I could to release the pain, I wasn't connecting. Ever my breath ceased to come in fully – as if I would break down if I really breathed, as if I would start to cry and never stop – crying for what was no longer a part of my life (*Bone*, pp5-9).

We could very tentatively view Sylvia's uterine 'size of a five-month fetus' cyst from the perspective of somatic storage of unwanted emotions mooted by Reich and others (see 3.5.). And with this same perspective in mind it is interesting that the discovery and removal of the cyst closely preceded the return of memories of her father's sexual abuse:

My path of revelation was to be the path of dreams – dreams triggered by physical shock [of the hysterectomy] (p.212).

In Marion's case she very consciously connects her cancer with the death (from cancer) of her beloved brother, shock and grief for which 'lingered in her body'.

Kathleen and I

Kathleen's and my life on the other hand exhibit persistent illness patterns. The illnesses Kathleen mentions in her adult life:

unceasing headaches, severe loss of energy, and bouts of dizziness that forced me to the floor several times a week and kept me unbalanced at all other times ... that a variety of medical examinations had been unable to diagnose' (p.7)

could have some explanation in her addictions to food, smoking and alcohol.

I first had pneumonia at three months old. Remembering Bowlby's 'most infants of about three months are already responding differently to mother as compared with other people' (Bowlby 1997, p.199), I wonder whether it was that I was registering *not* being responded to by my mother? Traditional Chinese Medicine links the lungs with grief (Kaptchuk 2000). The lung disease, which resulted from this pneumonia and the few recurrences of it through childhood, is caused by stale air stagnating in the base of the lungs. We recall Gerhardt's flagging of shallow breathing as one of the 'organismic disturbances' when feelings have to be suppressed. 'An important characteristic of breathing is that, except during crying, it lays bare a continuity of inner and outer, that is to say, a failure of defences' (Winnicott 2006, p.12). Note Marion's comment above:

as if I would break down if I really breathed, as if I would start to cry and never stop

Williams' (2011) findings on ostracism afforded me new insight on Kathleen's and my profiles of illness: I had mused previously, using the old adage 'Is bad press (abuse) better than no press (abandonment)?' when realising that it was Kathleen and I who had had lives of illness despite no physical abuse of any sort, whilst Sylvia seemed to have been mainly physically healthy. Journalist and documentary film-maker Mazia Bahari's extreme experience seems to support this conjecture: During his recent politically motivated imprisonment in a notorious Iranian jail he exercised rigorously in his cell to keep his spirits up, but after a spell of solitary confinement: 'No amount of exertion could help me from feeling abandoned ... and I prayed for Rosewater [his torturer] to call me, even to beat me. At least it was human contact. At least that meant someone cared where I was' (Bahari 2012, pp204-205).

It is not difficult to see the likely psychic/emotional triggers in all of our illnesses. But what of the tendency to anorexia we were all at some time exhibiting, Sylvia and

Marion's bulimia and Sylvia's incidents of self-harming? Winnicott had intuited that in those (what Horney calls) 'adverse circumstances' the body begins to be perceived by the mind as persecutor (Winnicott 1958 pp244-248; cf. Kalsched 2010), and Horney elaborated the development of this self-hatred in the case history of her patient, Clare (Horney 1994). It seems then, in light of the crucially embodied nature of the emotions, logical to deduce that this rejection and hatred of the body we all manifested is, at root, a rejection of feared/uncontrollable emotions. We recall from the previous chapter how Horney's different 'life solutions' were all in effect substituting ways of controlling the emotions. Remembering those imperious 'shoulds' and the tendency to perfection, it seems feasible that these disorders were also reinforcing mechanisms for our false selves.

3.6. Self Identity

Self-identity is a central facet of my study. However, the last chapter concluded that our self-identity, which was derailed at our narrative fracture, was actually our false-self sense of identity, so I initially felt an impasse when at this point I came to marshalling my research on self-identity. Would what theorists have to say about development of self-identity pertain only to that in optimal circumstances and so be irrelevant? The 'idealised image' was what *our* concept of ourselves was based upon, so self-identity now seemed something of a misnomer. But in the event the theorists' optimal developmental scenarios offered me contrast and comparison, which brought further understanding of the nature of the false-self life solutions. Let us look at the theories.

3.6.1. Mother's Mirror

To return first to the mother-baby relationship: 'When the infant looks at the mother's face he can *see himself* ... reflected back in her expression' (Phillips 2007, p.128). Fonagy echoes this: 'an infant's sense of self emerges from the affective quality of relationship with the primary caregiver' (Fonagy et al 2002, p2). He pinpoints the identification with the other's *emotion* state that is at the heart of this and says: 'empathic emotion expressions tend to be brief communicative acts or gestures rather than more continuous state-expressions'. For the mother to miss these 'brief communicative acts or gestures' is devastating for the baby. Phillips starkly summarises Winnicott: 'Not to be seen by the mother, at least at the moment of the spontaneous gesture, *is not to exist*' (Phillips 2007, p.130 [my emphasis]). It is then from our mother's capacity to 'mirror' us that our beginning sense of self emerges.

Another perspective comes from psychologist Neisser, who has quantified five different ways through which we come to know ourselves.

- a) Seemingly innate, the earliest formed *ecological self*, 'the self as perceived with respect to the physical environment'; then
- b) The *interpersonal self* 'is specified by ... signals of emotional rapport and communication ... [it] comes into existence only when two (or more) people are engaged in personal interaction [and] each of them can see (and hear, and perhaps feel) the appropriately interactive responses of the other' (cf. Fonagy's 'brief communicative acts or gestures'), a clear description of the mother-baby relationship;
- c) The *extended self* is 'the self as it was in the past and as we expect it to be in the future, known primarily on the basis of memory' and can be thought of 'as a kind of cumulated total of such memories'. This autobiographical recall becomes possible from the onset of language, and increases, Neisser points out, as the child comes to the level of maturity to realise 'its potential for extending relationships beyond the present moment' (Neisser 1988, p.48). It is here that we may locate the genesis of the conscious sense of self-identity. On this Neisser makes an observation, telling for Sylvia and me: 'Amnesia is, *par excellence*, the pathology of the extended self' (ibid p.48);
- d) The *private self* appears when children first notice that some of their experiences are not directly shared with other people;
- e) The *conceptual self* is the sum of our self-concepts, based on a 'network of assumptions and theories' about ourselves e.g. our social roles, our 'hypothetical internal entities (the soul, the unconscious mind [...])' and some 'socially significant dimensions of difference (intelligence, attractiveness [...])' (Neisser 1988, p.36).

These ways of knowing ourselves 'all begin early in life, though not all at the same point or in the same way', Neisser points out, and 'They all exhibit some degree of continuity over time, and so each contributes to the universal experience of the continuity of self' (ibid. p.36).

There is clear correlation between Neisser's ways of knowing ourselves and Fonagy's stages of self-agency examined earlier (3.4.1.). We can see that Neisser's first two points pertain to that core bodily agency of Fonagy's first two stages, and his last three points denoting self-reflective function, concur with the self-reflective agency of Fonagy's last three. Fonagy includes in his concept of 'mentalization': 'both a self-

reflective and an interpersonal component' explaining that: 'In combination, these provide the child with a capacity to distinguish inner from outer reality, intrapersonal mental and emotional processes from interpersonal communications' (Fonagy et al 2002, p.4). In other words, reaching these self-reflective stages of agency is vital for organismic cohesion

3.6.2. Socially Constructed Self

'[The] self is not merely open to environmental influence: it is in part *constituted* through its interactions with the social environment' starting with the 'attuned interactions with the parent' says Fonagy (ibid p.8). As the child emerges from infancy through childhood, 'its development critically depends upon interaction with more mature minds, who are both benign and reflective in their turn' (ibid p.4). This seems to intimate that later benign relational influences can help to redress adverse elements of the relationship with primary caregivers. Sylvia and I did have positive experiences, both in our maternal grandmothers and in our school environment, and Marion and I had what we might term redemptive attachments to siblings.

We recall: 'the human infant is so made that he responds readily to social stimuli and engages quickly in social interaction' (Bowlby 1997, p216), and how this affects our construction of self-identity we can better understand from Bruner's work. He argues that we 'construct ourselves autobiographically' i.e. by telling our self-stories, to ourselves and to others. Then:

the ways of telling and the ways of conceptualizing that go with them become so habitual that they finally become recipes for structuring experience itself', making life 'not "how it was" but how it is interpreted and reinterpreted (Bruner 2004, p.708).

We should note that these self-stories include our 'family stories', the historical and biographical details unique to our immediate and extended family. This includes health histories, e.g. Marion, speaking to her oncologist: 'Told him of the family problem in that area'. Herein lay an added incoherence for Sylvia and me. We had the exemplary version of the family story, for social consumption, and the darker hidden one, which she could not tell, then was lost to amnesia, and I did not know, though the home life I lived was transmuted by it. The baby's experience of himself 'as an organism with a mind or psychological self is not a genetic given. It is a structure that evolves from infancy through childhood' (Fonagy et al 2002, p.4) but there is significant input – loosely speaking ancestral - which *is* genetically given, the mechanics of which I outline in the next chapter.

We are all also influenced by the cultural mores among which we grow up. The other authors and I grew up in conservative post-war western society when being a woman was tacitly considered synonymous with being a carer, and we can see from our stories that this had influence on our constructions and maintenance of our idealised images.

3.6.3. Whose Identity?

So how did I and the other authors know ourselves?

I have tentatively speculated that Kathleen and I had *disorganized insecure attachments*; she experiencing her mother as frightening and I mine as frightened. If this were the case we would both have had to 'regulate [our mother] by protecting her from [our] feelings' (Gerhardt 2009, p.26). This role reversal, the child giving back to the mother the mother's own self rather than her 'giving back to the baby the baby's own self' means no realistic emergence of a sense of self for us.

when the mother's reflective function too often failed the infant ...[The] ... infant, trying to find *herself* in the mother's mind may find ...the mother instead. The image of the mother would come to colonize the self. This alien other ... within the self ... is unmasked by the absence of reflective function (Fonagy et al 2002, p.420 [his emphasis])

We recall the absence of my 'reflective function'.

Neisser's ways of knowing ourselves, acquired as childhood advances, and Fonagy's stages or 'levels' of development of agency and selfhood (ibid. p.247) together indicate a self incrementally expanding in complexity and richness, facilitated with the benefit of feelings, desires and thoughts. We on the other hand, in our 'basic anxiety' had to: 'evolve artificial, strategic ways to cope with others [which] forced [us] to override our genuine feelings, wishes, and thoughts' (Horney 1970, p.21). Our subsequent need for 'something that will give ... [us] ... a hold, a *feeling of identity*' (ibid. p.21 [her emphasis]) was met by formulating our 'idealised self-image'. The, gradual and unconscious, *construction* of that image, 'by the workings of the imagination', was 'from 'the materials of ... [our] ... own special experiences' (which were those that had led to our 'basic anxiety'), our 'particular needs' (which were for defence and to meet the needs of others) and our 'given faculties' (ibid p.22). Only our 'given faculties' were intrinsically, innately, our own.

3.7. Reflexive Review

I am acutely aware that, in the world of early childhood development, I am engaged with a burgeoning array of new fields of complex knowledge (from molecular biology to cognitive neuroscience) as well as all the earlier established theory. I have had to navigate the most pertinent-to-our-stories path through. In pondering our texts in light of all this theory I have needed to take a tentative stance, to rely on intuition, to be patient in the heuristic process, and ultimately I cannot but be speculative.

I began by stating that I was seeking to establish what in our childhoods accounted for our later personality and behaviours, and that this would be a difficult task. Let me sum up what has emerged. I have postulated firstly that all of our earliest attachment relationships might have been, to different degrees, inadequate to foster full spectrum development. Kathleen and I clearly had the most significant problems with our mothers, but when I considered again:

- The fact that we all ‘carried inside us’ *addiction* and the tendency to perfectionism;
- The global intensity of the infant and young child’s feelings;
- The behavioural patterns of Sylvia’s, and possibly Marion’s mother that might ‘foster treating a child as a narcissistic extension of the parent’s own idealized self’ (Westcott 1998, p.291);
- The fact that primary attachment is above all *relational*: ‘procedures or patterns of actions ... retained from infant-caregiver interactions ... amount to a representation of a relationship, forever confined to the unconscious (phenomenologically rather than dynamically speaking) and observable only through an individual’s manner or style of relating’ (Fonagy et al 2002, p.470), and all of our ‘relating styles’ were clearly affected (see below);

I felt that *together* they were convincing evidence for the likelihood of all our primary attachments being awry (see 3.3.2.). Horney’s ‘Among the drives toward actualizing the idealized self *the need for perfection* is the most radical one’ (Horney 1970, p.24 [her emphasis]), and Fonagy’s ‘we have preliminary evidence indicating an early association between disorganized infant attachment and an abnormal preference for perfect contingencies’ (Fonagy 2002, pp249-250) appear to further support my deduction. It was perhaps above all these two, our addictions and our perfectionism that, in light of all the above theory, were my deciding factor.

On the one hand, our 'manner of relating' in our chosen life solutions was not of course in reality *relating* at all, not intimacy in the root sense of the word, but rather our compliance, our 'pleasing', and in Sylvia's case, our performing. Then there was the unconscious undercurrent of our, in Horney's words, 'claims' and 'pride' affecting our relationships, particularly our close relationships, which were in different ways problematic for us all. Kathleen, given as we remember to outbursts of rage, was in the position of her latest relationship having collapsed at the time of her eagle dream. Sylvia too, prior to her marriage to Danny, had subjected him to frequent outbursts of seemingly groundless rage. In her happy and financially secure marriage she adamantly maintained her insistence on no children, despite Danny's subsequently revealed desire to have them. My collapse after departure of my last child intimates there being no support in my marriage relationship to meliorate the 'loss'.

Sylvia and I both had irresolvable incidents that exemplify our lack of any satisfactory 'patterns' of relating. Sylvia, because of her imperative need in her current 'persona' to be siding with her peers against the staff, had to snub her empathetic caring teacher who was attempting to help her:

"If you give me some explanation I'll try to understand. Why do you hate me so?" Hate? Now I am flabbergasted. I don't hate you, Miss Buchanan, I love you ... I've always liked my teachers ... but Miss Buchanan is my favourite ... Now Miss Buchanan is staring at me, waiting for some response. My tongue lies frozen in my mouth, *love hate love hate fear fear fear, it's all mixed up, impossible to sort* (p.37).

The same muteness afflicted me with Alice at the shocking incident of her favourite boy asking to escort *me* to the youth club. These are the real indicators of what we had retained from our infant-caregiver interactions (Fonagy et al 2002, p.470).

There is sufficient direct evidence in our texts to confirm that 'adverse circumstances' continued to characterise all our childhood lives; Sylvia's (her father's and neighbour's sexual abuse), Kathleen's (her mother's ongoing physical and mental illnesses), Marion's with her mother's tuberculosis and pressure of an exemplary household, and mine with my mother's ongoing depression, and all of these were of sufficient severity to prevent later onset of optimal development, and augment instead formation of false selves. The difference between optimal life – flexible, expanding, self-affirming - and the 'life' in our life solutions – rigid, addictive, and proscriptive - is made very clear by Fonagy's and Neisser's research. But, in conclusion, what, finally, seems to have emerged most clearly in all the theory is the central role and significance of the

emotions; the necessity of their successful accommodation and management; their accessibility and their satisfactory expression, for organismic cohesion and the whole spectrum of childhood development. The next chapter corroborates this.

3.7.1. Our Narrative Fracture Questions Revisited

Let us return now to the end of the previous chapter; to my theory that the trauma at narrative fracture crucially mirrors the primal trauma.

My Situation

Why did I have no memory of interactions with my siblings, why virtually no memory of any of my early home life except where it involved Alice? Why did my entire life fall apart with the departure of my last dependent child? Let us recall Neisser's 'extended self', known 'primarily on the basis of memory' (Neisser 1988, p.48) and dependent on language acquisition; our 'talked about' self as it were. I think now that the secret Lie, which lay at the centre of our household, was much to blame for that lack of communication between the children. It could also part-explain the home-based feature of my amnesia, which I had previously attributed only to my mother's emotional 'absence' and depression. I think it also accounts for the oddly silent atmosphere: There was no cohesive 'family story' in our home; there could not be open discussion between my parents; the Lie must have been the ultimate and permanent obstacle, unspeakable, irresolvable. So I could not learn how to confront, discuss, resolve. 'Amnesia is, *par excellence*, the pathology of the extended self' (ibid. p.48).

We saw how I instantly turned from confident and secure to timid, mute, insecure and socially inept at the sudden traumatic loss of Alice when we were eight, and I deduced therefore that this had been my state before her arrival in my life, and that it was a faulty attachment with my mother that had fundamentally rendered me thus. It seems most likely that my experience with my mother was one of abandonment, which would naturally incur the grief (and physical pain, as Williams [2011] has shown) of profound loss, with its somatic repercussions. My addiction to kissing noted with the 'favoured boy' classical psychoanalysts would see as 'oral fixation', which I chose not to include in selecting of pertinent theory, as it only reiterates the impeding of development when there is 'a failure of adaptation' to the baby's needs. But crucially it seems most likely that in my caring for my children there was an unconscious urge to redress the abandonment; a projected attempting to care for myself. This may also be the explanation of the enthusiastic helping of needy others in my adult life. I see, by

hindsight, a lifelong unconscious propensity in me also for seeking out 'substitute mothers' (to whom I 'adhered' rather than related); Annabelle's mother's (who became one such) comments about me being 'choked off' and 'battening' seem to indicate her awareness of my 'lack'.

Sylvia's Situation

Looking at Sylvia's story, we might wonder if, by the same token she was unconsciously looking for a substitute father when she embarked upon the disastrous affair with her old school friend's father? She obviously received some degree of adaptation to her primal needs from her mother, but there must have been some lack in the vital relational 'contact comfort', centrality of which Harlow demonstrated. This, we surmised, led to her being more susceptible to her father's seeming 'warmth'. His gross exploitation of her vulnerability catastrophically robbed her of a father. Her radical *modus operandi* of adopting suitable personae to enable social inclusion helps us to answer the question of what she 'lost' in losing her job. All these personae placed her at the heart of the social action of the time: Best academically in the classroom and socially in the playground, 'glamour girl' who co-founds the 'Golden Amazons'. Then the 'severed head' at university, and finally, in her journalist career she would be in the thick of society. It seems logical to conclude that for her *security* lay in the public space; her hedge against the terror of the private – home – environment.

Marion's Situation

The central question of Marion's narrative fracture was why, in light of her responsible life and successful career, she had been incapable of successfully hailing a taxi when on her own. It was as if on one level she had remained a dependant child. We noted when looking at Fonagy's fourth stage of self-agency that an element of 'healthy aggression' was a necessary part of attaining this stage; tantrums thus a healthy stage of development, and Marion's 'I learned to hide my reality' comes to mind in this context. Politeness, restraint and exemplary behaviour were expected of the minister's family, so that we might guess that her parents (particularly her father) though totally unconscious of it, may not have achieved that fourth stage of self-agency, and thus that she was not afforded this element of growth. This could be explanation of her shortfall of self-agency.

The other question raised by Marion's story is about what she referred to as 'that despair began in utero'. She attributed this 'despair' to the fact that she was a girl

instead of the desired boy. Although one could say that she was over-exaggerating what may have been nothing more than a flippant parental remark, all the evidence does seem to point to the veracity of her assertion. Her close relationship with her two brothers may have just been their clinging together in their painful isolation during their mother's serious illness. But as with Alice and myself, her closest relationship – her primary attachment (?) - seemed to be with Fraser, rather than with her mother and father. This bond endured through her life and marriage and its strength is demonstrated by the fact that his death so catastrophically overwhelmed her. I see this 'replacement' primary attachment as evidence of a bigger failure of initial primary attachment than can be explained by a 'keeping up appearances' mother: 'in utero rejection' seems more plausible. We remember that Marion chose a career in teaching, and it may be that this indicates a need for order, containment, the security of the institution, to counteract the trauma of that primal abandonment. We recall too her addiction to perfection, the epitome of tight control.

Kathleen's Situation

The question that Kathleen's story raised was why the sight, in her nightmare, of the trapped eagle, provoked such cataclysmic grief? The answer seems straightforward in light of the chronic deprivation, which was the lot of her entire childhood. Her mother would not have been capable of any 'adaptation to the baby's needs' nor effective 'affect-mirroring'. Whether there was any 'contact comfort' her text does not tell, but I would guess there would be some, though it could but have been sporadic, for it would be hard to understand otherwise how she had any notion of how to care for her mother through all her illnesses. But she was certainly totally 'trapped' by the home situation all through her childhood, with no chance of 'flying' in any self-affirming ways. The dream indicates that she had no means of dispersing her emotion of grief, the grief of losing her mother to mental illness, the grief of abandonment. Other emotions were venting in her outer life, 'violent mood swings' and angry outbursts, which her mother had also exhibited. Kathleen's many severe physical ailments – for which no medical cause was found, are testament to the mental states being, in Fonagy's terms, 'contained and enacted' in the body. Like Marion, and perhaps for the same unconscious reasons I tentatively conjectured, Kathleen also chose a career in teaching, and thus the security and containment of the institution, as well as the opportunity for pleasing.

3.8. Conclusion

Can we find now in these answers to our questions, the possible explanations of why each of our 'innocuous triggers' was so efficacious in jarring/dislodging our entrenched false self-identity? In my own case, it seems to me an unconscious ongoing urge to redress the abandonment of my - what is referred to in psychoanalysis as - 'inner child' was being accommodated in my legitimate caring for my children (and needy others); it was removed with the departure of my last dependent child. In Sylvia's case, I have posited that she felt safe only when she was out and about in the hubbub of social life. Her secure place in that social world, her safe haven, was removed with the magazine closing down and her job gone. Of course she could have got another job, but we know that feelings were already beginning to 'seep through the cracks' and so her defences perhaps gave way more readily, releasing the suppressed terror of the helpless, trapped child in a horror home.

