

**THE SPIELZEIT APPROACH**  
**AN ATTEMPT FOR UNDERSTANDING THROUGH THE SEVERELY ILL CHILD**  
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**ABSTRACT**

This paper aims at presenting an outline of the main conceptualizations and clinical experience of the work carried out with mentally or physically severely disabled children.

The main assumption is that any human being, even the most disabled child, must be seen as an intelligent adaptive transpersonal “system”, which cannot be approached just with a causalistic approach (as in behavioral modification therapies), but that must always be considered as goal-oriented. Goal-orientedness will be linked with the fundamental role of affects/emotions and with intentions.

This differentiation regarding individuation is based on what the authors have called Top-down and Bottom-up complementary series which not only allows us to integrate Jung’s point of views on individuation and goal-orientedness with Winnicott’s findings, but also to theorize the legitimacy of two forms of assessment, which the authors have called *convergent and divergent assessments*, which are deeply connected to individuation.

The authors will discuss the relevance of autopoiesis, automorphism and emergence as fundamental tenets to approach and understand the psychosomatic development of the child, and the main role of the therapist as a non-expert researcher who must learn and be guided by the child to draw hypotheses the intentions that guide on his/her behavior.

A phocomelic child, born with no arms or legs, has an ill body-schema. Nevertheless, his body image may be completely healthy and satisfactory like that of a non disadvantaged person.  
*Françoise Dolto, “L’image inconsciente du corps”*

The discussion that will follow aims at describing what theoretical paradigms and clinical methods we have found to be effective in the work we do with our severely challenged patients at the Spielzeit center in Zurich. While the view underlining our research is Jung’s Analytical Psychology, at the same time we wish to show how much the Jungian paradigm is coherent with the most advanced models used in developmental psychology today by authors such as Daniel Stern, Edward Tronick, Colwin Trevarthen or the Bostonians Louis Sander and Stanley Greenspan. It might be worthy to mention that it was particularly our clinical work with severely challenged children that brought about the great significance that Jung’s pioneering psychology has for them too, even if he scarcely worked with children. We want to stress that when we started to work with our severely challenged young patients we tried to rid ourselves of any pre-conditioned theoretical model, and with any specific methodology. We tried to be as open as we could, with our only aim being that of helping such seriously challenged patients who were often dismissed by other structures, of course with the implication that our mind was, anyway, full of pre-judices.

**HISTORY AND DESCRIPTION OF SPIELZEIT**

Spielzeit is a private non-profit therapy center that was founded in 1984, when a team of psychotherapists developed a research project in conjunction with the Children’s Hospital of Zurich, Switzerland. For many years we worked in affiliation with St. Mary’s University of Minnesota and other foundations. Today we are an offspring of the *Marie-Louise von Franz Institute for Studies in Synchronicity*. We continue to work in

conjunction with inpatient clinics and children's hospitals, private physicians in the Zurich area, and governmental and private agencies responsible for psychological and psychiatric treatment.

In these last fifteen years we have treated over 300 patients. Our main treatment population has included patients from 2 to 21 years of age, suffering from all kinds of trauma, congenital disability (activity limitations) and congenital handicaps (participation restrictions).

With this kind of patients there is an interesting issue that involves us Jungians in a specific way. As a matter of fact, due to their cognitive impairment most of them have a very limited symbolic production. As a matter of this fact most of their expressions, at least in the first phases of intervention, may be often limited to sensory processing and motor activity, which, of course, can be interpreted in a symbolic, i.e. meaningful way by the psychotherapist in order to foster, as we will show later, a further potential symbolic development. As Jungians, we think that this limited symbolic production which is typically expressed in "normal" children of the same age does not exclude a work which can still be based on a genuine and coherent Jungian model.

Therefore, in this lecture we want to share with you what kind of principles and methods we have been devising and what results they have brought about. So, even if we have a quite impressive amount of material on symbolic play, and even if a lot of our work actually deals with more typical symbolic therapy - like storytelling, role-play, puppet play, sand play, etc. - we wish to focus on the situation of a child whose development does not allow him to clearly symbolise, talk, or, even to accurately and harmonically perceive and physically move his body.