Marion, alone in the dark streets of Toronto on a snowy night needed a taxi home. She knew all the procedures of conformity, which brought her success in her outer life, going through the correct channels, asking politely. But in this alien, to her, situation, none of these were of use. What she needed here was an assertive forceful body stance, not polite self-effacement. Her secure base of being safe in a well-ordered social world, complying with genteel etiquette, was gone. She was face to face with her in utero abandonment – her existence denied. Kathleen was face to face with a graphic image of her inner self in her nightmare. The denial and suppression of her feelings, what she called the 'thick walls' of her defences, were breached like a dam in one swipe by the dream image. She could not escape from this revelation, from the long-suppressed feelings of grief because she could not remove the powerful image from her mind. (I return to the power of the image in the next chapters).

We can see then that each of our narrative fracture triggers do actually seem to 'mirror' our own particular primal situations and thereby breach our rigid false-self structures set up essentially to block them. My 'loss' of my last child seems exactly the thing to reprise my 'loss' of my mother. Sylvia's exclusion from the safe social scene seems exactly the thing to reprise the terror of the child trapped in the horror home. The denial of her existence by taxi drivers seems exactly the thing to reprise the denial of Marion's (gender) existence in utero. And Kathleen's dream image of the eagle's piteous plight seems powerfully, uniquely, to reprise her overwhelming primal grief at being denied any chance to 'fly'. My view, posited in the last chapter, that the trauma at narrative

fracture crucially mirrors the primal trauma is really another way of saying that our seemingly innocuous triggers potentially ‘mirror’ our particular primal situations.

To explain the role/value of *this* mirroring I cited Kalsched’s theory of resolution:

The inner world of trauma ... duplicates itself ... in a pattern which Freud justly called *daimonic*. In Jung’s language... the original traumatic situation posed such danger to personality survival that it was not retained in memorable *personal* form but only in *daimonic* archetypal form [which deep layer of the unconscious] cannot be assimilated ... until it has been “incarnated” in a human interaction ... it “exists” in a form that cannot be recovered ... *except as an experience of re-traumatization* ...[i.e. it] must become a *real* traumatization with an object in the world if the inner system is to be “unlocked” (Kalsched 2010, p.26 [his emphasis]).

My view is that the ‘object in the world’ he speaks of is provided by that narrative fracture trigger. The ‘real traumatization’ it causes is ‘*the experience of re-traumatization*’ that enables ‘the inner system to be “unlocked”’.

It may seem that I have ascribed too much to our primary attachments. We must see if further corroborating evidence for my view may emerge from our attempts to move towards resolution – the subject of the next chapter.

CHAPTER FOUR

Anatomy of Reconstruction: Story Transformed

My Heuristic Journey

Through my narrative fracture journey I have become one who ‘knows’. I mean that I have come to *experientially* know my inner trauma world and thus myself. But, starting this heuristic journey, there was much I did *not* yet know experientially.

We recall that a new life grew for me after narrative fracture, though it was no overnight occurrence.

Bringing the treasure back from the underworld into life is always the most hazardous task in the fairytale (Woodman 1985, p182).

And so it was with all of us. A circuitous (spiral) process of change had begun with our narrative fractures, and for me this heuristic research has significantly impacted that process. My heuristic journey in one sense began with my urgent quest to know *who am I?* Further along the road I thought I had quite found myself in the undertaking my MA, but my anomalous reaction to that success sent me, like Marion, ‘into therapy’.

* * * * *

I am, as I begin my psychotherapy sessions, trying to find a supervisor and institution to take my research forward to PhD level. This has been proving a nightmare – nothing it seems but endless rejections. Out of the blue, between two of my early psychotherapy sessions at this distressing time comes a vivid nightmare dream:

Search for the Library

I am standing in a vast elegant entrance hall of some stately home-like civic building. It is somehow familiar to me and I know that I have to go to the library, which is on the first floor, up the wide sweeping staircase. I walk across the hall, but am profoundly shocked to see that the staircase has completely vanished. Is it being renovated? There is someone with me, to whom I, not to be thwarted, say:

‘There must be another way in; these places always have back staircases for servants!’ And we head off to look, down endless winding corridors. We come upon, eventually, a narrow staircase to our left, but when I glance up it I see that, disappointingly, it ends at a blank wall. But suddenly a concealed

door opens in that blank wall; a woman emerges and walks down the stairs towards us.

'Is that the *library* up there?' I ask. At her affirmative reply we climb the stairs and walk into the library, only to be apprehended by an unwelcoming, impatient female librarian, behind the desk.

'It's almost twelve o'clock! You can't come in; we're closing.'

I turn to leave. But the way out is not the way we came in, rather it leads out onto a precarious swinging stairway, resembling a rope bridge, over a deep ravine. I find myself clinging on to what constitutes the banister with my feet insecurely gripping right on the very edge of the steps, with my eyes tight shut in terror of falling, crying and begging the woman with me:

'Please tell me when my foot is safely on the next step!'

I can see what this means as soon as I wake: I cannot continue with my academic work (symbolised by the library); I'm destined instead for a totally unsuspected nightmare path. But Miriam, my MA lecturer-now-therapist has a different view of it:

'You race ahead; you seem to need to have the answers before the question!' Of course we can – she can - see what is going on here: it's the no-reflection, the fear of the chaos-of-not-knowing. This must have affected my dream interpretations from the beginning then. It's set to continue doing so for some time to come, but I don't know this yet. By the end of the session another interpretation has emerged: To get up to 'the next level' (PhD) I need to construct for myself that 'missing' staircase in the entrance hall – through my work with Miriam; through my 'process'. The session ends, I'm elated with re-kindled hope. But:

'Why are my steps on that unsafe rope bridge so terror-filled?'

'Time will tell. Trust the process', Miriam counsels. And it does.

Despite my acceptance by Sussex University, and the encouragement of the wisest of supervisors, I am struggling to write the long proposal, upon which my worthiness to proceed with the research is judged. It's the writer's block, and those 'fraud' feelings, both returned with a vengeance. Now my struggle is at its worst – March 2010 already and the clock menacingly ticking – and I wake one morning from a vivid, bizarre dream:

The Child's Voice

I'm riding along in a small van. John is driving and I am in the passenger seat. The back of the van is full of belongings (household items predominantly – all rather a jumble). It is night-time. Suddenly out of the silence a small child's voice pipes up, saying '*I'm here!*' I am greatly shocked, and say to John

'Did you hear that child's voice? Is it in the street?'

He opens his window, attempting to locate the sound. The voice comes again, '*I'm here.*' We realise it is coming from inside the back of the van. As we begin to investigate, digging through the belongings, I have the shocking thought that a child stowaway, maybe illegal immigrant, has found its way somehow into our van. But the voice turns out to be emanating from a detached arm – just the section up to the elbow. It is not bleeding or even overtly living flesh, being pale and seeming almost artificial.

The dream ends with that singular sight. As I scrawl it into my journal on waking (even vivid dreams fade fast), a memory emerges: Celia my supervisor saying to me, after her reading of my latest draft of the proposal:

'You are missing from your proposal!' And then another: when I presented it to our research group one group-member commented:

'It's very well laid out, but where's the meaning?' He is saying the same as Celia, in different words. Because it's not just the writer's block, it's the cold, 'detached' i.e. 'lifelessness' of it. Their comments decipher the dream's symbolism: My 'writing arm' is disembodied; the voice of my 'inner child' needs to be heard and heeded, to bring the writing to its 'whole', 'embodied' state. I understand with my mind, but not only that. The dream has caused some inner shift. Now comes something else that delivers a veritable an inner punch. My proposal, finally submitted, is rejected. Well, that's how I hear it. In fact it is returned for some restructuring.

'I must give this up', I decide. 'It took so much wringing blood from stone to get that down. Nothing more could possibly come forth!' I don't give up. Finite as ever the feelings fade, and I set to work again.

I arrive at my next session with Miriam bursting with chaos feelings:

'The house is in uproar; John is building a new staircase, and taking forever. I don't know where to turn with all the mess. I can't write in this!'

'I think you feel persecuted by all the demands upon you', says Miriam. 'But I think all those demands are projection of your real demand. That inner demand is from your self, to have its voice heard. This is the conflict within: between that demand, and terror of the consequences if you did make your voice "audible" - especially to yourself!' This makes sense, except the last bit about myself - it is to be a long while before I face my treatment of myself.

Things have changed. After that 'shift', and 'punch'; that 'being heard' in the session, I now seem to be 'bringing myself' into the writing more. The proposal's final draft passes muster. I still feel as if I am making most progress though when rationally

discussing my problems with Miriam. Obviously still more comfortable with 'pleasing': the perfect client, answers at the ready to save her the trouble. How the theory fits: 'many patients expect to finish their analysis in no time because they are so intelligent ... [whilst this reasoning power] ... may, in fact, be used to obstruct progress' (Horney 1970, p.66). But from the beginning Miriam has doggedly resisted my spending the whole session 'in my head' as she puts it. I'm having a lot of my 'enlightened' concepts, including the treasured stash from 'my exile', overturned; I can see now there was much intellectual philosophising about them.

It's now time for me to concentrate on my autobiography. The first part had sailed along in the fair weather of the inspirational MA group. Now I have come to dread switching on the computer. I am shocked at the raw agony I induce with each thought of my darkest days. I am oscillating between a numb depression and a sense of my whole life being meaningless. And it all seems so disjointed. Well, my life and my identity have been built on lies, no wonder its narration is disjointed, I console myself, but it isn't helping. Awake at five again one morning, awash with horrendous feelings, I decide to attempt what I've always found impossible – to capture them in words:

Terror thoughts swirl in a maelstrom, too fast to catch, too compelling to refute, too plausible, too many of them. They torture you like children in a playground blindfolding you and spinning you round and making you say which person is touching you; you try harder and harder to comply, hopeless as it is. I pluck one taunting thought try to logically refute it. No, it is so out of control, so desperate; another and another fly up – a catalogue of my failures flash up at the speed of a fast-forwarding film. My body is racked, aching, head hurting, feeling hung-over. I will burst out of my skin in a minute, it crescendos. Is there a patch of solid ground anywhere I can crouch on? No; though I mentally range to the ends of my known inner world there is none. I can only wait. Wait in agony.

The terror journey-over-the-ravine metaphor of that dream seems genius-apt now.

What is helping though is my awareness of the understanding listening presence of Celia, my solitary reader. And Miriam helps process the fallout. She describes Celia's understanding reading as "bearing witness", and encourages me with:

'You are also "bearing witness" to yourself now, in your autobiography!'

Miriam is relating, undaunted, to my inner chaos, and this combined relational support is somehow fostering a new 'listening to myself'. I feel so much more 'alive'. Insights begin to come out of the blue. Now I have to re-read my co-researchers' autobiographies, and they are reading so differently; so many insights spring out, some strong emotions are provoked. The texts have not changed. Obviously I have.

Here's another development. The start of every trip to Miriam's – the drive to the station – is now shocking with road rage. The alien stranger in my car is mouthing obscenities at other drivers (this can't be me), is sometimes screaming (literally) or shouting.

'Your anger at yourself, for your self-obstruction, projected onto people getting in your way; but it's also people not "hearing" you, i.e. your anxiety at coming to the session', is Miriam's reflection. That 'anxiety' emerges, gradually over many sessions, to be actually a complex mix of emotions: fear of putting my head above the parapet – that 'being heard', and seen again; feelings of shame; panic/fear of somehow getting lost. Losing my car, i.e. forgetting where I've parked it, and losing my handbag, are recurring themes of my dreams. Getting lost is also a waking fear that has kept me from driving to places I don't know; an agoraphobic streak.

Panic puts on a riveting pantomime one day. I'm on the train to London to meet old school friends. Mid-phone call to Poppy I leap off the train in shock when I notice it has arrived at the station. Once off, I realise - horrors - this is Cambridge, not King's Cross. I am able to scramble back on, and throw myself down in the same seat, panting and heart racing. Panic outbursts like this sporadically recur. Thus I come to know experientially the influence and power of the unconscious emotions

Random incidents sometimes bring enlightenment. I am watching a television programme about the Japanese population of the Pacific island of Saipan in WWII. It tells of their being so brainwashed by anti-American propaganda that very many of them deliberately leapt off the cliffs to their deaths when the U.S army was about to capture their island. What a powerful metaphor for the intrapsychic battle – to cling onto the (essentially anti-life) 'security' of the false-self life solutions or face the terrors of the unknown (essentially the terrors of the unconscious). I ponder it for many days. Now a colleague-become-friend of ours has arrived for a chat. On leaving she glances at the antique chair in our hall.

'Could I come back sometime and photograph that chair? I'd like to photograph you in that chair, Janet!'

'Me? Why not my more photogenic husband!'

'No, it's definitely you I "see" there.'

Now it has come to pass; arc lights, white umbrella and all! All finished now, and she's animatedly elaborating:

'I just "see" stories in scenes sometimes, and here, with this chair in this space I "see" – and please don't take this the wrong way - an orphanage! This is the passion and enthusiasm of the creative artist.

'That's amazing!' I gasp, 'because there is an "orphanage" element in my psyche' (my hindsight realisation that I sometimes felt like an orphan as a child). As her face drops I add reassuringly – pleasingly:

'But I wasn't, don't worry, an actual orphan!'

A few weeks later our generous friend is back, with a high-quality black and white (remember orphanage), copy of the photograph for me. When I recount the incident to Miriam, proffering the photograph, she discerns emotions of which I am unaware. What is it I am uncomfortable about with the photograph she probes at once? I struggle to verbalise.

'Well, look at my bulging stomach – I'm sure I don't look like that!'

'That's not what anyone else would ever see in this photograph,' Miriam counteracts adamantly. 'What I see is a strong and purposeful woman!'

'What is it then, more body dismorphia being unearthed I suppose?' I grumble back, feeling like a pricked balloon.

'Mmm - and more of the existential "shame" feelings', she adds.

This looks suspiciously like – with my current knowledge of theory – one of those 'claims' Horney describes: I deserve to be portrayed as perfect!

A quantum leap forward has come in today's session. I have two snippets of dreams to tell:

1. I am sitting in a sort of upper basement, and have become aware somehow that there is a man in the lower basement whose role is flogging people down there. I sit in the upper basement telling myself that I just have to get used to this; it is an unchangeable 'fact of life'.

2. I have gone to visit 'Mark Kelly'. I have to pass through a garden shed and through his back garden to get to his door. I find he is not there. Passing back out through the shed I see a mud-encrusted cat shunting along on its belly – obviously on its last legs, a pitiful sight. As I get back into the lane I notice 'Mark' and his friends all milling round jovially a little farther up the lane. I try to speak to him, but he is too preoccupied with his friends and hardly deigns to notice me.

I have the interpretation of these ready. I tell Miriam that I have always had mental terror around torture, and that I think the cat is symbolic of my inner view of myself. She ignores my observations and takes a different tack:

'Both of these are devices to keep you away from the inner little child'. This unexpected comment makes me so angry, though I can't as yet express it, except through this 'cutting' tone of voice (which I'm not conscious of):

'In that case, Miriam, are my dreams just worthless distractions?'

No, she explains, she doesn't mean that, only that my intellectual analysing of my dreams keeps me away from my feelings and so misses the meaning of them. As she speaks I have the strangest feeling of swelling and expanding until I feel as if I am filling half her room; I am amazed. I know what this is from the theory; it is 'embodiment' feeling. Time seems to slow down and down, and as we return to the dreams, a stream of consciousness is unleashed. I tell of the real-life 'Mark Kelly' lending me some expensive self-help CDs that I have been too busy (house move following on MA) to listen to by the time he asks for them back almost a year later, and I feel ashamed. The central images of the dreams make new, different sense now: the pitiful cat is how I unconsciously feel he views me and the lower basement man is my inner (below consciousness, in the 'basement') vicious self-berating ('there is no one more spiteful to you than you are to yourself', was a frequent refrain of Miriam's).

'Regarding those CDs: Your inner being knew that you did not need more of the solitary self-helping, but rather relational help – and this was the time you contacted me, wasn't it?' It was. I find myself musing on Fonagy's work with new understanding. This is how the inner little child is heard, and new neural pathways are created.

I develop a ritual for my train journey to Miriam's after twice forgetting to buy my ticket:

'Toilet. Ticket. Taxi. Toilet. Ticket. Taxi.'

'Self soothing' Miriam calls this, and I seem to have been at it for a lifetime. But she also flags unconscious rage, at having to pay to come to sessions, to pay for sessions at all in fact. My needs should be met without my input – another of those Horneyan 'demands' obviously.

I cannot yet acknowledge how deeply affected I am by the sessions. One horrifying incident rips away that denial. Poppy phones as I arrive home from a session. She is ready for me to collect her from our local hospital and take her home (a pre-arrangement). It's early autumn twilight as we go; I'm driving badly I know, and feel ashamed about it. But I get her safely returned at last, and am so relieved to be going home.

But where am I?

I have done this route endless times but this road in the dark is so alien. I've just passed a rural industrial unit I've never seen before. I am lost. I cannot be lost between Poppy's and mine. I keep going down further miles of habitation-less pitch-dark lanes; no signs of life, no signposts. More terror hits – I will run out of petrol! I reach a tiny crossroads. The right and left forks both go to a village I know abuts the 'B' road I should be on – so one fork will inevitably lead to it; but which?

My terror is existential, indescribable to any normal mortal. I have my mobile; I can phone my husband. But how can I tell him where I am? There are no road names. I take the right turn in panic, and the terrain gets wilder. But suddenly, there through bushes I see the light of a cottage. I pull up and scramble towards the light. I ring a cobweb-encrusted bell, but hear no responding sound within, so bang on a window where light is showing behind curtains. A young professional man appears at the door, shocked and guarded. I try to sound professional in my turn as I feign normality and explain (omitting that I'm a local) that I'm lost, am looking for the road to King's Lynn. He's plainly relieved I'm harmless, and kindly informs me that continuing along this lane will get me to it.

I arrive home feeling as traumatised and as bounteous as if I had just survived a shipwreck in wildest seas.

This incident I have come to regard rather as a waking nightmare. I think it functioned in the same constructive way research has shown sleeping nightmares do. This 're-traumatization' produces new experiential understanding: I realise: 'my life is full of the raw meat of reality I have to chew'. Miriam is solicitous, pointing out (again) that it is indication of the very early pre-verbal timing of my primal upsets, and quantifies the global nature of earliest intrapsychic chaos. She encourages me to take care and be 'mindful'. My car insurance has come up for renewal and I discover my no-claims bonus is not to be 'protected' this year because I have had 'two accidents in a two-year period' (minor bumps, both after sessions). Miriam's advice chimes and I am asking my husband if he will take and collect me from the station when I go to Miriam's for the time being. He most willingly agrees. Miriam flags it as 'growing self-agency'. Concurrently Celia flags 'strong authorial voice' emerging in my writing.

Miriam has just had her usual summer break. Consciously I have been, each time she is away, relieved not to have to make the journey, and to save the money. My

unconscious registers the breaks differently. I 'coincidentally' seem to catch viruses each time. This time I have not been ill, but my dreams have registered: my recurring dream theme of everyone suddenly going off ahead when I am not looking, leaving me lost, with no one to follow.

Processing these breaks has slowly brought me to terms with Miriam's 'separateness', and this separateness is our focus today.

'There were two young girls on the train today,' I tell her, 'laughing and chattering so excitedly together. With luggage and rucksacks, they were off obviously on some - perhaps gap year - adventure. They were so together and full of joy! It drew me back to my many wonderful adventures with Judith!' Then I find myself saying:

'I know with Judith it was - on my side - quite symbiotic'. A stream of consciousness weaves on: 'something in me fears I am dead if I am separate! ... It's like the surgical separation of Siamese twins ... I am the non-viable twin ... the one left without the vital organs. ... I am a dying shell!'

'Mmm, that is the shape of the fear; that is an image of your intrapsychic fear', Miriam eventually proffers. Then:

'Could the two girls on the train - which so riveted your attention - be an alternative image of your internal state - could this unity and excitement be coming about as 'split' parts of yourself re-unite?'

This feels so good and so real. I have a double 'knowing' within. I can feel the difference between the Siamese twins image and the two-girls-on-the-train. I have a deep knowing ('3D') sense that the latter image expresses the growing inner reality. I carry it with me still.

* * * * *

4.1. First Reflections

We saw in Chapter Two my argument for appraising narrative fracture a positive, although traumatic, life-event. In its dislodging of the seemingly safe and comfortable, but in reality rigid and inwardly fragmented, false-self life solutions, it launches the experiencer, in my view, onto a trajectory towards possible intrapsychic and interpersonal integration. From my account above though, this trajectory seems often anything but integrative. Of course this is just a brief cameo, but it does illustrate the way further experiential knowledge, layers of myself, was gained.

The behavioural traits of the false self are still much in evidence in the earlier stages of this journey. My 'pleasing' seems particularly ubiquitous. It was a serious block to real progress in the first years of my psychotherapy; and I knew I had turned a corner when I realised I wasn't rehearsing en route what I would say in the forthcoming session. The addictive need for tidiness was still showing up, e.g. at John's building of the new staircase; the intensification of stress there being submission-deadline pressure of my long proposal. So stressful situations seem to trigger 'auto-pilot' return to the false-self traits. My rushing to conclusions - to avoid, as we saw, the chaos/terror of not knowing – remained long conspicuous: It is the evidence and the 'mechanics' of my lack of reflective functioning. It's corroboration of van der Kolk's 'prone to go immediately from stimulus to response' (see 3.5.1.) and Fonagy's theory that the lack of reflective function in the child was the outcome of 'the image of the mother coming to colonize the [infant] self' when the mother's reflective function had 'too often failed the child' (see 3.6.3.).

I recall my dismay on realising that the hugely growthful period I had in Sussex had not released me from 'living in my head'; how tenaciously that too resisted being dislodged. I continued for so long intellectually to work out answers to questions raised and dream interpretations. There is no doubt that after my landmark reading of Jung I had definitely been gaining help and solace from my dreams, so when I came to the *experiential* (embodied) understanding that there were further layers, and different aspects, of meaning to my dreams, it was another shock. I had been missing out, but obviously they could only help and inform me to the level of my awareness at the time (see 4.2.). As breakthroughs and insights proceeded, more and more false-self structures, we can see, revealed themselves, and some of them, though I knew them thoroughly from theory, I was completely unaware of (and then resistant to acknowledging) in myself – most particularly the 'demands' and 'claims' of which my 'orphanage photograph' is example. Also so hard to accept was the fact that I was so routinely engaging in 'projecting'. Many of these conscious realisations of my false-self structures appear to have occurred in the psychotherapy sessions (see 4.2.2.).

The manifestations of chaotic terror emotions in my account support the proposition that my primary upsets did occur very early in life; that there was no 'containment, no affect-mirroring, so that I was unable to regulate my emotions. We can see that I found

it particularly hard to accept 'not-knowing' and therefore to bear the slowness of 'process'. Nevertheless there is definite progression evident in my account:

1. Unemotional detachment is initially prevalent;
2. Chaotic and terror filled groundlessness breaks through;
3. Self-berating/tormenting becomes apparent;
4. A sense of being 'embodied' and a sense of being 'separate' emerge;
5. Self-agency begins to manifest both in living and in my academic writing.

I took heart from the other authors' stories; hearing their sufferings and struggles comforted me. I could not back then, however, gain comfort from their *resolutions* of their troubles, which in their texts had of course evolved, as mine at that time had not. If I had been registered my feelings then I would have realised it was *envy* – another emotion that regularly reared its head. My advancing process gradually dissolved this; now I can view unhampered how they fared post-narrative fracture. This is incidentally the point in my inquiry where the differing nature of the three co-researchers' texts is most apparent. There is no information in Marion's texts of her post-fracture life between her trip to India and her cancer diagnosis, whilst from Sylvia we have a very full account, and in Kathleen's case I have again had to extract these autobiographical details from the didactic content.

Sylvia's Journey

Sylvia's post-fracture life began in self-imposed seclusion; three lonely years in her study, which she tried at their end to sum up to husband Danny:

It's like a gush of primordial pain from a part of me I never knew existed ... I haven't been able to talk about it because I haven't known what's happening. I still don't ... Everyone thought I'd miss the exotic assignments ... [of the journalist post] ... but what I really miss are all those people sitting at their desks whom I might or might not talk to (Fraser 2004, p.151).

When her novel is subsequently published, fittingly titled 'Pandora', and is a commercial success, there is an air of detachment about her musing on its strange contents, it seems she feels back on an even keel:

Nevertheless, the ground feels solid under my feet. The sky is clear as far as I can see (p.152).

However, it was not long before her marriage was disintegrating:

When the time came to burst out of my marriage, it wasn't so much passion that tempted me but compulsion that drove her (her other self).

Her detachment is obvious in:

Like a sleepwalker I watched askance while someone who looked like me cast aside everything I valued to recreate an infantile world in which no will or desire existed outside of the illicit affair (p.154).

The affair, with Paul, father of her old school friend, recreated her 'other self's' world (of which at that time she was still unaware) very accurately. Her italicised inserts show that she eventually made the connection.

Before I can blunder through the rest of my speech, he pulls me inside, closes the door, embraces me.

I'm my daddy's favourite . . .

We maneuver the distance between hall and solarium. As we fall to our knees on the carpet ...

Gazing into my eyes, Paul announces: "Amazing! Wasn't that amazing?"

My daddy and I share secrets (p.171).

Reprise of her other-self world is even starker in:

He slumps onto the couch, gently pushing me to the rocker. "No, sit there. I want to look at you. I want to savor this." I yearn to sit on his lap, to touch, to caress, to keep contact, eager to protect my fragile mood of well-being (p.171).

But Paul was blatantly self-consumed, oblivious to her feelings; she was used, not loved.

Danny's inevitable leaving the marital home was agony for Sylvia, but:

whatever lies ahead is better than the festering untruths, the screaming hurts, the split inside me – half a heart, one lung, torn and bleeding viscera. Already at least I feel the relief of that (p.185).

The affair kept her on a tightrope of anxiety. Paul repeatedly disappointed her, making arrangements for meetings and holidays then cancelling them last minute, putting his family and demanding wife first. Sylvia was in chaos:

I am so consumed by venomous jealousy that my heart actually aches – jealousy of his wife and of his family ...It's a feeling so murderous and so bottomless and so pointless and so disgusting that all I can do is despise myself more (pp.179-180).

A fatal showdown came at Paul's company Halloween party, when he told her their secret planned week's holiday, departing next day, was off. Her rage very publicly erupted. Paul's

"Please be reasonable. Everyone's looking at us ... Will you get out of my way? I've got work to do."

are a deadly trigger:

At last I say the won't-love-me words:

"No, I won't. I have to settle it this evening."

"Be quiet! Everyone is looking." ...

"Then let's give everyone something to look at." ...

I strike Paul ... with my left fist, breaking my champagne glass. Dragging a bloody palm across his chest (p.195).

She headed off into the night intent on committing suicide, though phone calls throughout the fateful night from worried, loving friends averted this step.

Soon afterwards, Sylvia's beloved cat was found poisoned, provoking an emotional insight:

I am devastated and yet grateful ... [though] ... I don't understand, I know a scapegoat has been found. I know that now I'm not going to have to kill myself.

Her father died less than three weeks later, and she felt released to roam her childhood home without fear for the first time.

But another ten years were to elapse before she reconnected with the incest memories. She summarises those years as:

an increasingly contented life within a network of close friends during which I wrote four novels, each rife with sexual violence'. And she was attending to her psyche, her wellbeing: 'I also felt drawn to read about, and to experiment with, various psychological disciplines. Through ... [psychoanalysis] ... I learned how to interpret dreams as messages from my unconscious. Through primal and massage therapy ... I grew more in touch with my body and my emotions (p.211).

Then she was suddenly struck with severe abdominal pain and a hysterectomy was performed; a uterine cyst 'the size of a five-month fetus' removed. Her body failed to recover, a second operation was performed and a third mooted. And throughout this period: 'my dreaming mind continues its serialized hallucinations' (p.213).

At a lunch date with her old school friends during her convalescence, recall of her sexual abuse began. Her friends tell her shocking news of old school friend Babs:

“Gerald tried to sexually molest Bab’s daughter ... Babs didn’t believe it at first but she confronted him and he broke down” ...

Feeling as if a bullet had exploded in her chest Sylvia stabbed the table:

“I want to kill that bastard!” [and she fled home, with the sudden stark awareness]: I think my father raped me (pp.219-220).

At home she collapsed into somatically intense primal memories:

Spasms pass through me, powerful, involuntary – my pelvis contracts leaving my legs limp. My shoulders scrunch up to my ears, my arms press against my sides with the wrists flung out like chicken wings ... I start to gag and sob, unable to close my mouth – lockjaw in reverse. These spasms do not feel random. They are the convulsions of a child being raped through the mouth (p.220).

She realised she had recaptured

that moment precisely when my helplessness is so bottomless that anything is preferable ... From then on I would have two selves ... I KNOW my father raped me. My brain is alive with new memories, with shocking insights. In seconds, my history as I have known it undergoes a drastic shift (p.221).

More convulsions, with insights following, ensued:

Now I understand my fear of pregnancy, which to my child’s self, would have seemed like yet another physical invasion – a nine-month rape. Now I understand the obsessional affair ... now I understand my sexually violent novels (p.223).

During this time:

the adult me comforts the child, holds her hand, pities her suffering, forgives her for her complicity, assuages her guilt

- which we can perhaps assume she was able to do on account of her years of psychotherapy etc. Wanting further confirmation of all those insights, and wondering if there was more to discover, Sylvia consulted a hypnotherapist. Following one of these sessions came the further shocking realisation that her father’s sexual abuse had also occurred in her teenage years. After that dire experiential memory retrieval sober self-reflection followed:

I was a hostile little girl, a furious teenager and a frequently bad-tempered adult. Anger was my salvation, the way I survived in my father's house, but it became my prison, blocking softer emotions. Now, as that tough shell cracks, a more vulnerable self is released (pp.223-224).

She eventually had the courage to actually tell her mother:

I babble: "He was affectionate at first. It wasn't just once. It went on a long time."

"Well!" my mother is near tears but not crying. I am sobbing ... I feel overwhelmed with gratitude and hence with love. I am believed!

Insights and reflection on her father soon followed this breakthrough:

My father's rage was an impotent rage. He shouted and waved his fists like a child in a high chair. ... I suspect he paid as dearly as I for the amnesia that was once his salvation ... Did he do to me what had been done to him? ... This I do know: my father was not a monster. His life was a bud that never opened, blighted by the first frost. ... He served his sentence as I have served mine, but his was for life, whereas I got off after forty-seven years (pp.239-241)

* * * * *

Again, an abbreviated cameo, but the sequence of events does provide a map of Sylvia's process. When she is able to reflect, after those three years of uncontrollable writing, she realises that it is the 'people sitting at their desks' that she really missed, endorsing my suggestion (3.7.1.) that her *security* lay in the public/social space. The ground feeling solid under her feet then seems to suggest her feeling again that 'comfort' of the social milieu, restored by her first novel's success, subsequent book signings and interviews. I recall my own occasional early feelings of hope-of-restored-normality, which are but the craving for the 'comfort' of the false-self life pattern.

Her pain when she burst out of her marriage: 'the split inside me ... torn and bleeding viscera' so echoes my 'separated Siamese twins' feelings, and may perhaps be an indication that the nature of her and Danny's relationship had, like mine and Rose's, something of the symbiotic about it. She did realise though that it was holding up her progress, which lay, as we see, through the disastrous affair. Paul, and how the affair played out, is so blatantly a reprise of her father's self-consumed demands and betrayal.

As her processing of the abuse memories advances, inner urging increases until she is finally able, following a powerful, empowering dream, to tell her mother of the incest.

We can see in Sylvia's account a similar progression to that which we noted in my own:

- There is at first detachment; an air of indifference in her puzzlement over her first novel's shocking imagery;
- Then groundlessness ('the rest of my personality has disintegrated'), chaotic out-of-control emotions, and self-berating ('all I can do is despise myself more') emerge with the affair;
- Re-connection with the body comes, particularly through the reconnection with her memories: 'my path of revelation was to be the path of dreams – dreams triggered by physical shock' (nearly dying after her operation);
- We see her sense of self-agency growing: able to tell her mother, she achieves being heard, and believed.

Particularly highlighted by her story is the powerful momentum of suppressed memories urging towards release. As she says:

It seems to be a law of human nature, as compelling as Newton's, that whatever is hidden in the psyche will struggle to reveal itself (p.153).

Kathleen's Journey

Kathleen's text, *Recurring Dreams* is subtitled 'A Journey to Wholeness', denoting it is entirely concerned with the post-fracture journey. She charts this mainly through the long series of dreams she had about a dream character 'Victor Biento'. The book is thematically structured, so I have been best able to trace her progress through content and dates of her dreams.

At the time of the Eagle Dream Kathleen had a successful career in education, though we know that she also had severe health issues. She consulted a psychotherapist just three days after the devastating dream. In one of her early psychotherapy sessions she realised she had made a profound decision: 'I knew that I would devote my life to the extrication of that Eagle' (Sullivan 1998, p.6).

She tells that she:

entered into forms of therapy and healing that I had previously glimpsed only from afar. Each experience challenged my former belief systems (p.34).

Five months after the Eagle Dream the Victor Biento character, who, she eventually came to realise, symbolised her own split-off 'life energy', featured in a dream, from which she again woke with feelings of grief. But:

Although I felt the grief within my dreams, my conscious self remained shrouded in the protection of denial, emotionally detached and unaware despite intense physical distress (p.29).

Four years elapsed before she had another Victor Biento dream and even then:

My journal notes nothing more than the dream ... [denoting that] ... Though I was discovering definite patterns in my dream journals ... I had yet to transfer the dream learning to the conscious realm (pp.35-37).

Sometime later after writing down a dream:

I read it to see what associations would surface ... Suddenly I was zapped by an undeniable *body hit*. The hair on the back of my neck stood up as the *zing* coursed through me ... The questions started. Was this Victor character someone from my past? ... I decided to check my high school annuals (p.38).

This embodying experience brought recollection, insight:

Memories floated to the surface. He was the class *rebel* ... He was the *rebellious* charmer who frequently played hooky or arrived late to class but was spared consequences by teasing and charming the teacher (pp.38-39).

In the following four years:

I began teaching classes about the power of dreams. This eventually led to facilitating dream groups ... Thus to allow my dream business to develop, I relinquished ... my full-time public school position for half-time teaching. Finally ... I resigned from my teaching career to devote all of my time to professional dream work' (p.46).

We can perhaps sense in this that she was during these years feeling, like Sylvia, 'the ground solid under her feet'.

But then, six months later she was in deep depression. In the lead up to Christmas she had been:

spontaneously plagued by images from a series of dreams and nightmares which had bothered me for years. In each dream I awake in the morning to discover that Christmas has come and gone without my participation. Every dream brings a deep sadness and sense of loss, similar to my feelings about

my physical condition at the time. On this particular night I felt that not only Christmas but all of life was passing me by. By this time, I had felt barely alive for thirteen years ... I had managed to continue working, pursuing my study of the dream, and nurturing a limited social life – but always with a dizzy, half-present feeling (p.69).

Then comes a disturbing dream:

Vic and I are together at last. I'm helping him recover from alcoholism. He looks dishevelled, down-and-out, sickly, without energy.

Despite this, I'm happy to finally be with Vic and expect we'll become lovers when he's sufficiently recovered.

I'm gazing at him in fascination because his teeth are false and look like a video cassette

This dream frightened and frustrated her:

I had been sober for thirteen years and was angry that the dream seemed to request something I had already accomplished (recovery from alcoholism). I was worried that Vic was sick, that the energy I had been seeking for so long was waning' (pp.69-70)

She was now in a chaotic maelstrom of emotions. Resisting the strong urge to give up she went for a walk and suddenly shouted:

"No one can be counted on, ever. Not even a damn dream character!" ...

"My God, my entire life I've *felt* the way that Victor *looks*". Immediately a rush of energy, like an electric charge ... I knew a major step had been taken ... I trekked home energized by the power of hope' (pp.71-72).

And again insight followed; she realised that:

after thirteen years of illness, *I had become addicted* to the plethora of *symptoms* which numbed me out ... Anytime I was presented with a challenge or an opportunity that threatened me, my illness provided a powerful excuse to avoid participation (pp.73-74).

Another of her addictions, workaholism, was identified (by another dream) the following year, and now she was readily able to recognise the dream's message, and take a different approach to her work schedule. But illness was still around:

I wrote that dream from what felt like my deathbed. A severe case of the flu, which had developed into pneumonia, had consumed my first vacation in two years' (p.79).

She was coming to an understanding of what she called her '*character defects*':

I was able to identify these *character defects* by owning the less than desirable characters in my dreams. Jungians refer to this as *shadow* work ... As I faced each disgusting aspect of my shadow ... I experienced ... a slow

but obvious cessation of the headaches that had plagued me for fifteen years (pp.114-115)

Important to note, she then found that

admitting a piece of my shadow to another person brought the most relief. Releasing the *secret* was akin ... [to] ... taking the top off a boiling pot (p.115) ... Consciously making that connection *physically released the tension in my body*. I literally could feel a shift from *contraction to expansion* (p.133).

Illness, persistent and severe, was a key feature of Kathleen's post-fracture journey, and we can note that improvements in different health issues seem, like cognitive insights, to follow her outbreaks of primal emotions. Her last remaining physical affliction was the recurring disfiguring eruption of facial sores, which she was connecting with her lifelong low self-esteem.

She realised that 'Hypnosis was the only therapy I hadn't yet pursued', so thinking this may help here she began a series of treatments. During one of these she experienced herself:

locked in deadly conflict within my mother's womb. I felt seriously threatened there and desperately wanted to get out. But I was equally fearful of facing what awaited me outside. This dilemma of imprisonment produced the same kind of horror as the Eagle Dream. In each case I experienced the anguish and grief of living beings trapped and unable to move' (p.145).

She had had a powerfully moving dream (see 4.4.4.) six months prior to this hypnotherapy session:

I've been out [...] having lunch with friends. I'm anxious to get home and hide. My face is horribly broken out again and I feel ashamed. I just want to remove my makeup and be alone. [...] I am amazed to see Victor Biento sitting on the couch. My God, what is he doing here? I'm thrilled to see him but I must not allow him to see me because I look so terrible. I dash into the bathroom, quietly shut the door and begin to cry in sorrow and shame [...] the door is gently pushed open and Vic forces his way in. He takes me in his arms rocking tenderly, saying over and over, "It's ok, it's ok." I sob deeply and joyfully (pp.105-106)

She notes that after these two landmark occurrences she had no further eruptions of facial sores (writing eight years later).

She sums up:

my *response* to ...[the above] ... dream is vital to understanding the overall healing story presented in this book. ... The unconditional acceptance I felt in this dream healed my heart, soul, and body at a depth which cannot be touched by medication, talk therapy, body work, Chinese medicine, or hypnosis. I was so impacted by this dream I could not share it for several weeks. The only other dream with so much power was the Eagle dream and surely, one leads inevitably to the other and to the writing of this book' (p.106).

* * * * *

We note that unlike the rest of us Kathleen consulted a psychotherapist straight after her narrative fracture trigger, went on to pursue the studies that helped her understand that phenomenal dream and entered into various forms of therapy. It is not clear how soon she joined the recovery programme for compulsive eating, but that clearly became a central part of her progress. She refers to 'sixteen years of steady progress' but it was not, we can deduce from her account, quite the evenly paced smooth path that that might seem to infer.

Nine years after the Eagle dream she dreams that she is excitedly telling others: 'rebellious Victor is living a happy and respectable life' (p.65), which seems to me to intimate an element, as we noted in Sylvia's and my story, of comfort-of (false self)-normality ('respectable'). It is just six months later she dreams of the alcoholic Victor with the black cassette tape teeth. She tells that for several days before this latter dream she had been plagued by images from previous nightmares of Christmas having come and gone without her participation, causing feelings of deep sadness and loss; Feelings of chaos, and out of control emotions are besieging her now.

But then insight, followed by embodied understanding 'like an electric charge' breaks through, bringing energising hope and 'anticipation of healing'. We read of two incidences of her having sensations of embodiment in the above and then of her realising that consciously making connections released tension in her body.

Considering Kathleen's progress through her health issues alongside the dreams, we can discern similar elements of progression to Sylvia's and mine in her post-fracture journey

- Despite the chaotic flooding of grief resulting from the Eagle Dream (1980), she acknowledges that the enlightening messages of dreams in the years following

are not accessible to her as she is still 'shrouded in the protection of denial, emotionally detached';

- The disturbing Christmas images then alcoholic Victor with videocassette teeth dream herald erupting feelings of depression, loss and out of control emotions. A severe relapse of illness then and another 'alcoholic Victor' dream mean: 'All of my former beliefs about hopelessness and futility resurfaced';
- Connections are made; insights increase. The resolution of one illness issue after another is indication to me of her growing embodiment, self-agency, and self-esteem. The last ailment to be resolved was her eruptions of facial sores ('staph infections') - its resolution pointing, in her view, to attainment of a deep level of self-esteem.

Musing over Kathleen's account I find interesting her retrieved memory (in hypnotherapy session) of her struggle in her mother's womb and awareness that the same 'imprisonment' awaited her outside the womb. I understand it in the light of Mancia's theory of unrepressed unconscious (see 1.7.1.) and from that perspective admire the unique aptness of the entrapped eagle dream symbol. Another point her story highlights for me is that bodily as well as cognitive insights seem to follow eruption of suppressed emotions. The last dream in the above account, which so profoundly affected Kathleen, I would term 'numinous' (see 4.4.4.).

Marion's Journey

Marion's attempt to answer, after the taxi incident, her agonized self-question of who she was when her support systems were taken away, was a trip to India. We recall her, after coming to consciousness on the ceiling of the hotel in India in delirium from dysentery:

looking down at my body caked in dry vomit and excrement ... [I] mentally gave it a kick. Suddenly I remembered my little Cairn terrier ... I wouldn't treat a dog the way I'm treating my own body ... I saw it take in another breath. I was overcome with compassion for this dear creature ... faithfully waiting for me to return

which brings forth a clear flash of insight:

All my life I had hated my body. ... I had driven it, starved it, stuffed it, cursed it and even now, kicked it ... I saw it take another breath ... So infinitely

innocent and trusting ... that I chose to come down from the ceiling and move in' (Woodman 1985, p.178).

When nine days later she felt able to go down to the hotel lounge a large Indian woman squeezed herself up against Marion on the sofa there, and repeated this scenario for the next several days. Then one morning an Indian man approached her:

"You were dying," he said. "You had the aloneness of the dying. I sent my wife to sit with you. I knew the warmth of her body would bring you back to life. She won't need to come again." I thanked him. I thanked her. ... Their love brought me back into the world ... I was undergoing both the joy and the pain of experiencing life in the flesh' (p.179).

Looking back on her return from India she retrospectively recalls the disappointment:

I wish I could say I ... returned in triumph to Canada, a transformed woman, liberated from my bourgeois shackles, free to BE. It was not that way at all ... [instead it was] the beginning of the collision that took me into analysis two years later (p.182).

Sixteen years had elapsed since her return when she reflexively recalls her initial "Who am I?"

What began as an intellectual question instantly became a real question when I had to say, "Yes, I am alone" and realise: 'The blood that spurted out through the word *alone* opened my heart to the faithful creature whom I had abandoned on the floor ... so long as I had stayed in my mind I had been able to keep the mystery of my own reality buried in my body (p.184).

In the texts of Marion's I am using we have no information about these sixteen years. We do know that, most feasibly triggered by her own psychoanalysis, she trained to be a Jungian analyst, doing her training in Zurich then setting up in private practice back in Toronto. Eight years later, so over twenty years after India, Marion was diagnosed with cancer.

Her reaction to her doctor's pronouncement was: "But I'm in good contact with my body and I feel well," I said (Woodman 2001, p.1)

Telling are her words written two days later:

That 16-year-old in me is rising up and throwing her arms to heaven and shouting, "Free at last. No one can any longer expect anything of me. I'll never have to do anything again" (p.2)

Which may be indication of awareness at some level of the burden of being a 'carer', whilst there appears to be intimation of some residual 'living in the head' in:

What is the lesson to be learned here? What factors may have contributed to my dis-ease? (p.5).

After looking rationally at other possible contributory factors she finally arrives at realisation of the impact of her beloved brother's death:

Much as I tried – and try – to express the shock and grief, I know they linger in my body ... my body fell into despair ... Even my breath ceased to come in fully – as if I would break down if I really breathed, as if I would start to cry and never stop (pp.7-9).

Two weeks later her uterus was surgically removed, 'and everything in me wept'. Her self-concepts were uncovered:

Throughout these three days at St. Jo's I have clung to these flowers whenever I have felt I am nobody (p.20).