### **IS AN IMPAIRED SOUL A WHOLE SOUL?**

Our starting point, in regard to severely disabled patients has to do with the need to study the psyche of the disabled and handicapped in an unprejudiced way. "Unprejudiced" in this regard points to the fact that the ideas we commonly have about children's development originate from social interaction with healthy, and not challenged children. LEMPP (2002) incisively and self-critically points out an obvious consequence dominating professionals and non-professionals: The experience of strong or severe physical deficits automatically creates illusions about a seemingly reduced or distorted totality of psychic operations, i.e. the Self. As a matter of fact, many of our young patients come to us after having been defined?, diagnosed? or perhaps *labeled as nicht therapiebar*. This word is difficult to translate into English. For example, if we refer it to another field of experience, we may say that an apple is *nicht essbar*, i.e. "not edible". Therefore these children, like the pre-Secheaye psychotics in the analytical setting, are considered incurable, unable to be recipients of psychotherapy for some intrinsic, structural defect, or perhaps some *deformity of a truly human nature*, as if I would tell a human being that he cannot fly, since he has no wings. Yet, here we are not talking about eating or flying; we are talking about being or not being *psychic*, which means *having a soul; being wholly and intrinsically human*.

Fausto, also called "E" by other children in the center, was nine years old when referred to Spielzeit. He was a Down-syndrome child diagnosed as severely mentally challenged and functioning on the lowest functional/relational level (for instance, he showed no sphincter control) within the autistic disorder spectrum. Fausto's expressions were dominated by stereotyped behavioral patterns while he was nonresponsive in any communicative way that we could perceive to any input we would give him. His only phonetic answer to any active approach (if he responded at all), was just this: "EEEE". Fausto had been previously approached with therapeutic pedagogy and with cognitive-behavioral programs at the school for special education, with very little success. Even the highly specialized professionals at his school felt that it was somewhat hopeless to approach him with *any* method, even though they did feel that he should be reached somehow.

We wish to stress that such educational / rehabilitative practices, much too often aim exclusively at eliminating the symptom and reshaping the little patient, therefore implying that his temperament is somehow a "devious deformity of human nature". This is done most often by considering him the passive recipient of a proper educational rehabilitation and actively training him to comply and get closer to what we think a more normal and socially adapted challenged person should be. Therefore, the first issue we are raising now is the conceptual leap between: "I cannot treat him, you cannot treat him, no one that I know can or could treat him" to "he is essentially (and we are using this adjective in its philosophical sense as of deriving from some

essence) untreatable". We must focus on the difference between not being able to perform something - together with the possibility to be trained or shaped for such a performance, which is a matter reserved for what Winnicott called the False Self -, and *not being intrinsically sufficiently psychic*, which refers to what he called True Self.

### **TOP-DOWN / BOTTOM UP: CAN A SEVERELY IMPAIRED CHILD BE ON THE WAY TO INDIVIDUATION?**

Jung divided life in two parts: in the first, the Ego is formed and the soul would incarnate in this world. This, Jung did not believe was individuation yet. Quite unfortunately, all our patients are within this area, as their psycho-somatic Ego is definitely severely wounded, and it may well be that many of them will not develop any sophisticated symbolic production during their life. Our position (and, of course, we are not the only ones), is to extend the concept of individuation to the intrinsic rhythm of de-integration / re-integration of the Self, without any clear division between a first part of life, in which Ego formation and Ego-consciousness is established, and a second part during which a process of transformation of consciousness from an Ego consciousness to a Self consciousness takes place. In our view, individuation is a process that literally has no beginning, because it is present since the beginning: in fact, since the first appearance of a living system on Earth. As does Kerenyi, we propose to consider individuation as the Greek *Zoé*, the Dionysian generative life-force flowing throughout living/complex matter.