She was out of control, battling; *internally* with a cocktail of overwhelming emotions of fear, terror, panic, and *externally* with their close medical friend and her husband, who were strongly against her having naturopathic treatments alongside the medical procedures. Her cancer operation was pronounced only partially successful, and radiation sessions prescribed. When she went to the clinic for a preliminary CAT scan for this:

Lost my way home. Found myself driving through fields of white snow, ended up in Nilestown (p.59).

As she silently considers her desire to pursue an exclusively alternative therapies route:

I remember how well I felt when my womb was full of cancer, then I lose faith in my own relationship to my own body' (p.62).

After the first radiation treatment, which terrified Marion, she was given an ultrasound scan, and the doctor kindly stayed late to examine the results, finally pronouncing that there was nothing to worry about.

Somehow his calm and experience gave me peace. I ... skipped through the corridors like a 16-year-old (p.66)

Her fear, physical agony and anguish crescendoed through the series of radiation treatments - culminating in the horrific final 48-hour session in the vault. Through the following year Marion gradually recovered, eventually regaining strength enough to speak at one or two conferences, and they moved house mid-year. Asked to give a talk to a doctors' conference she decided to

speak of my own experience ... I will not be discouraged when the doctors tell me that dreams are purely anecdotal ... I will quietly proceed with my examples of metaphor as the healing bridge between psyche and soma (p.164).

In August she had agonising pain in her lower back. Osteoporosis and osteoarthritis were diagnosed, in October cancer was detected in her inner sacrum, and she was given between two months and two years to live. She and Ross put their affairs in order.

Ross and I went to Mt. Pleasant Cemetery to buy a plot today ... The receptionist showed us a place ... in the middle of a row. Suddenly feared being claustrophobic. I never sit anywhere but on the end of an aisle if I can help (pp.190-191).

A friend suggested getting a second opinion for her diagnosis, and subsequent scans and tests revealed that it was not cancer.

"As far as I can tell," ... [the doctor] ... said, "right now the tumor is benign." That's all we needed to hear (p.212).

A week later Marion was talking with her friend, taking an honest overview:

My rational mind has accepted that I do not have cancer; my unconsciousness is still trapped in a death wish ... In almost every issue I can let go, but I am terrified of chaos ... The Demon Lover in his murdering perfection. He has endangered my whole life ... I am at the core of my addiction (p.216).

Her account ends in April of the following year, at a Dutch friend's 50th birthday party.

"Come on, Ross," I finally say. "Let's dance."

"Oh, Marion," he says, "you know you can't dance. You could break your back." ...

Then my hands are clapping like a child's ... I feel the archetypal energy lifting me off the couch, propelling me across the room – I feel it pushing through my benumbed feet, legs, thighs, torso, arms, hands, through every cell into my head ...

I become concentration. Then a stranger – a Dutchman who has just arrived – catches my vision, jumps into my circle, and we dance a dance as fierce

as I have never danced before. If my back breaks, if I drop dead, it doesn't matter ...

I am alive. I am free to live . . . to die' (pp.240-241).

* * * * *

Marion's exclamation of 'free at last' at the first suggestion she had cancer seems to intimate that the false-self behavioural patterns of 'pleasing' and caring for others have at least partly continued during the years for which we have no direct information, between her trip to India and the onset of her cancer.

Fraser's death was a clearly a massive trauma. She describes her reactions, of despair particularly, to that and we see them continuing to burgeon in the incidents she retrospectively mentions occurring between that and her own cancer diagnosis. Her battle with cancer is manifestly a monumental battle both within and without, and all her deepest issues are exposed.

We note that much later, after her operation, it was awareness of her loving friends (their flowers) that assuaged her feelings of being 'nobody'. The terror and panic feelings first experienced in India frequently assailed her throughout her cancer journey. So overwhelmed with them was she one day that, like me, she got lost driving home. A tendency to claustrophobia is revealed later when she and Ross were trying to choose a grave plot for themselves at the cemetery.

A key signifier of the nature of her battle is her struggle between allopathic and naturopathic medicine. She clearly longed to go exclusively down the latter route. Ross's apparent lack of understanding about this did not help, and the scorn of one or two of the medical doctors brought further feelings of aloneness, isolation. Another element of her struggle was her battle with embodiment, which crescendoed in her cancer journey.

I can see in Marion's story too the progression noted in Sylvia's, Kathleen's and my own:

- It seems logical to deduce, from her turning first to rational thinking and controlling, in the early days after her cancer diagnosis, that these had been still part, though probably as with us gradually decreasingly so, of her *modus operandi* in those sixteen intervening years;

- The whole of her cancer journey is a roller coaster of terror, panic and chaos; the floodgates of overwhelming emotions were opened after the death of Fraser
- Self-berating and self-hatred are quite apparent;
- On the upswings of that roller coaster we see incremental growth of a more self-honouring consciousness, a diminishing of the need to control, as she recovers:

I tell people I will meet them at a certain time, but I cannot hurry. I know I am going to be late, but something in me does not care ... I feel no guilt.

- And growing self-agency is exemplified in her stance at that doctors' conference.

Looking back over Marion's account again I am struck by her comment in her sixteen years later reflections that 'my feminine self was reborn'. It leads me to recall her conviction of in utero gender rejection, and to ponder her 'I never played "mother" with my dolls (p.6)

Her account is also an enlightening demonstration of the use of imagery towards constructive change (see 4.4.3.).

4.2. Initial Review

These then are the accounts of our finding our way out of the labyrinthine intricate structures of our false-self life solutions. We remember that all the time we were living within those structures they were reinforcing themselves, so it is not surprising that the process of extrication is no overnight occurrence. We note Sylvia's 'It took another ten years' (after her father's death) to get to her abuse memories. For Kathleen it was almost ten years after the Eagle Dream that she had the 'alcoholic Victor' dream, which brought her to the chaotic upsurge of her primal emotions. Eighteen years were to elapse after her trip to India before Fraser's death dislodged deeper emotional floodgates for Marion. And it was thirteen years after my daughter's gap year that I got to my MA. 'That change is not easy should come as no surprise. The persistence of patterns of action from the past is [...] one of the hallmarks of psychodynamic understanding of human life' (Leiper and Maltby 2004, p.106).

My summaries of our accounts above reveal quite apparent common themes, and demonstrate a slowly incremental, albeit erratic, pattern of progress. We were all, as we inched our way forward, oscillating between the 'auto-pilot' of our false-self

behavioural patterns and a new more flexible awareness, with the former, it seems clear, predominating initially. And we were all seemingly susceptible, in the beginning, to a false hope that things were now 'righting' themselves – i.e. that our old (false) life patterns were now viable on account of our new understandings. Marion's feeling that she could not have cancer because now 'I'm in good contact with my body and I feel well is an example.

The surging out-of-control emotions, eruptions from our unconscious minds, appear to have been triggered by various occurrences, particularly relational (more specifically *attachment*) catalysts, e.g. Sylvia's betrayal by Paul, Marion's 'abandonment' by Fraser; and also dreams, or outer circumstances such as Sylvia hearing of Joker's sexual molestation of his step-daughter. We could say that it was essentially these emotional eruptions that threw us into the devastating chaos. Implicit in all our accounts though seems a sense of us intuitively accepting the 'rightness' of even the worst scenarios, the most painful emotions. We appear enabled, perhaps on account of this, to 'go against the grain' socially. Kathleen heard James Hillman counsel in a lecture the

honoring [of] the "insane" within us, as it is not the compliant, tethered energy to which we ... [used to] ... pledge our allegiance. I thought how "crazy" I was to quit the security of public school teaching to follow the dream. I vividly recalled the intense feeling of insanity attached to the Eagle Dream, without which I would not have pursued that ... dream ... Clearly, in these cases, *insanity* worked [her emphasis] (p.94).

Attempting to convey the seismic disorientating nature of the post-fracture outbursts of emotion, two of us referred to 'Alice in Wonderland' sensations - Sylvia as she sank ever deeper into the three lonely years writing, and Kathleen:

I realized I felt like Alice as she tumbled down the hole. Later I learned to deeply appreciate that analogy; but then ... I had no cognitive awareness of my descent into the unconscious (p.7).

Also noteworthy is that, in our attempts to describe the violent emotion upsurges, we all used words like 'bloody', 'blood-sacrifice'; spoke of 'raw viscera' etc. It obviously seemed to us all the only terminology that came anywhere close to expressing the nature – bodily violating - of those feelings.

The surging outbursts of emotions also trigger in us all the self-berating and self-hatred/contempt, which Horney so comprehensively details. But the key point to note is

that they are followed by new, sometimes dramatic, insights. Then, over time there is increasing evidence of us reconnecting with our bodies, and consequently not being thrown into such chaos by the emerging emotions. This new acquaintance with, gradual acceptance of, and integration of our emotions, even the most painful ones, contributes then to the growth of new self-agency. It also facilitates increasingly frank and sagacious self-reflection. As said, all our accounts underscore the oscillating nature of our advancing path. Horney noted this when describing progress in psychotherapy: 'This period is characterized by ups and downs, often in rapid succession. At times the patient is on the forward move, which may show in a great variety of ways ... [then] ... These constructive periods are followed by *repercussions* in which the essential element is a renewed onrush of self-hate and self-contempt' (Horney 1970, p.357 [her emphasis]). Simply put, we all get out of our chaos by going into it, which recalls the conclusion of the last chapter, i.e. Kalsched's 're-traumatization' theory of resolution.

One other point to note in our post-fracture stories is the importance to all of us, in differing ways, of image and imagery: We recall on the one hand that 'puzzling' sexual imagery in Sylvia's novel, and then the significant images in Kathleen's and all our dreams. Marion uses creative imagery to facilitate positive changes of thought, and we have the example of my gaining self-encouragement from carrying with me the image of the joyous unity of the two teenage girls on the train. (I discuss this point in 4.4.)

Very apparent from our accounts is our conscientious commitment to helping ourselves progress. We all at some point entered into psychotherapy, and also tried out other alternative therapies; three of us had sessions of hypnotherapy, and Kathleen joined one of the so-called '12 steps' programmes for addicts. And whilst she couldn't eschew conventional medicine, Marion engaged wholeheartedly in a programme of naturopathic treatment alongside it. We can see too that we were all impacted by our dreams, and that autobiographical writing played a role in each of our stories. So I examine these next, exploring what current theory has to say of their perceived contributions towards a more cohered psyche, a better functioning organism; and then their roles in our different stories.

4.3. Psychotherapy

We all entered psychotherapy at different points in our process: Whilst it was agonising emotions unleashed by the Eagle Dream that sent Kathleen straight away into psychotherapy, it was not so in mine and Sylvia's case. The achieving of my MA was the time when the ground felt solid under *my* feet, and thus there was a *detached* air about my approaching my part-time lecturer/psychotherapist requesting a few sessions to resolve my 'fraud' feelings after it. Sylvia was, after the end of the disastrous affair and her father's death, living an 'increasingly contented life' when she felt led to read about and experiment with 'various psychological disciplines'. For Marion two years were to elapse after return from India before she came to feel the colliding of her experience there and her life back in Canada sufficiently to send her 'into analysis'. However, there are unfortunately no details of the others' psychotherapy, though we do see the evidence of it, e.g. Sylvia's knowing how to attend to her 'inner child' when the abuse memories were surfacing. So in this section I can only directly draw on my own experience.

It would add nothing to this study to delineate the myriad forms of psychotherapy available today, but some summaries from theorists are pertinent. Fonagy's overview particularly so: 'Psychotherapy in all its incarnations, is about the rekindling of mentalization'. All approaches '(a) aim to establish an attachment relationship with the patient, (b) aim to use this to create an interpersonal context where understanding of mental states becomes a focus, and (c) attempt (mostly implicitly) to recreate a situation where the self is recognized as intentional and real by the therapist, and this recognition is clearly perceived by the patient' (Fonagy et al 2002, p.368). Horney's description of 'analytic therapy' is: 'The analyst helps the patient to become aware of all the forces operating in [her], the obstructive and the constructive ones', and she helps her 'to combat the former and mobilize the latter' (Horney 1970, p.341). The obstructive forces are detailed throughout her writing – the search for glory, the claims, the shoulds, the pride, the self-hate etc (Horney 1970, 1992, 1994). The analysand must, she stresses, become aware of the connections and interactions of these, particularly 'that self-hate is pride's inseparable companion', that the analysand cannot have one without the other. 'Furthermore [her] knowledge of [herself] must not remain an intellectual knowledge ... but must become an *emotional experience*' (ibid pp.341-342 [her emphasis]). Leiper and Maltby elaborate on that 'attachment relationship' Fonagy mentions:

the matrix of the therapeutic relationship is the essential medium of creative change ... [The client and therapist] ... construct a shared reality and are in turn constructed by it ... What emerges from a creative therapeutic relationship is more than the sum of its parts. Both client and therapist participate in the formation of something new that arises from their dialogue (Leiper and Maltby 2004, p.133).

We cannot help but notice how closely Fonagy's and Horney's summaries, and Leiper and Maltby's view of the therapeutic relationship, correspond to the descriptions we examined in Chapter Three of mother's 'mirroring' and primary attachment, which point is obviously centrally relevant. But, equally relevant, this can only be established, in the therapeutic relationship, when, says Horney, 'intellectual knowledge' releases its stranglehold, gives way to 'an *emotional experience*'. And this struggle – essentially the struggle involved in relinquishing the 'safety' of false-self patterns of behaviour - is but one facet of the analysand's inner 'battle' uncovered and agitated by the psychotherapeutic process.

4.3.1. My Experience of Psychotherapy

Bearing these pointers in mind then, let us look at my own experience.

For so long I thought of my psychotherapy sessions as just another disparate aspect of my life, akin to my yoga classes. I was heavily invested in maintaining that intellectual stance - as witness my carefully preparing on the train what I had to say to Miriam in the coming session. I doggedly resisted her suggestions that incidents such as my forgetting to buy train tickets, were due to the impact of the sessions; (I recall at first considering her rather narcissistic in this bias to link everything in to the sessions!). But she was equally dogged, persistently flagging up the 'living in my head', and I battled on with the seemingly impossible task of trying to feel what I was actually feeling. I certainly still fitted Horney's description of 'too remote from [herself] to know [her] preferences and [her] directions' (Horney 1970, p.351). But then came that feeling-level breakthrough that triggered the embodied (3D) experience (a sensation also documented by Marion Milner [Field 1981]), who called it the 'fat feeling'). This feeling recurred ever more frequently in sessions afterwards, and emotions and contributions from the unconscious were released to play their part as the intellectual vice-grip lessened.

The 'obstructive' forces in me, which were gradually brought to light, are very apparent in my account above. We recall my urgent need to know at once, which Horney

clarifies, when describing factors that interfere with emotional experiences: 'Outstanding ... is the patient's inability ... to experience anything with *suspended judgment*'. This is due to their being 'caught between the wheels of their pride and their fear of self-condemnation, and therefore try[ing] to erase the particular trends hastily before they have had time to realize and experience them in their intensity' (Horney 1970, p.345 [her emphasis]). Fonagy corroborates: 'gaps in mentalization engender impulsivity' (Fonagy et al 2002, p.369). Horney's notion of 'battle' tallies with my experience: As my defensive intellectual stance gradually consumed less of each session, progress was enabled, but then as overwhelming emotions were triggered in the sessions I, experiencing the chaos, several times almost terminated the therapy, rationalising that I had gained all I was going to. The work is 'hard and upsetting' acknowledges Horney, as the 'central inner conflict comes into focus' and a 'most turbulent period of analysis sets in [...] The turbulence is a direct expression of the violence of the inner battle' (Horney 1970, pp 356). She spells out 'the issue at stake':

at bottom this question: does the patient want to keep whatever is left of the grandeur and glamour of [her] illusions ... or can [she] accept herself as a human being ... with [her] special difficulties but also with the possibility of [her] growth? There is, I gather, no more fundamental crossroad situation in our life than this one (ibid pp 356-357).

As sessions proceeded and I became increasingly self-aware, I was shocked and deflated (my 'pricked balloon' feeling) by revelations of my ubiquitous 'projecting': When worked through in the sessions it became clear that e.g. my anger at the 'chaos' of the staircase construction was projection of my anger at the inner turmoil over the long proposal; that the 'forgetting' to buy train tickets projection of my unconscious rage at having to *pay* for psychotherapy. My 'demands' and 'claims' showed up increasingly. For example, the 'demand' unearthed in the train tickets debacle was that all my needs should be met without my help. We came to identify my 'dopey' (my label for it) trait as having been a lifelong defence, an early example being my going downhill academically when Alice went. But it also was identified as an angry active protest, a demand to be cared for, and a cry for help. Also I was projecting onto the *journey* to Miriam's my anxiety over the sessions themselves.

My propensity to compartmentalising (indicative of inner fragmentation) also frequently manifested: e.g. I could not accept for so long that there was any connection between no-session-because-Miriam-away, and my getting ill, which 'coincidentally' seemed to occur each time. When I did finally accept this connection, I became frightened of what

must be a 'dependence' on her so fundamental that it affected my health. But this became understandable: As Miriam pointed out, I was 'contained' by my sessions, and one outstanding incidence of 'containment' in my childhood was my happy hospital experience; my illness was my temporary place of safety/'container' when Miriam was absent. A sea change occurred in any illness I did have after this; with the fear brought to consciousness, I now was just 'normally', rather than acutely ill, and my frequency of illness has greatly reduced. I am reminded of Kathleen and her diminishing illnesses.

Perhaps what I found hardest was expressing painful emotions, grief and anger specifically, in the sessions. There was an insurmountable inner block to being *seen* crying, and a feeling that if I started crying I would never stop (cf. Marion's experiencing it after Fraser's death) and I would fragment into a thousand pieces like mercury. I was incapable of making any expression of anger towards Miriam, except obliquely with that caustic tone of voice. But the realisation that Miriam could discern these and all other emotions in me anyway was a huge experiential breakthrough: I was 'heard' and 'seen' in a way that my autopilot false-self behaviour *could not* sabotage: *this* was the trigger of the 'embodied' feelings. Added to this key 'constructive' input of my psychotherapy, I summed up that also:

- I had learned that it was possible and indeed common to feel two conflicting emotions at the same time e.g. be both angry with and grateful to Miriam;
- I had learned experientially the feeling of 'containment';
- I had grown in self-understanding and my self-story was filling out;
- I had learned to accept and understand the value and the *slowness* of 'process';
- and
- I was clearly growing in self-agency

Embodiment certainly was for me key, and it was my psychotherapy following my autobiography writing, that triggered its achievement.

4.3.2. My Psychotherapy Reviewed

All of this indicates that my psychotherapy did, in Fonagy's terminology, rekindle mentalization, through establishing an (as-if mother) attachment relationship, and 'creating an interpersonal context where understanding of mental states is a focus'. Certainly I came to feel myself 'recognised as intentional and real' by Miriam; and Fonagy's further expatiation very accurately encapsulates my experience. I clearly was:

'terrified of and actively fight[ing] mental closeness'. But Miriam has been able to resist being 'overwhelmed by the alien other' so that her 'mentalistic, elaborative stance' could ultimately enable me to 'find' myself in her mind 'as a thinking feeling being and to integrate this image as part of [my] sense of [myself]' (Fonagy et al 2002, p.371).

This enables:

a gradual transformation of a non-reflective mode of experiencing the internal world that forces the equation of the internal and external to one where the internal world is treated with more circumspection and respect, separate and qualitatively different from physical reality' (ibid p.371).

What I seemed to need was that 'therapeutic context', that attachment, which, Fonagy holds, is particularly demanding upon the therapist, and:

In our experience these treatments always take considerable time ... The patient ... actively fights mental closeness, even when physical proximity appears to be his overarching goal. Retaining such proximity while under persistent attack is neither comfortable nor likely to be achieved unless one leaves one's narcissism at the door (ibid p.371).

This description clearly recalls Winnicott's notion of *primary maternal preoccupation* in the mother-baby relationship (Winnicott 2006, pp 21-22), and seems to endorse again the suggestion that my primary trauma was the 'loss' of mother/abandonment. An emergence not included in my account, that further supports this, I mention in closing: Mother's Day was approaching and the thought of receiving loving gifts from my children dislodged an agonising burst of emotion in my session. Staying with it, I suddenly had a mental picture, accompanied by a bodily feeling, of a bottomless hole running right through the middle of me; and the thought welled up unbidden: 'I mustn't let them love me – pour love into me, because it will all disappear down this bottomless hole'. The grief was overwhelming. Said Miriam: 'That is your mother; that was the situation with your mother: The love you tried to give her was "as if" poured down a bottomless hole in her; lost'. The grief obviously was the no 'signals of emotional rapport and communication', in Neisser's terminology.

4.3.3. The Other Authors' Psychotherapy

Even though I do not know any details of the other authors' psychotherapies, it can be deduced from their texts that each of them did gain much benefit from them. Marion was obviously influenced significantly enough by hers that she proceeded to train as a Jungian analyst herself; her experience had clearly demonstrated its profound benefit.

Kathleen gained significantly from her '12-steps' therapy according to her account, especially in respect of 'containment' and self-acceptance, so it may be that this therapy was as centrally beneficial to her as my psychotherapy to me. Sylvia's terminology after recovery of the incest memories reveals evidence of psychotherapeutic input, e.g.:

Though my restored memories come wrapped in terror, it is a child's terror that I realize I must feel in order to expel (p.223).

It is also worth noting her and Kathleen's experience of hypnotherapy. Both of them, whilst in the deeply relaxed hypnotic trance state had visual/emotional 'embodied' experiences, which definitely assisted their process (Sylvia pp.225-226, Kathleen p.145).

In contrast to this dearth of information on their psychotherapies, there is much about their dreams in Sylvia's and of course Kathleen's accounts, though, strangely, for a Jungian analyst, less reference to her dreams in Marion's. Let us examine these next.

4.4. Dreams

Jung diverged from Freud's view that dreams used symbols as disguise to slip unacceptable repressed wishes past an 'inner censor', holding instead that 'dream symbols must be the unconscious mind's natural language (Jung 1995). Jungian analyst Johnson expands: 'The unconscious has a particular capacity to create images and to use those images as symbols' and these image-symbols of the unconscious 'find their way to the level of consciousness mainly by two routes: *dreams and imagination*' (Johnson R 1986, pp19-20 [my emphasis] and cf. Bosnak 2008, Lakoff and Johnson 2003).