Such a process is a continuous process that unfolds evolutionarily. Therefore we may say that, yes, there are various degrees of individuation: the dog is less individuated than the Bonobo, and the Bonobo may be less individuated than a human adolescent, and perhaps the latter might be less individuated than a Zen master at the peak of his spiritual development, when he finally has reached the point of refining his mind into the mind of a beginner. Yet, such a description must be put in perspective. In order to do so, we want to introduce two concepts: 1) Individuation as a **Top-Down** process, as Jung does, for instance, when he speaks about archetypes, and: 2) individuation as a **Bottom-up** process. It seems to us that Jung's best companion in this two-fold process is Donald Winnicott, whom we consider a sort of a twin Bottom-up partner for Jung's Top-down model.

Here the point is that for Jung the archetype *finalistically pulls from the future* all development. As a matter of fact, for the Top-down series we approach archetypal images as highly sophisticated symbolic representations emerging from the psyche, and we treat them, as Jung also does with dreams, *en masse* and not *en detail*.<sup>1</sup> In parallel, starting now from the causalistic bottom, for Winnicott the question is *how* this image, this complexity, is actually formed by its parts. So, the concept of the True Self<sup>2</sup>, as described by Winnicott, complements from the Bottom-up series that of the Self as described in a Top-down fashion by Jung in *Aion*. In fact, Winnicott offers us a wonderful model to envisage *how* the potential True Self *comes into existence* with the description of the object-presenting paradigm, that we like to call *the Cinderella paradigm* and which shows, from the bottom-up approach, *how the potential highly complex bodily/spiritual Self is formed*. So if Jung is absolutely right in saying that it is the mother that resembles the earth, and not the other way around (*Symbols of transformation*), it is at the same time true that Winnicott would be right in saying that in order for this truth to come into life, we need a specific mother, who must perform a highly delicate task within the peculiar complex system defined by the infant-mother dyad.

Such a principle may be referred to Von Franz's discussion of the relationship of the ultraviolet and the infrared areas of the psyche, as being one contained within the other.

We see the severely disabled child, no matter how severely impaired he may be, as "containing" a whole potential True self, as any other human being. As we will see later, we may conceptualize such a child as a highly complex living system, or organism, which, by definition, contains all that he needs to look for a quasi-stationary balance pushed by causes and pulled by aims, provided, of course that such an organism is transpersonally embedded within one or more contexts, such as what we call, the "mother", or the mother/father, or the therapist.

Here one point is very relevant, and we want to stress it. The important Winnicottian concept of *potential*, as applied to the True Self and to the "potential space", complements the truly ingenious view by Jung of the constellating character of the complex as a "preparation for action"<sup>3</sup>. As a matter of fact, exactly like

Winnicott, Jung imagined the psyche as fundamentally moved by some inner inclination (some finalistic attitude) for *something that should happen*, and that should happen “rightly”. The foot is constantly waiting for the shoe, as the shoe is waiting for the foot. No one knows anything more than the waiting, but, following the archetypically constellated potential field, only *that* shoe will rightly fit *that* foot. So, when they meet the outcome is threefold: 1) the decrease of tension given by the reintegration of a primal unity; 2) the formation of a *higher* complexity, since the two (shoe and foot) may become a one, but at the higher and more differentiated level of the three, which will be now formed by foot, shoe and the feeling (and representation) of the connection between the two. The final result is: 3) the “*feeling good*” that arises after the needed-object has been presented in a good-enough way as in Sameroff’s model of the *smooth functioning* of the thumb-to-mouth schema (1984). As a matter of fact, a higher complexity, which was expected or needed, *feels good* when it is actually reached. This is one of our basic tenets for our therapeutic empirical approach. Of course, we should clearly differentiate the healthy integrative movement of any complex in action, from the disturbed or neurotic projecting of the complex’s expectation onto an object. As von Franz would say, the projection is just the first, polarizing aspect of a cycle that should end with re-collection. It is *then* that the transpersonal Self fully blooms into that sacred experience that we call a *relationship*.