A quantum leap forward for dreams research came in 1953 when Aserinsky and Kleitman discovered the periodic activation of the brain in sleep (now widely known as REM – rapid eye movement - sleep) and suggested its correlation with dreaming (Aserinsky and Kleitman 1953). And that same year coincidentally: 'Watson and Crick created their double helix model of DNA' and 'Ralph Gerard succeeded in recording the electrical activity of individual neurons for the first time' (J A Hobson's Foreword in Leonard 2009, p.xi). Medical editor, researcher and close collaborator with neuroscientist Hobson, Jonathan Leonard has most comprehensively, for me, gathered together the subsequent avalanche of data from neuroscience, sleep research and

consciousness studies, and examined dreams in the light of these. 'Since about 1990 we've been able to look into the living brain with several different imaging techniques', so that 'we now have a wealth of data on the relative activity of many human brain areas during different sleep stages' and as the functions of these different brain areas are now understood, 'we can ... start piecing together the story of how dreams actually work' (Leonard 2009, pp.34-35). The extremely complex data reveals:

a vast dream-related nocturnal brain factory *dedicated to reorganizing memory stores – including memory stores we can't normally tap when we're awake ... [and] ...* has advanced our understanding of how dreams can mine the brain's own resources to yield results that are effectively innovative and creative (ibid p.23 [my emphasis]).

Originally thought to only occur in REM sleep, dreams are now known to also occur, though to a lesser extent, in all other sleep stages. The stages of sleep progress from Sleep onset (hypnagogic stage) with the shortest brain wave frequency, to the light Stage I sleep, then the increasingly deepening sleep of Stages II, III, and IV, with the latter having longest, slowest brain waves. It is after stage IV sleep that REM sleep occurs. This sequence of sleep stages recurs in approximately 90-minute cycles, with REM periods lengthening towards morning and the sleeper usually waking after a REM phase. Chemical changes occur in the brain with REM sleep onset, and, on account of these changes 'while the sleeper snoozes the brain gets about as active or *even more active than when it is awake*' (ibid p64 [my emphasis]). The last REM period before waking 'tends to be the longest, most pronounced, and best equipped ... to produce dreams that are emotionally charged' (ibid p.118) and it is these dreams that are most likely to be recalled. In REM sleep 'certain portions of the brain are being impelled to high levels of activity by the brain stem. And among the regions most excited are ones that associate processed information, deal with emotions, and coordinate a wide range of functions' (ibid. p.55, and cf. Hobson 2002).

Griffin and Tyrrell's multidisciplinary research (2007), on a parallel tack though with different objectives, particularly focuses on the REM state. Their research led them to the view that the genes (blueprint encapsulated in DNA) 'insert their programmes, particularly for instinctive behaviour, into the brain ... [in REM] ... state of brain activity' (Griffin and Tyrrell 2007, p.17). Probing into this programming state, they concluded that it developed for the evolutionary purpose of 'programming instinctive responses', i.e. those which most contributed to the survival of the species. From sleep laboratories' research they garnered that REM sleep starts in utero: 'At between 27 and

40 weeks, human foetuses spend up to 80 per cent of their time in REM sleep' (ibid p.20 and cf. Hobson 2002), which signifies a large amount of instinctive patterning being laid down. This programming of 'instinctive behaviours which the young of the species will need as they go through life ... sculpts the development of the brain', then after birth 'the stimuli it encounters as it grows continually prompt the unfolding of more layers of this instinctive knowledge' (ibid p.21). Furthermore: 'The more complex the life form the more varied and rich are the instinctive patterns, or templates, laid down in it. Human beings are the most flexible of all mammals; therefore, our instinctive programming has *the largest capacity for environmental input*' (ibid p.23 [my emphasis]); which calls to my mind again primary developmental onus on mother's 'mirroring'.

4.4.1. Emotions and Dreams

The connection between dreams and emotions is now very well documented (Hartmann 2001, Le Doux 1996, Domhoff 1999, Solms 1997, Mancina 2006 etc.). Neurologist Solms' research has found that when certain emotion-related brain areas are damaged dreaming stops (Solms 1997). Leonard sums up the process: 'The emotions provide inputs that drive dreams, and they receive new data from these dreams that cause various emotional responses and alterations' (Leonard 2009, 142) – which process he interestingly labels a 'dialogue' (ibid p.203). Research psychologist Griffin became convinced 'that dreams were representations of the most emotionally arousing experiences of the previous waking period' but more specifically '*unexpressed* emotionally arousing concerns [...] that had not completed the arousal/discharge cycle' (Griffin and Tyrrell 2007, pp39-42 [his emphasis]). I consider incomplete his deduction:

Far from supporting Freud's theory that dreams reflect subconscious infantile wishes, I confirmed ... that anything emotionally arousing even television programmes, can become the subject matter of dreams if the arousal pattern is not completed – acted out – in the daytime (ibid p.42)

because although this is accurate, there is also the point that whether something is 'emotionally arousing' to someone is related to what lies within their particular psyche; most arousing being precisely the content from infancy (though not necessarily 'wishes', as Freud held [cf. Barrett 2001, p.2]) for which the 'arousal pattern is not completed' i.e. is unresolved.

Griffin and Tyrrell come to the, relevant for me, understanding that an important benefit of the REM process is that it serves to preserve the *integrity of the instinctive*

personality, reasoning that ‘inhibitions placed upon the expression of an instinctive reaction pattern whilst we are awake are removed by acting out the completion of the pattern in the dream process’ (ibid p.42). Their conclusion is that, though we learn to modify our instincts:

they are ... [thus] ... never closed down permanently. Just think what a disaster it would be if nature allowed ... [this] ... We would be infinitely less flexible creatures. A child could quickly learn, say, that it is better to stay quiet and be non-assertive in certain situations. But later on in situations where it was absolutely essential to survival to be assertive, he or she would effectively be crippled (ibid p.43).

This is relevant because, for my ‘co-researchers’ and myself, this is just what happened - leading to formation of our ‘false selves’. Griffin and Tyrrell’s comment points to the instinctive programming remaining at some level non-erasable so that, whilst early ‘input from our environment’ may produce rigidity, later reprogramming more aligned to the instinctive templates is possible. The growing research evidence of the *ongoing* neuroplasticity of the brain, previously thought to be an attribute only of the child brain, confirms this (e.g. Doidge 2007). This is where the copious research on dreams after trauma is relevant. There are many researchers who have made this subject their focus (Barrett 2001, Bulkeley 2003 and 1994, pp.164-165, Cartwright 1991, Hartmann 2001, Kuiken et al 2008, Taylor 1993), and all concur that dreams proliferate after trauma. Hartmann studied the series of subsequent dreams of subjects who had experienced trauma, both those who were recovering from the trauma and those who were “stuck” and had ‘the constant repetition dreams found in posttraumatic stress disorder’ (Hartmann 2001, pp.25-30). His quantitative studies show how post-trauma dreams gradually evolve as they contextualise and process the overwhelming emotions: ‘gradually more and more “usual” dream material is introduced along with the direct or metaphorical representations of the trauma’ (ibid p.27 [and cf. Domhoff 1993]). And in this context the phenomenon of recurring dream themes is readily understandable.

4.4.2. Summary of Dream Function

Hartmann’s overview of dream function succinctly encapsulates the research:

- Dreams make connections in what he terms the ‘nets of the mind’ – as does waking thought – but:
- Dreaming allows *broader and more inclusive connections than waking*, as it is not constrained by focused logic areas of the brain generally predominant in waking life (hence the ‘bizarreness’ of dreams);

- The connections are not random, but guided by emotion (cf. Leonard 2009, p.36 and 2011, p.1);
- The dream 'contextualizes' the emotion;
- It provides thus an 'explanatory metaphor' for the dreamer's emotional state of mind.

This broader making of connections simultaneously 'smoothes out disturbances' by integrating new material, and produces ever broader connections by weaving in new material, thus increasing memory connections (Hartmann 2001, p.3).

And it bears reiterating that the dreaming brain in its 'broader sweeps' is also mining the implicit memory, which (see 1.7.1.) 'Experiences of early infancy – including traumas – can only be filed in ... as it is the only one available so early in life' (Mancia 2006, p.100). Though it seems counterintuitive, we are *conscious* in our dreams: 'neural oscillations associated with consciousness are found in every phase of sleep' (Leonard 2009, p.150). In view of Hartmann's 'broader and more inclusive connections' made in dreams, we could in a sense say we are more 'widely conscious' therein. 'Dreams are ... composed of symbols, that express the movements, conflicts, interactions, and developments of the great energy systems within the unconscious' summarises Johnson, holding that the dreaming brain 'has more concrete effect on our lives than outer events do' (Johnson R 1986, p.19). 'Dreaming in its relation to REM sleep provides us with a remarkable mirror of our inner selves' (Hobson 2002, p.299).

4.4.3. Our Dreams

Janet's Dreams

This understanding of the dreaming brain is centrally crucial to my study. But I was of course unaware of all the above when, after narrative fracture I discovered, from reading Jung's own story, that dreams could bring *guidance*. What so uplifted me, in those bleakest times, was to know that dreams 'spoke' - conveyed important information encoded in symbols; that they were meaning-making tools. Although I could make some meaning from *all* the dreams that I remembered and recorded, I soon realised some of them were considerably more 'significant'¹² than others. I began to distinguish different 'types' of my significant dreams:

¹² A term used interchangeably with 'impactful' and 'meaningful' for those dreams perceived as important or outstanding by the dreamer (e.g. Hartmann 2008, Knudson et al 2006, Bulkeley 2000).

- 'Existential' - for my dreams in which traumatic primal feelings are experienced, or a seemingly primal situation is conveyed without primal feelings (i.e. in which I am an 'observer') seeming more essentially related to my very existence than other dreams;
- 'Experiential': dreams in which powerful affects are intensely experienced in the dream itself and continue to be felt for some time in the waking state afterwards;
- 'Numinous': Jung's concept, which Kuiken labels 'transcendent' dreams, describing them, aptly for me, as: 'marked by feelings of ecstasy and awe, graceful and vigorous movement, magical accomplishments, and enhanced awareness of spiritual possibilities' (Kuiken and Busink 1996, p.100).

The first significant dream I experienced occurred soon after I began recording them. With that 'Little Girl in the Pink Dress' dream (see Janet's Narrative Fracture), I concluded I had experienced a 'birth' dream, and felt I had somehow received a whole central chunk of my 'lost' story. It seemed to fit amazingly the timbre of my nebulous inner milieu: as if it had put in a photograph where a blank space had been (my first 'existential' dream). Though it was a distressing scenario I was in the position of an observer, we recall, so I was able to apprehend the little girl's agony without being overwhelmed by it. Mancia explains:

The dream can create images ... closing the gap created by the absence of representation, and symbolically configuring experiences that were originally presymbolic. Their interpretation will facilitate the process of reconstruction necessary for the mind to become able to "mentalize" and render thinkable – though obviously still not recollectable, experiences that originally could not be represented or even thought. The ... dream helps reconstruct a person's earliest history, giving an historical dimension to his unconscious (Mancia 2006, p.111).

Hartmann posits that significant dreams are distinguished by having a powerful 'central image' (CI) and claims that the 'CI intensity is ... a measure of the power of the underlying emotion' (Hartmann 2008, p.1). The central image of the burning/drowning little girl is certainly a powerful one, and hauntingly visual. This dream has stayed with me ever since and significantly contributed to my self-understanding.

Equally powerful and equally visual central images, evoking very different emotions, came in my "Hotel" dream, dreamt in Sussex (see Janet's Narrative Fracture). Because of the feelings from this dream of revelation, life-expansion – like a Maslovian 'peak experience' - I considered this a numinous dream; a sparkling gem, fuelling hope.

This dream too has stayed with me. Colour, I was reminded by it, has always enchanted me, and the year after returning to Norfolk I took a year-long colour therapy course, the thesis for which prepared me well for my MA dissertation. This is not uncommon - stories of significant dreams altering the course of people's lives abound (Van de Castle 1994, pp10-21).

During all the years of my recording them I spent much time deeply engrossed in interpreting my dreams. Even before psychotherapy and my autobiography writing enabled that '3D' benefit, I was gaining great solace, and building a story, uniquely my own, defusing the 'family lie', from the meanings I made. Corroborating Mancina, many of my 'experiential' dreams brought the emotional imprint of events rather than memory of events themselves and, although the emotions felt uniquely fitting my inner milieu, I got no recollection after waking of historical events to fit the emotions.

There was a distressing 'death' theme recurring in many of my dreams during my stay in Sussex. The dream story would be either I had forgotten the baby; had left her in the shed several days ago so now she will be dead; I have lost the baby and can't find her anywhere and I am heartbroken, distraught, or I have forgotten to feed the chickens (or other pets) for weeks and find them dead. At the time I thought they were symbolically conveying my primal situation, of being perhaps near dead, maybe left unfed too long, in view of my assumption of my mother's near-catatonic state. The predominant emotion was always grief. Kathleen speaks of experiencing these same 'death' images in some of her dreams (see below). There was also though that recurring dream image of the egg featuring in other 'in exile' dreams. I understood that egg to represent my future, my destiny, that I was incubating and protecting until its hatching in the fullness of time. There are other more recent interpretive views of that, incorporating notions of cracking open hard shell of the false self, a life force unformed, etc., which is an example of the 'layers' of meaning, and ongoing relevance of dreams (Taylor 1993).

In the early days of taking my dreams to psychotherapy sessions, I was disappointed: Miriam seemed unwilling to pick over the symbols intently with me, as I was used to doing, focussing instead always on how I was *feeling*. As the 'living in my head' gradually resolved we were able to probe these and other themes that now came to the fore – viz. lost my handbag; forgotten where I've parked my car; lost in labyrinthine building or campus - in that fruitful 'embodied' way. It is not hard to discern the 'unresolved emotions' in all of these dream themes of mine.

If I had been asked to state simply the value of my dreams, prior to examining them in that 'embodied' way, I would have said they uniquely gave me:

- A sense of having a story of my own;
- A sense of being 'looked after', attended to;
- A sense of being an intelligent being;
- A sense of being well (I have never been portrayed as ill in any of my dreams);
- A privileged feeling that an 'other' was feeding back to me information exclusive to me, in a code specially designed for my understanding;
- From the most painfully experiential of my dreams, a sort of 'therapeutic aura', perhaps most accurately described as like waking from radical beneficial surgery.

The later exploration of my dreams in that '3D' creative way with Miriam then was experientially quite different, bringing cognition of different layers of meaning of the dreams; and this joint-enterprise exploration of my dreams in the context of what was emerging in the session, brought felt coherence in my psyche – part of my 'rekindling of mentalization', in Fonagy's terms. This experience leads me to add to the above:

- A relational feeling of coherence and enrichment.

This waking impact of my dreams is though only one side of the coin, of which the other is what is going on in my sleeping organism, explored above. This crucial activity in the sleeping brain/organism is obviously also a 'given' for the other authors; but how did their dreams impact their waking lives?

Sylvia's Dreams

The only dreams in Sylvia's text are nightmares.

After the horrific trauma of their neighbour sexually abusing her she dreams of a Nazi attacking her. The memory of this specific incident was, like all the abuse, obviously blocked until her later recovery of the incest memories, but seemingly the dreams remained in her accessible memory - perhaps due to their powerful 'central images'. After twelve years of idyllic marriage, when Sylvia found 'all I want to do is weep', she dreamt:

Danny and I are on our way to a feast. A ragamuffin with glittering eyes holds up her begging bowl ... When I try to rush past, she grabs my silk skirt with a filthy hand. "It's my turn now. My turn. Now ME!" (Fraser 2004, pp.146-147).

Her hindsight understanding was that

I am experiencing the unexpressed sorrow of my other self ... It is precisely because my life is so tranquil that she is staking her emotional claim (pp.146-147).

Concurring with research findings (Barrett 2001, Hartmann 2001, Bulkeley 2003, Cartwright 1991), Sylvia's nightmares proliferate after the trauma of her hysterectomy. We can understand why this was a quite different level of trauma for Sylvia than the usual distress and loss, which many women naturally feel after hysterectomy - her uterus being the site of her violation. Even after her eventual recovery: 'my dreaming mind continues its serialized hallucinations' she finds.

She dreamed of snakes lurking everywhere; of an enormous black monster the size of a tall building. Then, she says:

My dreams intensify, grow more specific.

I am outside my father's house. A lawn sign reads: "Home Truths." A man perches on the porch rail ... he says: "When people are blind, they have the death smell."

"A blind person knows when someone is going to die ... blind persons aren't those who can't see, but those who can't be seen ... they hide behind a blind ... Someone who is hiding behind a blind is going to die, and someone who is blind will see. They are one and the same, YOU will see." (pp.214-215).

She woke from this dream with a heavy sense of impending doom; strongly feeling she or someone close to her is about to die. 'Sexually abused women[s] ... [dreams have] ... the most content concerning others' dying; the women with a history of physical abuse report the most dreams about their own deaths', reports Barrett (2001, p.4) – three of us in fact had 'death' dreams. A week later Sylvia has another 'compelling dream about death':

I have to break the news of the princess's death to both my parents, but especially to my mother. I shout my message over and over ... Finally I get the message across to my father. He ushers me in to my mother as if to say, "I think you'd better listen to this." Both my parents are very grave. I absolutely and completely have their attention about something I want to say more than anything before in my life. I shout: "THE PRINCESS WHO IS A PISCES IS TO BE KILLED."

And that is when I awaken ... My breathing is sharp and shallow, and I'm crying tears of relief at finally having been understood. I sense something real and important has happened that goes beyond any dream (pp.215-216).

It is the experiencing of this same sense after a dream that gives me the feeling of having woken from deep beneficial surgery.

I have one more dream that seems connected by emotion, though not by imagery, to the rest:

My mother is setting a table in the basement. She directs me to a seat beside my father where the tablecloth is stained with broken eggs. I break a goblet. When I try to hide it, I find a shelf of broken goblets with sharp V clefts, all crudely mended.

Here is first mention of her documenting her dreams:

After recording this, I scrawl a footnote. "The worst part about this dream with its obvious sexual imagery is the sickening way it makes me feel – nauseated, right down into my gut." A second even shakier footnote: "I seem to be on the verge of remembering something sexual having to do with my father." (p.216).

Like me she did not get recall of actual scenes in, or on waking from, the dreams. But her psyche was prepared when the waking life incident of hearing of Joker Nash's sexual molestation of his stepdaughter occurred, which catalysed conscious recall of her incest memories: 'the time had come, I was ready' (p.218).

As Barrett asserts: 'In dissociative disorders and other amnesic syndromes, dreams may be the first clue in recovering repressed memories of trauma' (Barrett 2001, p.3).

There is one final dream Sylvia tells:

I am walking through a forest wearing a sky-blue dress. I come upon a ragamuffin in a tattered sunsuit ... I extend my hand. Wiping sticky fingers on her sunsuit, she accepts it. Together we walk deeper into the forest.

We come to a clearing. My father is lying on a bier ... I lift up the child to say goodbye to her daddy ... Hugging the child, I assure her she has done her best, that she's a good child, a wise child, as all children are . . . I feel her melt into my chest (p.242).

This is a poignant intimation of how far her psyche had progressed; her dreaming self reaching out to and hugging the 'ragamuffin' – her 'other self' – indicating some resolution of her deep psychic 'split'.

We can understand now in the light of theory the part Sylvia's dreaming brain was playing in her process; with its access to the implicit memory, it was aware of her 'other self's' history. The symbol it chose for her 'other self' (ragamuffin) is genius in its aptness, conveying all the sense of abandonment, neglect, and helplessness. Later

when her waking brain knew the story she would be able to cognitively appreciate that aptness, example again of dreams' *ongoing* value. Her trauma (of the violation and utter helplessness of the incest) was as extreme - in fact arguably more so, on account of the total vulnerability of childhood – as that suffered by the battle-traumatised combat soldier.¹³ The progression of Sylvia's dreams towards the regaining of her incest memories is clear to see, her dreams intensifying and growing more specific after her trauma of surgery.

Kathleen's Dreams

After the cataclysmic Eagle Dream had launched her onto a new trajectory Kathleen discovered, from old diaries, that she had been recording her dreams for almost twenty years. Her 'College Reunion' and 'Victor Biento' dreams, the series that ran throughout the period of her life covered in this book, i.e. to sixteen years post-Eagle Dream, began, she found, when she was twenty (Sullivan 1998, p.21). As her mother's suicide occurred when she was nineteen (p.17), we could perhaps deduce that her dreams, in line with theory, had become prolific after that trauma.

Kathleen's book is a unique case study of dreams' contribution to the waking life of the dreamer, and of the value, in that context, of recurring dream themes. It is an exposition of how her dreams assisted her process, and transformed her self-identity, recounting and exploring around fifty of her dreams. She tells that replaying the Eagle Dream was a frequent exercise for many years after it, and that she was always blasted with overwhelming feelings of grief 'when I looked into the eyes of the captured eagle'. And she came to realise that:

a similar gut twisting occurs when I observe ... caged animals in a zoo ... an addict with zombie eyes

She made the connection:

Contemplating the eagle's eyes reminded me that during my mother's catatonic bouts she disappeared, leaving me alone to search for any sign of presence in her blank eyes (p.30).

She tells of having many dreams of trapped and dying people and animals (p.29), which I also experienced: the emotions of loss and grief are the obvious dream triggers.

¹³ PTSD came to the fore as a medical condition at the time of the multitudes of psychologically damaged Vietnam War veterans.

She had mentioned, she recalled, her first college reunion dream to her college friends:

"I'm very upset [in the dream] and don't want to attend the reunion because I have nothing suitable to wear. On the other hand, for some reason I feel that I *must* go. I awake feeling bitchy and yearning for doughnuts!" (p.21).

Being didactic, her text explains to the reader:

To have nothing to wear, from a commonly accepted symbology, is to be void of persona or personal identity or role within a situation. Clearly I lacked an acceptable sense of self during the early part of this series, which occurred between the ages of twenty and forty (p.23).

Kathleen came to realise that the 'Victor Biento' character of her dreams represented her own vital life force, from which her traumatic childhood had separated her.

I needed to recognize the importance of establishing a relationship between me and this energy described ... [variously by her dreams] ... as rebellious, orphaned, illiterate, without knowledge of history (his story) (p.39).

This gradual evolving of dreams' symbology is a key finding of Hartmann's research on post-trauma dreams, and Taylor makes the same point:

Recurrent dreams, particularly recurrent dreams with particularly strong affect ... often turn out to be concise metaphoric statements of as-yet-unfulfilled aspects of the dreamer's fundamental "life task," or the "deepest value conflict" in his/her life, not just in the moment, but over the entire span of time during which the dream has been recurring (Taylor 1993, p.173).

Kathleen's retrospective revisiting and reviewing of the dreams, making expanded revisions of meanings and understanding, and the resultant in-depth tracing of how they aided her progression is a valuable exposition of how dreams' input can be long term. It is beyond the needs of this study to detail her very many dreams, but to summarise her singular story: Kathleen's narrative fracture trigger was a momentous dream, her dreams significantly guided her post-fracture journey, with her going on to make dreams her career. She sums up how she came to view the ingenuity and central contribution of her dreams:

Today I experience the brilliance of my dream life with the same awe as watching a skilled Navajo weaver. It is said that the Navajo are taught to weave by Spider Woman, who provides an innate sense of design and the meticulous labor necessary to weave an intricate rug without aid of pattern. So, it seems, does psyche weave one strand at a time, exposing the truths we need to see in order to live an authentic life rather than a scripted one (p.39).

Marion's Dreams

Since I was twelve years old, I have held body and soul together by writing in my ... journal,
reflected Marion at the start of the account of her cancer journey, and acknowledged that:

Gradually my dreams became very important, bringing with them dimensions I could not have imagined. They opened another level of dialogue (Woodman 2001, p.xi).

In view of this, and the fact that she spent the greater half of her working life a Jungian analyst, it is surprising to find that she tells far less about her dreams – at least in the two texts of hers I am using – than the other authors.

On 2nd November 1993 Marion was diagnosed with uterine cancer. On 18th November she records 'My Initiatory Dream':

A ship is coming into shore bearing two pearls. I see them, I don't see them. I know they are on the ship. A 5-year-old girl, barefoot with simple dress and mop of curls, stands on deck watching. Her gaudy bracelet and corncob pipe shine in the sunlight. Behind her, a woman, young, gypsylike, barefoot, hair flowing, also watches.

She reflects on this:

These two are with me as I move into cronedom – that queendom where I shall be free to live my own truth (pp.16-17).

This seems to imply that these two younger versions of her (hidden) free spirit will accompany her through her present 'docking' for the initiatory surgery which will take her into 'cronedom', but she does not say this, or intimate how she felt about the dream; what exactly she took from it. Later, when her surgery was declared only partially successful and a programme of radiation treatments prescribed, she writes:

I know this death I am going through has to do with matter that cannot move as quickly as the consciousness that inhabits it ... My dreams have been telling me that for a year. I am in radical process (p.36),

but again she does not elaborate. A month later she writes:

My dreams and I are working on a new harmonic for our orchestra. I need to rest without any agenda for at least a year ... allow the new imagery to come into my cells. Even to think that thought connects me to that dark hole in my body that can become catatonic with fear (p.54).

That fear produced an evil presence in another dream. In this dream she and her friend

arrive at the customs office as we cross into Detroit. Dark. No light anywhere. I am driving. Suddenly an evil presence, totally invisible, speaks through my open window: "Give me everything you've got." Joanne sitting beside me, says, "Give him the four hundred dollars you've got in your bra and step on the accelerator." I do and we shoot out of his reach with our purses under our seats intact (p.90).

It is apparent that Marion's dreams *are* an important part of her life, from her thoughts recorded before addressing a medical conference the following October:

Will speak of my own experience. I've nothing to lose. I will not be discouraged when the doctors tell me that dreams are purely anecdotal, impossible to prove anything from dreams ... I will quietly proceed with my examples of metaphor as the healing bridge between psyche and soma (p.164).

And another indication of their constancy in her life comes in:

Meeting people is becoming increasingly difficult ... A pregnant emptiness. A forever aloneness. That's why airports are so important in my dreams. In their vast, noisy domain, everyone has left somewhere and not arrived anywhere' (p.108).

At the end of that October a scan revealed she had metastasized bone cancer on the inside of her sacrum, and she was predicted to have only months to live. Pondering on the role of the sacrum in the body, uniting the upper and lower body, she was reminded of her 'archetypal snake dream' of twenty years ago:

A voice told me ... I would never place the bouquet of red and white roses in the cross at the center of the temple until the mess was cleaned up in my basement. When I picked my way down an old ... spiral staircase ... I saw an immense black snake frenetically trying to connect its head to an ominously still wheel of life. It knew the ... stagnant lagoon should be carried up on the wheel to become the fresh water of life. So long as the snake (life force) couldn't connect to the wheel, my body was drowning in edema (p.199).

She explains its radical effect on her:

The Presence who was with me in the dream stayed with me in my visualizations and body work. Together, months later, we finally helped the snake to connect to the wheel, and ... keep the wheel of life turning. The stagnant pool on my body transformed into living water without dialysis. The kidney problem [she was back then suffering from] was thus resolved (p.199).

This is an example of the waking use of dream imagery, and again of the ongoing value of dreams; Marion getting a so-timely reminder, from the spontaneous recollection of this dream, of using imagery to help promote her body's healing.

4.4.4. The Numinous

As I have said, there are experiences of a 'spiritual' nature featuring in all the autobiographies, and three of us record 'numinous' dreams. It has been a unique part of my own experience, one that I consider to be centrally relevant, and their texts intimate that it was similarly perceived by the other authors.

In the cases of Kathleen and Marion the spiritual was clearly a conscious part of their process. Marion turned frequently to Sophia, the feminine of the Godhead, for strength and guidance throughout her cancer journey. Kathleen, to her great surprise, having always described herself

As a "militant" (and obnoxious) atheist, this [12 steps] program of recovery provided a spiritual perspective I had never envisioned ... I surprised myself by comfortably embracing a profound level of spirituality (p.34).

With Sylvia, on the other hand, the conscious awareness came later:

My pride of intellect has been shattered ... in place of my narrow, pragmatic world of cause and effect and matter moving to immutable laws, I have burst into an infinite world full of wonder. The whole mystery of the universe has my reverence. Nothing is sure but nothing can be dismissed. I pay attention (p.253).

The concept of 'numinous' dreams comes from Jung. 'These are the dreams people never forget ... that linger in their memories and haunt their imaginations', says Bulkeley (2000, p.2), and Kuiken labels them 'transcendent' dreams. This numinous/spiritual dimension of experience, whilst inwardly so certain, so transformative, is most difficult to verbalise and convey to others, but I feel it is well exemplified in our records of the effects of our numinous dreams. My experience of such dreams in bleak times brought what I describe as 'uplift to my spirit'. My *Colour Hall Hotel* dream (see 'Janet's Narrative Fracture, Chapter two) generated unique feelings of hope very deep in my psyche, which feelings could be re-experienced at any time I recalled the dream thereafter, and indeed it influenced the direction of my future life. Kathleen describes such a dream of her own, (at a time in her life when she was excessively plagued by facial sores), in which Victor Biento forces open the door of the bathroom where she is hiding herself away, and

He takes me in his arms and holds me, rocking tenderly, saying over and over, "It's ok, it's ok." I sob deeply and joyfully (p.106).

She describes her reaction:

The unconditional acceptance I felt in this dream healed my heart, soul, and body at a depth which cannot be touched by medication, talk therapy, body work, Chinese medicine or hypnosis. I was so impacted by this dream I could not share it for several weeks (p.106).

4.4.5. Summing up

The central importance of the function of dreams, whether they are recalled in waking consciousness or not, has become increasingly clear as contemporary technology-aided research - salient aspects of which I have examined above - has advanced. As Horney realised, even before these advances: 'In dreams we are closer to the reality of ourselves; ... they represent attempts to solve our conflicts'. The analysand can catch a glimpse, in them of 'a world operating within [her] which is peculiarly [her] own and which is more true to [her] feelings than the world of [her] illusions' (Horney 1970, p.349).

The value of dreams in the waking life is illustrated in our different experiences of them outlined above; my dreams were my 'lifeline' when I had no other story of myself; Sylvia was gradually led towards her lost memories of incest through her significant dreams; Kathleen's dreams guided her growth and self understanding, and became increasingly central in her life as she made them her career as well. Marion was recording hers, was aware of the relevance of repeating imagery therein, and was using imagery from her dreams creatively towards her healing. My own experience also gives an example of their contribution to the therapeutic process, of which Horney is speaking. Hartmann came to realise functional similarities between the dreaming brain and psychotherapy: 'The process of psychotherapy after trauma can be thought of as 'making connections in a safe place', he said, and suggested that:

dreaming allows very much the same process to occur. A "safe place" is provided by the bed, and in REM sleep where most dreams occur; it is provided additionally by the muscular paralysis of REM sleep which completely prevents the dreamer from running around screaming, shooting people, etc. In this safe place, dreams appear to make connections in similar ways ...dreaming can be seen as our own built-in form of counseling or psychotherapy (Hartmann 2001, pp.30-31 [and cf. Stickgold et al 1999]).

Three of us in fact had dreams of 'death', which Barrett had noted was a feature of the dreams of sexually or physically abused women (Barrett 2001, p.4), and we recall that

violation can be by traumatic neglect as well as physical onslaught (see 3.5.1.) All our accounts illustrate the *ongoing* value of dreams, and Kathleen's the specific relevance of recurring dream themes. 'So long as the images of the dream experienced by the dreamer as "significant" are not trapped in a single meaning, it continues as an animating, enlivening presence in the dreamer's life' (Knudson 2003, p.12).

Kathleen noted:

My conscious self could not recognize my physical and psychological danger but my dreamer was consistently shouting warnings of the truth (p.30).

Our dreams are indeed both beyond the reach of our self-sabotage, and harbingers of the truth we do not yet consciously know.

4.5. Autobiographical Writing

My co-researchers and I all wrote autobiographically, and appear to have benefited from it; so I need to understand its merits, and then the help it brought, specifically, to us. The storied way, the telling of our own stories to each other, has from the beginning of history been the human family's way of knowing of self, others and the world (Armstrong 2006). In this we have always, it seems, fundamentally and routinely employed metaphor and image metaphor in our apprehending and conveying of our reality (Lakoff and Johnson 2003), and our insights so often come via stories (Kearney 2002). These are the givens that underpin, as I look at the *therapeutic* power of the telling and writing of our own stories, which is my focus here. Academic and clinical research findings in the new and burgeoning field around creative and autobiographical writing for personal development are providing an ever more comprehensive picture (Chandler 1990, Pennebaker 1990, Frank 1997, Bolton 1999, Hunt 2000, Hunt and Sampson 2005, Hunt and Sampson 2006, Eakin 2008, Kuiken et al 2008).

In the 1980s research psychologist Pennebaker discovered, in a period of depression, that spontaneous daily writing of his 'deepest thoughts and feelings' lifted his depression; and he found a new-to-him 'sense of meaning and direction' emerging. 'Although I hadn't talked with anyone, I had disclosed some of my deepest feelings'. Previous research projects of his had revealed that talking about traumas was linked to fewer health problems, and now his own experience suggested that *writing* about upsetting events 'was psychologically and, perhaps, physically beneficial' (Pennebaker 1990, p.30 [and cf. Kuiken et al 2008]). He set up a controlled experiment asking students to write about 'either traumatic experiences or about superficial topics', after

which he would 'evaluate their health by collecting the number of illness visits each person made to the ... [college doctor] ... in the months following ... compared with the months preceding the study' (ibid. p.31). Later he teamed up with a psychologist and immunologist whose joint work was revealing that 'overwhelming experiences such as divorce, major exams ...[etc.] ... adversely affected immune function' (ibid. p.35) and they set up a shared experiment to see if '*writing* about traumas could directly affect the action of the immune system'. Participants reported 'feeling sadder and more upset each day', and both experiments 'indicated that writing about feelings associated with traumatic experiences was painful'. Nevertheless, in a months-later follow-up survey all those who wrote about traumas 'described the study in positive terms', and '80% explained the value of the study in terms of *insight*' and noted how 'they *understood themselves better*' (ibid. pp.36-37 [my emphasis] and cf. Hunt 2000, p.10).

Meanwhile Marilyn Chandler was framing autobiography writing as 'a way of recovering from crisis and restructuring reality . . . a healing act' (1990, p.ix). Examining seven autobiographical 'stories focussed on periods of crisis' (ibid. p.10) she found that 'crisis tends to generate experimental modes of thinking and writing because it breaks down philosophical and linguistic categories, shatters assumptions, and disorganizes the inner world' (ibid, p.18) – in our terms: derails false-self structures. In this light she saw autobiography 'as a quest – not only for answers, but for questions that allow new ways of seeing and describing experience' (ibid, p.25). Realising that 'the undertaking reveals or produces meaningful structures and patterns of imagery' and serves 'not only to enhance understanding, but also to effect change', Chandler noted that recognising this, 'a number of psychologists and psychotherapists have attempted to incorporate it into their practice as a systematic form of therapy' (ibid. p.33).

Celia Hunt experienced this when, after writing a novel based on what she called her 'predicament', she entered psychotherapy and

found myself involved in a process that was in many ways very similar [...]. Here too I was struggling to make sense of myself and my story, and the means I and my therapist used to do that seemed to have more to do with fictions than facts. Progressively, the two activities came even closer together when I started writing [...] around images that arose in therapy and took them into the sessions to discuss with my therapist. Somehow these two apparently very different activities, the writing and the therapy, were helping me to find the truth about myself [...] (Hunt 2000, p.10).

Hunt's own experience: 'in the process of struggling to find a voice for the story of my past, I discovered that I had learned a few things about the person I was *in the present*' (ibid. pp.9-10) was later replicated by that of many of her students, particularly in her MA in Creative Writing for Personal Development groups (Hunt 2000, Hunt and Sampson 2005, Hunt 2013), and this transformational power of creative, autobiographical and fictional autobiographical writing became her foremost research specialism.

The 'translation of life into writing sets the writer outside his or her experience by setting the experience outside the self, granting a certain objectivity and perhaps inuring the writer to some of its pain' (Chandler 1990, p.34). Fictional autobiographical writing especially can bring this valuable 'distance' and pain-relief: Helping a friend recovering from leukaemia, writer and psychodynamic counsellor Cheryl Moskowitz introduced her to fictional autobiographical writing as a way of 'distilling and reintegrating ... disparate and painfully opposing aspects of herself'. This, she evaluated afterwards, 'had rendered the truth more bearable and not only that but had *offered up new and creative ways of coping with it*' (Moskowitz 2005, p.16 [my emphasis] {cf. Hunt 2000, Bolton 1999}).

4.5.1. Other Peoples' Stories

We recall the comfort and assistance I gained from others' crisis stories, which benefits Sociologist Frank recognised. Illness narratives are Frank's interest, and he both understood 'the *need* of ill people to tell their stories, in order to construct new maps and new perceptions of their relationships to the world' (Frank 1997, p.3 [his emphasis]), and recognised the value of this to the reader/listener¹⁴: 'Storytelling is *for* an other just as much as it is for oneself. In the reciprocity that is storytelling, the teller offers herself as guide to the other's self-formation' (Frank 1997, pp17-18 [his emphasis]). Chandler's perspective on this echoes my experience: 'When one reads an autobiography, something of that life becomes a part of his own as he reads and recognizes and responds with the "Me, too!" that is somehow deeply reassuring' (Chandler 1990, p.179). And Marion certainly found this comfort: 'Heather ... reminded me that Sylvia had cancer twice and is still alive. I love to hear about the survivors' (p.67).

¹⁴ Who, in his research cases, may likely have the same illness.

In support of the narrative approach to qualitative inquiry autoethnographer Bochner holds that others' crisis stories:

activate subjectivity and compel emotional response. They long to be used rather than analyzed, to be told and retold rather than theorized and settled. And they promise the companionship of intimate detail as a substitute for the loneliness of abstracted facts, touching readers where they live and offering details that linger in the mind (Bochner 1997, p.434).

4.5.2. The Embodied Factor

Pennebaker's work points up the involvement of the body – in his research, the effect of writing of our 'deepest thoughts and feelings' around trauma, on bodily health. Frank, much of whose research centres on cancer sufferers, maintains that: 'the ill person who turns illness into story transforms fate into experience; the disease that sets the body apart from others becomes, in the story, the common bond of suffering that joins bodies in their shared vulnerability' (Frank 1997, p.xi).

We have seen how the emotions are 'embodied' (3.5.), and art and massage therapist Koepfer corroborates: As more and more of his patients 'experienced [spontaneous] imagery while being massaged' he was led to probe what role 'imagery and emotion play in the rehabilitation process' (Koepfer 2007, p.257). He concluded that the *state of relaxation* induced by massage 'may facilitate an altered state of consciousness', during which 'many such interesting events as imagery and spontaneous emotional reactions occur' (ibid. p.258). And these 'open a door for the exploration of psychological contributions to the perceptions and perpetuating factors of the injury or disability at hand' (ibid. p.274). Sophie Nichols has explored in depth the different ways – neurological, psychological, and emotional - through which creative writing facilitates a 'felt bodily sense of self' (Nicholls 2006). In the same vein, Kearney's 'the recounted life prises open perspectives inaccessible to ordinary perception' (Kearney 2002, p.132) is perhaps attempting to convey the same what we might term 'embodied enrichment' as Dexter's: 'A dream is like a poem: the meaning of a poem lies not just in ... the words but in the feeling of the sounds and the rhythms which resonate in the listener's body and soul, to set in motion an answering response in the imagination' (Bolton 1999, p.89). Freud pondered what source the creative writer drew upon 'to make such an impression on us with it and to arouse in us emotions ...' (Freud 1959, p.143). We can see now that the body is inextricably involved in the explanation.

In line with Pennebaker's collaborative findings, Marion's urgent research into cancer informed her that: 'images that feed us affect the white blood cells that strengthen the immune system' (Woodman 2001, p.xi), and she made imagery part of her regime for recovery. What is the common denominator of writing down our 'deepest thoughts and feelings' and imagery?

4.5.3. Image and Symbol and the Unconscious

It is language obviously which facilitates our autobiographical self-framing (Neisser 1988, Damasio 2000): 'self-consciousness - our sense of being an 'I' ... [is] ... hugely enhanced by the acquisition of language. Language ... enables us to develop a strong sense of "standing outside" ourselves and of our engagement with the world, which is the essence of reflexivity' (Hunt and Sampson 2006, p.18). But, we also recall, 'writing involves a primitive process that is biological (in the sense of bodily and emotional)' (Jolly and Hunt 2008, p.17), which alerts us to the involvement of the unconscious in the process. Johnson reminds us that the unconscious has a particular capacity to 'create images and to use those images as symbols' (Johnson R 1986, pp.19-20 [cf. Bosnak 2008, Lakoff and Johnson 2003]). And Chandler has explained: 'Jungian, humanistic, and existential psychologists have written extensively about the ability of the psyche to recover from trauma through its recreative capacities, especially by generating centralizing symbols' (Chandler 1990, p.36 [cf. Hartmann's 'central image' 1.7.2.]), which she regards as 'enablers': 'A symbol links the creative unconscious with the ordering consciousness' (Chandler 1990, p.37). 'Words explain', says Stevens, 'but symbols arouse intimations, possibilities, emotions beyond the reach of verbal expression' (Stevens 1996, p.183).

The point I wish to make here is that this 'generating of centralizing symbols' is more likely to occur in activities such as creative writing, autobiographical and otherwise, because they involve 'losing ourselves in the writing' (Hunt and Sampson 2006, p.1) i.e. being in the 'writer's trance' (Johnson C 2007). Hunt underscores the loosening of cognitive control and opening up of the psyche concomitant of this state (Hunt 2013), and Chandler acknowledges the contribution of unconscious processes to it, asserting 'A writer open to such offerings of the unconscious has constant access to new ways of seeing and describing experience' (Chandler 1990, p.37); Bosnak speaks enlighteningly of '*embodied imagination*. It manifests not only in dreams. But ... [in his own research] ... I take *dreaming not waking, as my paradigm for creative imagination*'

(Bosnak 2008, pp.6-9 [his emphasis]). These theories I felt brought me to the heart of the therapeutic value of autobiographical writing.

When reviewing the theory I summarised these apparently therapeutic attributes thus:

- Encourages the loosening of cognitive control, and the opening up of the psyche;
- Supports/boosts immune system;
- Though painful, brings better 'self-understanding';
- Aids recovery from crisis, re-structuring reality;
- Brings 'patterns of imagery that effect change';
- Brings helpful 'distance' and possible reduction of pain of distressing memories;
- Offers up new and creative ways of coping with truth;
- Others' autobiographies can bring comfort and combat feelings of isolation;
- Engenders 'felt bodily sense of self' – bringing what I term 'embodied enrichment';
- Engages the unconscious, which produces symbolism that brings 'new ways of seeing'.

4.5.4. Hartmann's 'Continuum'

In the context of all this theory I looked again at Hartmann's notion of a 'continuum' of modes of mental functioning. That continuum, he details: 'runs roughly from focused-waking thought at one end through looser thought or fantasy, to reverie, daydreaming, and eventually dreaming' with many others interspersed, 'for instance hypnagogic imagery, drug-induced states, hypnotic dreams, hallucinations, and so forth' (Hartmann 2010, p.151). And we can add: writer's trance and lucid dreams (Johnson C, 2007), and recall that each of these has a different brain wave pattern, lengthening towards the sleep end (see 4.4.). He elsewhere expands:

At the left end of the continuum we are dealing with words, mathematical symbols, and perceptual input from the world, while at the other end (dreaming) we are dealing with almost pure imagery. The left end of the continuum is characterized by strings of sequential or logical relationships ... at the other end of the continuum *everything is connected, and usually connected using imagery*, which can be considered as picture metaphor (Hartmann 2001, p.89 [my emphasis] {cf. Koepfer's 'altered state of consciousness'}).

Making this synthesis made things very clear for me. The nearer one's mind is to the right hand 'dreaming' end of the continuum, then the wider is one casting in the 'nets of the mind', the more inclusively is one thinking – which clarifies the relevance of 'losing oneself in the writing', 'writer's trance', and Moskowitz's 'opened up new and creative ways of coping with ... [the truth]'. When we are writing in that creative 'writer's trance' we could almost say we are 'waking dreaming' in our having more access to those 'wider nets' accessing memory (including Mancini's 'implicit memory' and 'unrepressed unconscious') and emotion. And, because we *are* awake those 'wider nets' can encompass more fully the frontal cortex, both the right lobe where emotion centres are located, and the left, centre for logic and critical-thinking (Hunt 2013). Chandler's assertion: 'The autobiographical act sets into motion the creative and recreative dialogue between conscious and unconscious' (Chandler 1990, p.37 [cf. Perrine 2007, pp. 280-282]), and Leonard's identifying of 'a common dynamic operating across all the major sleep stages and the waking state – a dynamic that gives various emotion-related stimuli the power to intensify neural activity, (Leonard 2009, pp.203-204) further illuminate. Put all together this brings a broader, deeper understanding for me of the mechanics of autobiographical writing's therapeutic potential.

Let us examine now my and my 'co-researchers' autobiographical endeavours.

4.5.5. Our Autobiographical Writings

Janet

'A person in crisis must try to develop a new way of grasping what is real ... In such a situation, autobiography becomes a vehicle for asking and answering fundamental questions' (Chandler 1990, pp.110-111). Not so for me, I turned to my dreams rather than autobiography writing to answer my urgent 'who am I?' But I was writing down those dreams, and my dream journal was a 'survival tool' (ibid. p.21). With regard to my actual autobiography writing, more accurate for me was Chandler's: 'One common experience autobiographers describe is fear of remembering. The urge to explore the past competes with a powerful urge to escape it' (ibid. p.45). I was not conscious of that fear, but when I came to the recalling and writing of my adult years then, like Pennebaker's volunteers, 'sadder every day' became my experience. But it was echoing the first two of Chandler's progressive stages:

It seems ... that at least in broad terms, the three basic autobiographical forms – journal, autobiography proper, and autobiographical fiction ... - correspond to three different stages in the healing or transformative process. They are, respectively, the results of three distinct modes of thought: introspection, retrospection, and transformation. In each ... a different stage in healing enacted (ibid. p.21).

From this vantage point it is easy to see why my autobiography writing ('retrospection') was so painful: self-reflexivity had never been possible in my ruthlessly 'eyes averted' life. Now I must wrench from my reluctant mind the 2D life lived with this vital lack, and was viewing it with eyes of, in Horney's terminology, self-hatred, self-berating and shame. My residual sense of failure was being given tangible grounds. Consciously then I grieved for the fate of my children with me as mother; unconsciously I was encountering my own split-off grief – an understanding that emerged in my psychotherapy. I was only enabled to continue (4.1.) by awareness of the understanding listening presence of my supervisor – the value of which Frank has emphasised - and the support of psychotherapy. Eventually this way I came to that 'embodiment' experience, which increasingly recurred (see 4.2.), and reflexivity became possible and bearable – as Moskowitz noted.

Reading my co-researchers' autobiographies brought comfort and guidance (Frank 1997), and my unexpected jealousy of their resolutions brought to light further fragments of my false self. Images and picture metaphors have brought me both enhanced understanding and reinforcement of hope, but these were usually from dreams or arising in psychotherapy rather than directly from my autobiography writing. For me the momentous fruit of that endeavour has been the enablement of, and courage for, reflexivity. In other words it brought its own unique 'mirroring' towards mentalization and self-agency – by bringing together both ends of Hartmann's continuum, as detailed above (4.5.4.).

Sylvia

It is fictional autobiographical writing that figures so significantly in Sylvia's story. We recall that she spent three years after losing her journalist post writing autobiographic fiction, finally distilled into a novel 'about eight years in a child's life', which was then published and commercially successful. This launched her forth in her outer life to the devastating extra-marital affair and separation from her husband. The writing she attempted meanwhile as sequel to 'Pandora' produced only 'fossilized polemic' (p.180). It was not until after the affair ended that her life settled and her creative writing

successfully flowed again, producing four more novels, all 'rife with sexual violence'. Consciously she found that violent imagery puzzling, but in light of the above discussion, we can see that it illustrates how our creative and autobiographical writing comes out of Hartmann's 'wider nets' operating at the right hand end of the 'continuum'. Her psyche had 'unresolved issues' (Griffin and Tyrrell 2007), conflicts (Horney 1992) known to her unconscious, which will have been assisted to her pen by that 'dynamic that gives various emotion-related stimuli the power to intensify neural activity,' (Leonard 2009, pp.203-204 [cf. Hunt 2000, p.162]).

We recall Sylvia's noting the powerful momentum of suppressed memories urging towards release and can see her novels as part of that dynamic; part of her progression towards conscious recollection of the incest. The autobiographical novel she wrote three years after recovery of those memories, which I am using for this study illustrates by its ending that 'crisis narratives can achieve closure – one can say, "Now the crisis is past" – and life goes on' (Chandler 1990, p.39) [See 4.1.2]. Another person's story (Bab's shocking discovery of Joker Nash's molestation of her daughter) recounted by her friends, brought the final catalytic image for incest recall. And a later image, which surfaced in hypnotic trance, (p.227), of a smoky mirror reflecting the face of a five year old with 'matted hair and blue fangs' that before her eyes grew older until she finally saw 'gaudy cheerleader with brassy hair' - powerfully informing her that the incest had continued into her high school years.

Kathleen

Kathleen's *Dreamography* is the only autobiographical writing we have for her. But from the autobiographical details distilled from its didactic content we do discover that much of her dreams information had been retrieved from personal journals she had been keeping at least since her high school years. Those journals were not however a 'survival tool' in the way that mine and Marion's were. She had in fact forgotten their existence until an 'embodied' experience led her to search her shed, and she acknowledges she had no awareness of the meaning or value of her dreams when she had originally written them down. I had to battle waves of shame feelings in my autobiography writing, and I intuit that Kathleen too would have encountered great inner reluctance if she had attempted an autobiography after her cataclysmic Eagle Dream. She frequently mentions feelings of shame about her childhood and tells that after a radio show in which she first publicly told her story 12 years later, 'I experienced a feeling of shame ... as often happens with the first telling of a family secret' (p.149).

We learn that she went on 'a writing retreat to begin this book' and the writing was obviously even then – eighteen years later - evoking strong feelings. She was prompted by a dream to follow her 'feminine feelings and wrote only when I wanted to' and as emotions surfaced 'due to the material I was writing' she 'devoted time and attention to deal with them before proceeding'. She came to realise, when an observant friend mirrored back to her the way she was describing her writing process, that she was, in the writing: 'working a program of recovery while creating a useful book (p.157). Obviously it didn't do so in isolation – we know for example that she was also in a 12-steps programme of recovery. But this was autobiographical writing directed by input from the unconscious, and its gradual accomplishment brought burgeoning self-agency. She later summed up:

As I review the entire process of writing this book I am impressed by how emotionally tumultuous inner work can be ... I believe that my present sense of unity and wholeness, which was not *experienced* before working with the dream material for this book, is what results from seeing the *merging of the unconscious and conscious mind* (pp.177-181 [her emphasis]).

So this multi-layered Dreamography, bringing Kathleen to a felt sense of 'unity and wholeness'; was both 'retrospection' and 'transformation' in Chandler's stages (Chandler 1990, p.21).

Marion

The first of Marion's texts I am using, the chapter concerning her cataclysmic visit to India, and very briefly outlining her life preceding it, was written sixteen years after her return. She viewed it at her time of writing as an 'initiation' and acknowledged that

integrating an initiation can become a lifetime task (Woodman 1985, p.183).

It was obviously of value to her as a self-reflexive overview of her progress, which she reports at the end of the chapter, claiming:

No longer could I rest in the comfort of other people's images of who I was ... No longer could I be trapped in the small frame of wanting to be thin ... Dead too was the romantic dreamer who created her fantasy world through language (p.184)
getting to which point meant:

I had to first to face my own hatred. And in that confrontation the sacrificial blood flowed. The blood that spurted out through the word *alone* opened my heart ... (pp.184-185).

Seven years later, she was diagnosed with cancer, and her journal recording of her journey through that was undoubtedly a 'survival tool'. We know that since she was twelve she had as she said, held body and soul together by keeping a journal (Woodman 2001, p.xi). She tells that through the cancer days her journal had margin jottings of

New images that I don't yet understand ... quotations from poets ... intuitive flashes ... They are like magnets that attract me to them, as a baby is attracted to a shiny or colorful object (p.xii).

She was uplifted too by her research finding that

images that feed us affect the white blood cells that strengthen the immune system (p.xii).

and she was greatly encouraged, as we saw, by others' stories of survival.

In 'Explicitly purgative writing ... where the writer is declaredly working through a period of suffering or crisis ... the units of thought are brief – often single, unconnected sentences' (Chandler 1990, p.32), and this is what we see in *Bone*. Marion made a telling reflective observation therein:

Sharing my discoveries and my compassion for the sheer beauty of the human soul is my contribution to community (p. xii).

This chimes with Frank's assertion that 'People tell ... [illness] ... stories not just to work out their own changing identities, but also to guide others ... They seek not to provide a map that can guide others ... but rather to witness the experience of reconstructing one's own map' (Frank 1997, p.17). This holds true also for Sylvia's text, which she subtitled 'A Memoir of Incest and Healing', and for the extracts of mine included in this study; whilst Kathleen did of course have the *stated* intention of guiding others.

4.6. Overview

To briefly sum up the different therapeutic consequences of our autobiographical writing: Sylvia's novels were significantly instrumental in bringing the hidden incest memories to light. For Kathleen bringing her story together, via collating her dreams, for her dreamography brought a felt sense of wholeness and unity. Marion's journal writing throughout her battle with cancer was clearly a survival tool and aid to recovery from crisis, re-structuring her reality. My initial autobiography though so painful, was

landmark catalyst for self-reflexivity: 'The *act of looking* was somehow a force in itself which changed my whole being' (Field 1981, p.197 [my emphasis]).

Without doubt our autobiographical writings were for each of us a crucial part of our 'process', and our experiences showcase its different therapeutic qualities. What also emerges here though is the overlap and interconnection between autobiographical writing, psychotherapy and dreams. Benefits of autobiographical and fictional autobiographical writing have been compared to those of psychotherapy (Hunt 2000, Bolton 1999, Kearney 2002, Hunt and Sampson 2005, Moskowitz 2005, p.44). In both there is that scrutiny of and reframing of the self-story, there is the 'being heard' and the 'bearing witness' – to both oneself and others. 'In stories, the teller not only recovers her voice; she becomes a witness to the conditions that rob others of their voices' (Frank 1997, pp xii-xiii). 'Connection between the inner and outer life ... is another object of the autobiographical act' (Chandler 1990, p.25), and equally so is it of our dreams and our psychotherapy. Ultimately it is the re-establishing of 'relationship with a sustaining community' that leads 'the author' - and the dreamer and the analysand – 'out of self-imprisonment back into a larger context' (ibid. p.26). And it is the viewing of the three modalities through the lens of Hartmann's 'continuum' that has ultimately brought understanding of their interconnected therapeutic mechanisms.

CHAPTER FIVE

Conclusions: The Story Evaluated

5.1. Final Reflexive Review

Having looked at the above three modalities' contribution to taking us forward I must now draw a line under this heuristic inquiry. I have attempted herein to substantiate my view –grounded in personal experience - that narrative fracture is a beneficial rather than negative phenomenon; that, in Chandler's words, I and the other authors were in fact in 'A metamorphic progression involving decomposition and recomposition' (Chandler 1990, p.21), which recomposition I have called our 'process'. Our 'decomposition' and its root causes have been the subjects of Chapters two and three. Our attempts at 'recomposition', the subject of Chapter four, bring much to assist a drawing of conclusions. But first I reiterate the crucial involvement in those conclusions of my own, evolving, expanding *experience*: I consider that this evolution and expansion is apparent in my text and is a powerful demonstration of the *incremental* nature of heuristic research. Horney's involvement with Zen philosophy towards the end of her life 'deepened her sense that experience is the key to self-knowledge' (Westcott 1998, p.300); it is *this* knowledge which has guided my study.

In section 4.2 I outlined the characteristics of our process, pinpointing the lengthy and oscillating nature of it, the advances occasioned by tumultuous emotional upsurges, usually relationally triggered. I noted our growing awareness of and attendance to intuition, our use of imagery, our commitment to our inner growth, our growing self-agency and thence ability to 'go against the grain' socially.

It is notable also from our accounts that we advanced by *flashes of insight*, moments of deep inner recognition, occurring most often after painful upsurges of emotions, or after revelatory understanding of some dream symbology (cf. Horney 1970, p.344). I can now comprehensively understand this *modus operandi* of 'flashes of insight' (which term recalls Petitmengin-Peugeot's description of intuitive knowledge: that it 'surges forth with a leap' [Petitmengin-Peugeot 2002, p.44] see 1.2.1.), in the light of Hartmann's '*broader and more inclusive connections*' (Hartmann 2001, p.3) see 4.4.2. These, we have seen, are made by both the dreaming brain and the waking modes at the 'creative' end of his 'continuum', where the three therapeutic modalities all belong;

where there is *increased access to unconscious contents*; where clearly, to borrow Polanyi's notion of tacit knowledge: 'we can make more meaning than we know'.

Importantly, it is at this level of mental functioning that we access the 'inner little child' in Miriam's words, and it seems to be the crucial level for making a difference. By this route came our reconnecting with the felt body; 'the more one faces the unconscious and makes a synthesis between its contents and what is in the conscious mind, the more one derives a sense of one's unique individuality' (Stevens 1986, p.11). We were enabled by this what we could label 'self-relational mode' to be in therapeutic relationship with an 'other', supporting our increasing facing up to, and acceptance of, our unsavoury 'claims', 'demands' and tyrannical 'shoulds', and encouraging our growth in reflexivity and self-agency.

5.2. Conclusions

The final phase of heuristic research is the process of 'creative synthesis':

The researcher in entering this process is thoroughly familiar with all the data in its major constituents ... and details of the experience as a whole. The creative synthesis can only be achieved through tacit and intuitive power (Moustakas 1990, p.31).

Where have I arrived, I asked myself, when reaching this point.

I have come to know the reality of what I have depicted as the 'false self', its formation, its rigidity, its self-reinforcing mechanisms and its (usually covert) domineering nature. But I have also come to recognise its initially life-saving defence strategy, so that self-berating and self-hatred have diminished. My ongoing post-fracture 'process', in all its roller coaster, oscillating, but slowly incremental (spiral) progress, has brought me eventually to 'embodied' openness and flexibility. I can accept, as I have eschewed the fantasy of the 'idealised self' and compliant life solutions, the need to what I have termed '*chew the raw meat of reality*', i.e. accept the humdrum and the struggle of relational living and self-responsibility. Conversely I have also come to appreciate, after desperate inner battling, what I call '*the sweet music of reality*', playing in the 'dialogue' of the relational (see 5.2.1.), in which I am now able to participate authentically. As Marion said of herself:

I was undergoing both the joy and the pain of experiencing life in the flesh (Woodman 1985, p.179).

I have come to many new understandings and reached many conclusions along the way. Primal rage I can now readily understand, and from experiencing it I can vouch for its 'axe murderer' intensity. I realise now that the earlier the trauma in the life of the organism, the greater the scrambling or inner chaos produced, and I have come to view our dreams as contributing towards mentalization. Also, importantly, I have deduced that it doesn't seem that the more physical the abuse the worse the impact, as abandonment seems equally if not more traumatic, underscoring the crucial role of carers' *attention*, and Winnicott's '*holding*'.

I have also come to understand that our body-mind systems seem to have an innate drive for *homeostasis*: 'We have come back to the ancient medical wisdom that curative forces are inherent in the mind as they are in the body' (Horney 1970, p.308). Damasio's work provides a more recent understanding:

Both basic homeostasis (which is non-consciously guided) and sociocultural homeostasis (which is created and guided by reflective conscious minds) operate as curators of biological value ... they promote the same goal – the survival of living organisms ... That goal is broadened, in the case of sociocultural homeostasis, to encompass the *deliberate* seeking of well-being ... the way in which human brains manage life requires both ... in continuous interaction. But while the basic variety of homeostasis is an established inheritance, provided by everyone's genome, the sociocultural variety is a somewhat fragile work in progress, responsible for much of human drama, folly, and hope (Damasio 2010, p.27 [his emphasis]).

This is precisely what we have been discovering in this study. I have thus come to conclude that our 'process' is *self-actualising*, with unconscious processes playing a major role, and that, again, there is *timeliness* about it.

I have come to see, as did each of my co-researchers, that there is no ending to the 'process', it is *ongoing*. But I can still evaluate from this vantage point that we each have gained, through that 'process', a self-story with the depth of inner unity, instead of inner conflict, creatively enriched, and socially connected:

Coherence is an achievement, not a given. This is the work of self-narration: to make a life that seems to be falling apart come together again, by retelling and "restorying" the events of one's life (Bochner 1997, p.429).

But it is important to stress that this restorying is *rooted in authentic feelings*.

Recently in a psychotherapy session of mine, images emerged of a longing-to-be-hugged baby with skin so inflamed that it could not bear to be touched: Thereby

revealed was the deepest psychic reality that had kept me so long isolated. Revealed too was a deeper layer of understanding of my *Little Girl in Pink Dress* dream; itself such a strong corroboration of Mancia's '*only dreams allow the symbolic transformation of preverbal and presymbolic experiences into something that can be "said"*' (Imeri 2007, p.2 [my emphasis]) see 5.2.4. Through psychotherapy also I came to appreciate the plus side of projection: though so humbling, it enabled me to see what I was otherwise blind to seeing in myself. Also apparent now is that the nature of my personal journey through the course of this research was very concisely portrayed by my landmark *Bridge over the Ravine* dream, dreamed before it began. My being accompanied across accurately prefigured the fact that I *could not* have proceeded without help. I can understand now why I did not know who I was after narrative fracture. I can understand now why only by copying Judith did I know where to go in life (no wonder the 'lost' recurring dream theme). My attempts to pinpoint, along the way, exactly *how* I had moved forward, have proved elusive, which is explained for me now by realisation of the guiding influence of our unconscious processes.

As I was ruminating on my various conclusions, I found increasingly recurring in my mind elements of the research that had most impacted upon me, and I realised that here was my '*creative synthesis*'; arrived at, as Moustakas knew, through tacit and intuitive means. I summarise these now below:

5.2.1. The Centrality of the Relational

First and foremost is *relationship*. We have seen that theorists widely concur that the primary attachment relationship is the *sine qua non* of optimal earliest childhood development (3.3.) and of all our psychological development and future relating.

Genetics research, we saw, has brought knowledge of the 'unfinished' genetic programming laid down in utero, which reaches out for 'pattern-completing' from the environment after birth (4.4.). We have seen, particularly from Fonagy's intricate research, how ideally this is supplied via that primary attachment relationship. Pivotality it is someone 'holding us in mind', the imperative of *attention*. One story horrifically underscores: To satisfy medieval German emperor Frederick's curiosity as to which language children would speak if they didn't hear any, he set up the inhuman experiment of isolating some newborn babies, who were fed and changed, but strictly not held or communicated with, by nurses. He never got his answer 'because the

children all died before they reached the age when children attempt language – they perished from attention starvation’ (Griffin and Tyrrell 2007, p.105).

We saw that it is problems at this primary attachment stage that are the genesis of the ‘idealised self’ and the consequent false self ‘life solutions’. Catastrophically the ‘increasingly sophisticated goal-corrected systems’ Bowlby identified in 9-18 month old babies (3.3.5.) become hijacked, re-directed; pursuing a defensive rather than self-developmental goal. The inner landscape fragments, rather than cohering and expanding creatively, as this study has detailed.

Each of the modalities examined above was in a different way fostering the relational. Our dreams were mirroring back to us our inner truth; modifying and enriching our self-stories; very personally ‘attending’ to us. The centre of the psychotherapy process is ‘the development of one’s capacities for good human relations’ says Horney (1970, p.308), whilst Chandler holds ‘Healing cannot take place in ... isolation ... Reconnection completes the healing process’, crucially adding: ‘healing often takes place through *dialogue*, because *dialogue prevents ... self-abandonment*’ (Chandler 1990, pp177-178 [my emphasis]). We have repeatedly encountered the concept of ‘dialogue’ in this study:

- The gesture-rich ‘dialogue’ of the ‘relational reciprocal bond’ in the primary attachment relationship;
- The ‘dialogue’ at work in our writing and reading, e.g. the being listened to; the finding resonance in others’ stories; the creative distancing from our own stories in fictional autobiographical writing;
- The inner dialogue of our self-reflexivity;
- The psychotherapy process: ‘client and therapist participate in the formation of something new that arises from their dialogue’ (Leiper and Maltby 2004, p.133);
- That our dreams can be said to create a dialogue is exhaustively supported by Kathleen’s text.

Relational living has clearly emerged in this study as the imperative for human thriving.

5.2.2. The Linchpin of the Emotions

The other factor underscoring for me the pre-eminence of the primary attachment relationship is its impact on the emotions. Recalling again those ‘unfinished templates’ looking for completion with, specifically, ‘a type of programming’ that would make their primitive ‘instinctive responses much more flexible and capable of being modified in their expression’ (Griffin and Tyrrell 2007, p.20), we remember how mother’s mirroring provides this, by demonstrating successful management of, and providing safe containment for them. This way babies learn ‘affect management’ and grow in ‘mentalization’ (Fonagy et al 2002). But its absence leaves the baby with a volcanic, chaotic mass of emotions, which, for him to survive, must be capped over, causing, as the emotions are ‘embodied’ phenomena, a devastating cutting off from the body (see 3.5. and Damasio 2010, p.21).

Calling the emotions the linchpin of life does not seem to me an overstatement. For my co-researchers and me our separation from our bodies to avoid overwhelming chaotic emotions profoundly affected every aspect of our lives. These dynamic mind-body phenomena are also, I have argued on the basis of our stories (and cf. Griffin and Tyrrell 2007, pp.154-166), capable of affecting physical health. In our ‘recomposition’, experiencing these emotional upsurges is where the real agony of the process lay. That these primal emotions ‘bypass the neocortex’ and take the ‘direct route through the amygdala’ provides explanation of their power to ‘overwhelm rationality’ (Goleman 1996, p.17 and cf. Damasio 2010, p.111). They are a traumatic assault in their eruption. We recall our use of such terms as ‘bloodied’ or ‘bleeding’ in trying to describe these agonies; though let us also remind ourselves of the necessity, for the process, of Kalsched’s ‘re-traumatization’ (3.8.). Courage and conscious vigilance are needed to avoid reverting to habitual false-self addictive mode (2.3.). Support is most vital here, including guidance in the self-support of relinquishing self-sabotage and self-hatred. A felt sense of ‘containment’ for terrifying erupting emotions enables our safely facing them: ‘The real active ingredient ... is the collapse into a totally calm state after exposure to the emotionally arousing stimuli ... The memory can then be transferred through to, and processed in, the higher cortex. The active ingredient for effective therapy is *calmness*’ (Griffin and Tyrrell 2007, p.283 [their emphasis]). Recalling Horney’s ‘basic anxiety’ (Horney 1970, p.18) this requisite makes obvious sense.

We saw in the last chapter how psychotherapy (and for three of us, hypnotherapy) fruitfully fostered this ‘calmness’; how our dreams were processing our emotions; how tackling our painful emotions in autobiographical writing produced ‘feeling better’ (Pennebaker 1990), and fictional autobiographical writing ‘rendered the truth more bearable’ (Moskowitz 2005, p.16) for Sylvia and was part of preparing her for the incest memories. In the precarious journey of ‘recomposition’ it is a vitally liberating realization, I can vouch, that emotional upsurges are *always finite*.

‘Emotional intelligence’ (Goleman 1996), which Fonagy’s notion of ‘sophisticated “mentalized affectivity”’ (Fonagy et al 2002, p.5) so comprehensively maps out, has likewise emerged here as imperative for human thriving.

5.2.3. The Value of Patterns and Images

A further point that Griffin and Tyrrell make, that: ‘the capacity for analogy or metaphor *derives biologically from the programming of instinctive behaviour*’ (Griffin and Tyrrell 2007, p.24 [their emphasis]) is my focus here. Recalling the pivotal role of language acquisition in forming self identity (Damasio 2000, 2010) and how our language is filled with image and metaphor, which structure our reality (Lakoff and Johnson 2003), we can well understand that we live ‘storied’ lives (Eakin 2008, Armstrong 2006, Bruner 2004, Kearney 2002), stories being the modality *par excellence* for giving more solid shape to imagery and metaphor. It seems clear that we are making patterns of our lives with our self-stories, and our societal stories (cf. Damasio 2010, p.290); that ultimately pattern matching and completing are the fundamental human *modus operandi*.

Chandler sees this when comparing psychotherapy and writing

- the telling of personal history and progressive recognition, articulation, and acknowledgement of meaningful patterns that emerge in the telling. In both cases ... the structuring and patterning ... serve not only to enhance understanding, but also to effect change’ (Chandler 1990, p.33).

Neuroscience provides another perspective on our patternmaking and matching. The ‘brain makes neural patterns in its nerve-cell circuits and manages to turn those neural patterns into the explicit mental patterns which constitute ... [what] ... I like to call images’ (Damasio 2000, p.9). Damasio is referring here to mental images generally rather than just visual images, and also speaks of ‘neural patterns’ and ‘neural maps’ as the basic mechanism of mental functioning, (ibid. pp.317-322). But the key point for

us is that, on account of neuroplasticity (the ability of the brain to change), neural patterns can be changed, neural pathways re-routed, the rehabilitation of stroke victims being one dramatic example (Bolte Taylor 2009). The forging of new neural pathways that neuroplasticity allows, I would suggest, is a vital facilitator in our 'process'.

In the trance-like states - daydreaming, free association in psychotherapy, writer's trance, hypnotic trance – our thinking processes, we recall, range more widely, more *calmly* in the brain, moving more fluidly between conscious and unconscious, and can therefore access, sort and select memory more creatively. Especially is this the case in dreaming, with its language of 'picture metaphor' and symbolism' (Hartmann 2008, p.13 and cf. Ullman 1999). Milner discovered this 'calm' state in her self-inquiring, realized how much images and myths were involved, and how fruitful it was, e.g.: 'this play of images had provided an indication of what were my *true needs*' (Field 1981, p.161 [my emphasis]). We all needed to be reconnected with our true needs.

Marion's observation: 'The image magnetizes the movement of the energy' (*Bone*, p.165) pinpoints the power of image to *release creative energy flow*. 'One of the many thrilling benefits of dream work is the release of energy when a previously buried truth is uncovered' (p.74) says Kathleen. At this creative more trance-like 'calm' end of Hartmann's continuum, where pattern making and completing, metaphors, symbols and images are the currency, is the antithesis (and antidote) of Horney's 'basic anxiety': the release of our long-suppressed life-energy.

5.2.4. The Potency of the Sleeping Brain

Our waking life is only part of our lives, and we have seen how much involvement in our 'process' our sleeping brain has, particularly the processing of our unresolved primal trauma emotions (4.4.1.). We recall that the positioning of sleeping consciousness at the farthest point of Hartmann's 'continuum' gives the dreaming brain the most widely ranging access to all memory and unconscious content, with sometimes genius creative results, noted and marvelled at by so many writers and scientists: R.L. Stevenson got his *Jekyll and Hyde* story in a dream, Salvador Dali referred to his work as 'hand-painted dream photographs', and W. B. Yeats told how his play *Cathleen ni Houlihan* 'had come to him in a dream' (Van de Castle 1994, pp.11-13). Many of us have our own examples.

Mancia's research has revealed a particularly crucial attribute of dreams:

only dreams allow the symbolic transformation of preverbal and presymbolic experiences into something that can be “said”, expressed and accessed by consciousness. Only dreaming through its representations can create psychic figurability, helping fill the representation gap of the unrepressed unconscious. Sleep and dreams were, for Mancia, essential for the understanding of human mind and its treatment, when diseased (Imeri 2007, p.2)

Our dreaming brains are equally at work therapeutically whether we consciously recall our dreams, or not. As we have seen (4.3.2.): ‘dreams are part of a memory processing system ... [but] ... Nearly all dreams are forgotten, so most of this task is accomplished indirectly while we sleep’ (Leonard 2009, p.199; cf. Griffin and Tyrrell 2007, p.36). But if we do recall our dreams, recording, sharing them and working with them can greatly assist in our process, as all our stories, and particularly Kathleen’s ‘dreamography’, show. As we have seen we are being uniquely and intimately ‘related to’ by our dreams; we are having our most painful, fearful or terrifying emotions processed and integrated; and our brains are at their most creative in our dreams. Understanding now the crucial role of the sleeping brain in the newer lights of brain research and neuroscience, we are able to appreciate Johnson’s assertion (made before the advent of neuroimaging), that ‘the world of dreaming ... has more practical and concrete effect on our lives than outer events do’ (Johnson R 1986, p.19).

5.3. Evaluation

This *creative synthesis* is the culmination and conclusion of my heuristic inquiry, but there are other academic evaluations to make at the conclusion of my study and it is to these that I now turn my attention.

My Research Questions Revisited

To assist me to focus and organise my quest, I framed five questions in the early stages of my research. I can now, at the end of the research, evaluate how these have been answered by my text. I will address them in turn.

Question1: *What does it mean to say the self is a narrative and how can it be said to be fractured?*

I had to first explore the notion that we construct and understand ourselves narratively, and then, probing the roots of humankind, understand this as a fundamental human *modus operandi*. From this vantage point, I was able to go on to explain how and why I understood our self-concepts as containing our self-narratives and hence how and why

I had come to frame and use centrally in my study, the term 'narrative fracture'. I also came to understand the concept of a 'false self' as a self-concept containing a narrative of how we should be in the world, and as defensively formed in the event of overwhelming primal trauma. This way I came to my conjecture, made in the light of my personal experience, the autobiographies, and investigation of pertinent theory, that the self narrative that was in fact 'fractured' at narrative fracture was the false self's narrative.

Question 2: *What is the relationship of dreams to self-narrative restoration, and how does my experience and that of others help to explore this?*

I have provided evidence in the study that everyone (with the exception of recipients of some very rare brain surgery procedures) dreams, and I have elaborated - calling on pertinent theory from dreams laboratory work, neuroscience and electronically-enabled brain research - how dreams do their work in the therapeutic processing of psychic material, whether or not the dreamer is aware of this or even of having dreamed at all. The other authors' stories and mine have amply demonstrated the waking-life benefits towards self-narrative restoration, which can ensue from our attending to our remembered dreams.

Question 3: *What benefits towards narrative restoration may be psychotherapy-specific, in my own experience and that of my 'co-researchers'?*

As my research progressed and I made repeated re-readings of the other authors' texts I realised that there were in fact no details in any of them of their psychotherapy sessions, even though all of them had undergone psychotherapy, and had obviously benefited from it. My own experience therefore was in the event my only detailed source here.

My study does reveal the complexity of my and the other authors' 'process', being directed, as said, so much by unconscious processes, and it is very difficult to make clear-cut differentiation between the therapeutic effects of the different modalities. But the *relational* factor, which I have pinpointed in the above as paramount in the healing process, and which is intrinsic in different ways in each modality, as my study has clearly shown, is the very nucleus of psychotherapy; the analyst/analysand relationship is a unique dynamic. Miriam described this relationship as 'asymmetric', which pertinently is also accurate description of the mother-baby relationship. We saw in my accounts (My Heuristic Journey and 4.3.1.) how this provided a consistency of

'containment', which facilitated my gradual building of effective affect-management as chaotic primal emotions emerged. The confrontation/challenging of the 'false self' behaviours as they emerged, on the one hand, and the touching of the 'inner child' level on the other were, in my experience, psychotherapy-specific.

Question 4: *What are the benefits of writing down and sharing our self-stories in the service of narrative restoration, and may the findings be informative in examining writing down and sharing our dreams?*

As we have seen, when I undertook the writing of my autobiography in the course of my research, I found it to be the most excruciating experience, bringing shame and despair by turns, and I felt grateful at that dark time that it had but one solitary and so-empathetic reader. But the benefits of this ordeal were as extraordinarily positive as they had been negative. Deeply suppressed emotions were released. I came, we recall, to the shocking realisation of my almost total absence of self-reflexivity, then gradually came to experience, later to be comfortable with, and finally to feeling empowered by, this self reflexivity, as my 'process' advanced. I have found a rich cache of data from the theorists of the therapeutic value of self-writing, and my study includes enlightening examples from their writings. The benefits to self-understanding, comprehensively documented in the literature I have cited in regard to journal and diary-writing, apply also, as the other authors' and my stories illustrate, to writing down and reflecting on our dreams. The benefits of sharing my dreams are seen in my autobiographical pieces and 'My Experience of Psychotherapy 4.3.1. I had also hoped, at the outset of my research, to become part of a dream group in order to experience the group sharing of dreams, but time and opportunity did not allow.

Question 5: *What contribution can my findings make to the intersection of dream theory, theories of narrative fracture and the theory of creative writing for personal development?*

My research has benefited from the bridge between psychoanalysis and neuroscience, forged particularly by Fonagy and Mancia, and with bridge building in mind I have confidence that the syntheses I have been making may furnish some researchers in the three different research fields with which I have been engaged with a new and fruitful awareness of their mutually beneficial interconnections. I consider that I also make valuable contribution to each: For example, my location of creative and autobiographical writing at the 'dreaming' end of Hartmann's continuum of mental

functioning provides new understanding to the work in creative writing and personal development; my use of Mancia's theories of the unrepressed unconscious in investigation of my dreams makes contribution to research of the meaning-making aspect of dreams; and my story as example of the beneficial effects of autobiography writing alongside psychotherapy brings a useful addition to the psychotherapy literature.

Now what are the mechanics that enabled the answering of my research questions?

Reflections on My Methodologies

As we saw (1.1 and 1.2.) I felt it to be a potentially hazardous decision at the start of my research process to choose the route of a first person approach, and I had to keep focused on my ultimate objective: i.e. that I was on a quest to understand certain phenomena, real experiences which I had personally lived through. I was intent on making sense of, and making meaning from, it all. Prompted by Etherington's guidance, I turned first to establishing my ontological place, and thence to the epistemology; 'the theory of knowledge embedded in the theoretical perspective, and thereby in the methodology' (Crotty 2013, p.3). I ultimately established 'weak constructivism' as my epistemological stance (see 1.2.1.). I then considered how this stance informed the way I would do the research, and how I should view its data. My way of doing the research, as we have seen, was to take a first person, and multi-layered approach. I came progressively to understand just how tentative an approach I needed to take to the narrative data, bearing in mind that 'the narrative domain requires that we live with multiple interpretations of reality (Smythe and Murray 2000, p.327). With regard to how I should view my data, and how I could make a legitimate claim to knowledge, Polkinghorne was my foremost guide: He holds, we recall, that: 'The concept of validity is a "prototype" ... rather than a definitional concept. Thus there are degrees of validity rather than a claim being determined to be either valid or not valid. On this basis: 'A degree of validity or confidence is given to a claim that is proportionate to the strength and power of the argument used by a researcher to solicit readers' commitments to it' (Polkinghorne 2007, p.474).

My study, as we have seen, was not to be a solely retrospective inquiry: although the accounts of the three other authors were of course retrospective, I was still involved in the research *experientially* in my ongoing 'process', still involved with the experiences I was researching. Although my methodological choice of heuristic inquiry had come about quite intuitively initially, as I read Moustakas' account of his own heuristic study

of loneliness (see 1.3.1.), this ongoing nature of my 'process' was further indication of the suitability of this choice. Looking back over the development of the study, I can see that this choice, made from both the deductive and intuitive perspectives, has proved supremely suitable, accommodating and being aided by my 'process', with all the stages detailed by Moustakas naturally occurring along the way. And although these stages sometimes seemed quite chaotic at the time, hindsight has shown a steadily evolving, eminently fruitful progress.

Coupling this method with narrative inquiry has also proved a fruitful combination (see 1.3.2.) fostering my dialogic and reflexive approaches, as Etherington had found before me (Etherington 2004). Negotiating my way with the narrative inquiry was at times a difficult road. Despite the attention I paid to maintaining a tentative stance when probing the narratives of others, I have sometimes stumbled, become over-assertive – a hazard underscored by Etherington (2004, pp.63-66) – and had to revisit and rephrase some pieces of my text. Despite the pitfalls and these inevitable stumbles however, my research route has effectively, ultimately, achieved what I envisaged. Therefore I feel confident that, by taking these research routes, I have in this study arrived at enlightening new meanings and constructed enriched understandings of the phenomena I have been exploring.

Strengths and Limitations of My Study

Finally I must step back and take an objective overview of what I perceive to be the strengths, and also the limitations, of my study.

Perceived Strengths:

This is a *first-person* study, and I consider the assets of this approach to include: the unique value of the 'narrative voice', one unique perspective on the phenomena being researched, offering, when gathered with others' stories, cumulatively a very rich picture, as Nichols points out (2006). It is also a valuable story standing alone, potentially helpful and comforting, as I have noted several times in this text, to others struggling with the same issues.

This research project has taken a *multi-disciplinary* approach. I consider this has brought the *breadth* necessary to most accurately research and reflect the multiple facets of the experiencing of the phenomena researched.

This study has also taken a *multi-layered approach*, which includes the element of intuition. I consider this approach brings a broader, richer (I have used the term '3D') construction of knowledge, with the intuition bringing, importantly, a deeper level of coherence.

The *dialogic interaction* between theory, experience and reflexivity in this study has, I consider, brought again enhancement of understanding, and has the added beneficial attribute of 'drawing the reader in'; new knowledge being better apprehended this 'engaged' way.

A particular strength of the study I feel lies in the *syntheses* I have made between the different disciplines. The new perspectives thus engendered offer new understandings and also potentially new trains of thought for researchers in the different fields I have thus linked.

Finally I consider a particular strength of this study lies in it being an accessible model of first person research for quantitative researchers: As I have noted in section 1.2, many researchers in the so-called 'hard' sciences are now recognising the need for first-person input to their third-person research (see 5.4.2. below), and I have had several inquiries from quantitative researchers wanting, for this reason, to read the thesis when completed.

Limitations of the Study

There are however limitations intrinsic in some of the above-listed strengths.

Some of the value of *first person* accounts comes to be fully accessed only when considered within a collection of others (Nichols 2006).

The *multi-disciplinary* approach cannot help but be 'too shallow'. As I elaborate below (5.4.) I have been unable, both on account of space constraints, and of maintaining the overall coherence of the study, to research deeply enough into *any* of the disciplines I have explored. To specialist researchers in any of those disciplines my research in their field will no doubt fall short, whilst for those outside these fields I may not have

conveyed sufficient knowledge for understanding. Multi-discipline is a difficult research path to tread.

In respect of my *multi-layered* approach: in my use of ‘textual co-researchers’ I relied solely on these authors’ published texts. This was because I felt their experiences of the phenomena I was researching were most viscerally captured therein; that their present-day recollections would have the ameliorating patina of later-years’ wisdom. The limitation inherent here is that I can only use the texts for comparing similarities with, and differences from, my own story, and can only make conjectures on points which appear very strongly indicated by their words, conscious always that ‘the narrative domain requires that we live with multiple interpretations of reality’ (Smythe and Murray 2000, p.327).

5.4. The Wider Story

This feels more like the beginning than the end of my study: it is as if I have been exploring a long much-charted river by identifying, and examining together, different tributaries of it, and not been able, on account of time and space constraints, to journey as far as *I know they warrant* down *any* of these tributaries. This piece of research must remain as it stands. I consider I have sufficiently substantiated narrative fracture as potentially beneficial, fruitfully explored four examples of ‘decomposition’ and subsequent processes of ‘recomposition’, alongside the attendant theory, and foregrounded four aspects of our shared humanity from the study, which seem to me the most enlightening perspectives from which to view the whole picture. I trust as I lay down my pen that I have made a valid argument to foster clearer recognition of inner realities and clearer appreciation of the three therapeutic modalities in light of this:

A degree of validity or confidence is given to a claim that is proportionate to the strength and power of the argument used by a researcher to solicit readers’ commitments to it (Polkinghorne 2007, p.474).

Now, before this study leaves me and enters the public domain I must outline the paths of further research I intend will proceed from it, and identify its perceived recipients.

5.4.1. Further Research

What is new in my study is the account of my own experience, and my placing of this in relation to my three co-researchers’ autobiographies. New too are the different

syntheses amongst the different fields that I make towards my objective of bringing new understanding of the crucial factors involved in 'realisation of the self', to use Velman's words (see Introduction). The subject matter of this study warrants further research, whether by myself or others, as follows:

In Utero Relational Development

Perhaps not surprisingly, given my own beginnings, I have particular interest in the antenatal stage of infant psychological development, which it was not pertinent to deeply probe for this study. The beginnings of the primary relational bond lie *in utero*, and I have a special interest, in this regard, in Mancia's research on the impact of the mother's voice here (Mancia 2006, pp.100-101). The majority of extant research into the uterine state relates to medical subjects, e.g. effects on foetal growth of such physical stressors as mothers' alcohol, tobacco or drug ingestion. There is obviously caution about any physically potentially risky research at this delicate antenatal stage, but this is a very important area that seems to be currently little researched. I consider the research route of dreams, in light of Mancia's work on the unrepressed unconscious, will be a potentially very fruitful one.

The Relationship Between Thought and Feeling

My and my co-researchers' stories all demonstrate emergent physical illnesses, which we each connected, to different degrees, with psychological factors. I would like to further research this subject of how our thought patterns affect our physical condition, in more depth than this current study has allowed, particularly through the lens of Damasio's work.

The Power of Image

My awareness of the power of image has grown through this project, and I have come to personally appreciate this power as key images have encouraged or inspired me along the way, e.g. the two laughing girls on the train. Photographs can, it is becoming increasingly recognised, play a significant part in our sense of self-identity, and the important new discipline of Phototherapy is producing exciting new data on this therapeutic use, which I am keen to explore (Weiser 1999, Savolainen 2008).

The Role of the Numinous/Spiritual in Human Well-being

This present study lays solid foundations as springboard for this subject. Whilst Jung has been foremost proponent for me there are many present day researchers exploring in this field (e.g. Bohm 2002, Radin 2006, Sheldrake 2012). Particularly pertinent for me is the work of researcher and lecturer in Education Kate Adams exploring the spiritual dreams and spiritual awareness of children (Adams 2003, 2005; Adams et al 2008).

5.4.2. Benefit of This Study for Others

My final research question asked what contribution my study could make to the intersection of dreams theory, psychological theory around narrative fracture and the theory of creative writing for personal development, and I have detailed in 5.3 the possible contributions this work may make to those different disciplines.

Aside from those discipline-specific points, I particularly I envisage that this study will provide valuable information for the burgeoning numbers of quantitative researchers (e.g. the work of Pennebaker and others quantitatively researching the effects of 'expressive writing' [Lepore and Smyth 2002]) now recognising the need for first-person input to their third-person research.

My own story is an example of the absence of primary bonding. My 'eyes averted' was not just an unfortunate lack, like e.g. the inability to swim; it was, as we have seen, a profoundly devastating disablement, the psychic equivalent it might not be unreasonable to suggest, of physical paralysis, but importantly an *invisible* disability, which in a quiet, compliant adequately performing child went unnoticed. And we might make similar such comments regarding my three co-researchers. Very aware now of how the emotionally disabled child becomes the emotionally unavailable parent, my other particular objective is to bring, through usefully different perspectives, a broadening of understanding for those who are professionally involved in the care of children, or of adults experiencing a life crisis, a narrative fracture. These new perspectives illuminate how a feeling self is lost, and how it may be regained. There is scant awareness still, in my experience, of the reality and relevance of a mind/body interconnection, of the involvement of one's psyche in one's manifesting physical state. Surprisingly scant too, it seems, even among professionals whose job it is to deal with criminals, is understanding or consideration of the profound impact of early-years

experience on later behavioural life. I envision that this study may assist such carers to be more informed in interpreting behavioural clues.

A recent study by Clara Hill (an analysis of the use of dreams in psychodynamic psychotherapy) speculates that 'more specific training might help therapist trainees feel more comfortable delving more deeply into unconscious dream material' (Hill et al 2013). I would like similarly to enable carers to be more comfortable with listening to, understanding as relevant, and talking about, their charges' dreams.

Ultimately, regarding my 'personal crisis as a significant example of the human situation, and hence as representative, useful, and worthy of public attention' (Chandler 1990, p.17), I end by reprising Nichols' words: 'Only by beginning to describe and correlate first-person accounts of the process can we begin to develop a meaningful body of knowledge' (Nichols 2006, p.35), and reiterate that this study essentially belongs in that body of knowledge, because, trite to say, turbulent to do, 'Reader, I lived it'.

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