### **KEEPING THE OPPOSITES RELATED: A DOUBLE PERSPECTIVE OF ASSESSMENT**

In order to deal with a severe impairment or deficit, we cannot just ignore or minimize it; we ought to make some assessment; some diagnosis. Now we would like to tell you what is our position regarding diagnosis.

We distinguish diagnosis as being part of either a **convergent** or a **divergent process**.

Our definition of convergent diagnosis measures *the distance between the state of a variable in a moment in time referred to a collective ideal*. We immediately must stress that here *ideal* does not mean *great, supreme or best*; in fact, an ideal is, quite on the contrary, often considered as being the normative, collective, dominant value. This is, for instance, the case of all psychological testing, and of 90% (as Stanley Greenspan reports) of diagnoses carried out in children and adults.

When we think of individuation as an unfolding process that in a spiral-form proceeds towards an ideal goal, we are using such a convergent diagnosis.

Divergent diagnosis, on the other hand, considers, in a Vygotskjan manner, what is the *potential* of the individual, and how far within the proximal developmental potential space the individual has gone and may go.

Both approaches are useful, nevertheless the divergent approach is directly linked to what we think individuation is, and has the advantage *not* to run two risks:

The first risk is the ethical one. If referred to an idealized ideal, the convergent diagnosis produces an elitist view of human beings, divided between those *more* and those *less* individuated. When Jung, like Nietzsche, says that nature is aristocratic, he is right, but there, we think, he also falls into a tragic Darwinian paradigm that selects the most and least fit, making the least fit also somehow less human. This view is the *opposite* of individuation, which by definition is centered on the individual’s intrinsic potential, and not to mass-concepts as “nature” or “norm”. Such a view is contradicted by the fact that an impaired body schema may not hinder a potentially healthy body image.<sup>4</sup>

The second risk is that, if referred to a normative ideal, convergent diagnosis automatically interprets as sick the severely challenged patient, just because he does not *conform* to such a norm. This is what testing does, what DSM describes and what basically most rehabilitating interventions, like some cognitive-behavioral therapies, tend to do. As a matter of fact, with the best of intentions they run the risk to shape the best False Self possible, hoping that at least the patient will be able to survive. Yet, surviving does not mean living. This may happen when one tries to just modify behavior. On the contrary we must consider the highly complex series of conditions that eventually will bloom into a “behavior”. If we do consider such conditions, we will have to try to match the following activities of the patient’s Self’s:

- a) a *primary impulse* (Winnicott), or *primary endogenous activity* (Sander) which produces
- b) a finalized *initiative*, that thus organizes
- c) the exchange between the organism and its surroundings, in which the “organism or context is being modified” (Sander) and that
- d) expresses itself through a behavior, which will eventually express

e) agency.

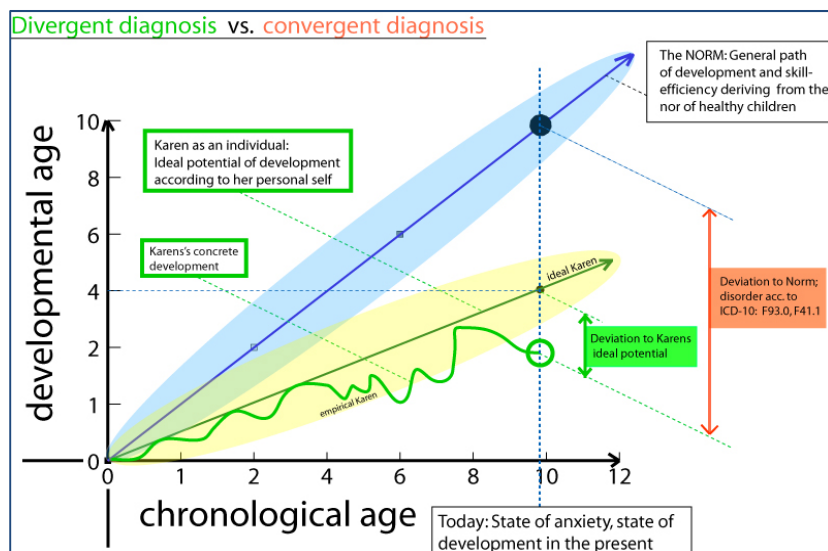
In the dialectic manner that Jung recognizes as the key element of any psychotherapy between any patient and therapist, the behaviors produced as an outcome of such a refined process, and which ultimately expresses the Self's agency, refer to *both* parts of the transpersonal/interpersonal system:

- i) the organism (here the patient) and
- ii) the environment (here the therapist, the family, the school, etc.).

Through convergent diagnosis, looking just at the behavioral level and output will not tell us anything about the cogency or meaning of the specific behavior we are assessing, and perhaps modifying, in relation to the True Self's intentions and aims. As a matter of fact, a behavior might be dissociated from the "primary impulse", and will never express any true non-reactive agency.

Of course, convergent diagnosis is easier. A 10 years old child comes to you and you observe her behavior: she refuses and resists leaving her mother in order to go to school; she is constantly stuck near her. Or perhaps a 8 years old boy who cannot concentrate and is always hyperactive. A convergent diagnosis will perhaps speak of separation anxiety, or of ambivalent attachment, or of ADHD. Maybe this will be done through a test, or by taking a look just at the patient, split off from his/her environment, perhaps within an alien environment, which we call psychological laboratory, or hospital. On the contrary, what a divergent assessment does is a longitudinal, quasi-naturalistic ongoing enquiry on who this specific child is, on his specific needs, reasons, etc. that transforms a symptomatic behavior into the best possible attempt to restore a broken quasi stationary systemic equilibrium.

Once again, we must stress that convergent diagnosis may be useful for epidemiological reasons, but only within the deeper therapeutic scope of the divergent one.



### THE UNFOLDING OF THE SELF AND THE SUPERIORITY OF THE INFERIOR

For Jung individuation, development and psychic life spring from the relationship between opposites. A very important manifestation of the interplay between opposites is between what Jung called the *inferior* function and the *superior* (or auxiliary) ones. Of course, here, before an audience of analytical psychologists there is

no need to recall what crucial, fundamental role the *lapis exilis* –the stone that is thrown away- has for psychic life and individuation. The structure of the sigyzy of inferior/superior is, therefore, not necessarily related to the theory of psychological functions, which is just one of its possible applications. It becomes evident that it is precisely the outcast, undeveloped, hurt, disabled part of the patient's Self that must be somehow considered the cornerstone of the whole endeavor. We want to quote a passage by the pedagogue Schlaich:

[From an Anthropological point of view the ...] severely retarded person is not a devious deformity of human nature but on the contrary an exemplary form of existence of human life.<sup>5</sup>

This means that, far from idealizing the symptom or any inferiority, while suffering them we must abstain from trying to get rid of them, otherwise we are looking not for *completion*, but for *perfection*. Getting rid of a symptom might involve losing the deepest motivational impulse coming from the patient's Self.

Since all our work is based on the patient's respect and support of his Self within his individuation process, it is now time to take a step further and describe what we actually mean by "Self".

In order to harmonize the recent literature deriving from the *observed child* with our *clinical child* (as D. Stern would say), we propose to distinguish a **structural Self** and a **representational Self**. The first may be conceptualized as a semi-open quasi-stationary ecological complex system, while the second is the emergent area in which consciousness and self-reflectivity arise. The main psychic structure that organizes representations, self-reflectivity, and higher and more qualitatively differentiated forms of consciousness is the Ego, although the core of the representational Self is scattered into each structural complex as the *luminositas* which appeared to the alchemist under the form of *oculis piscium*.

We think that the distinction of a structural Self is legitimate because we believe that Jung was indeed a gestaltic/systemic thinker *ante litteram*. As a matter of fact, if we consider the three fundamental tenets of any complex system: 1) **self-organization**, 2) **epigenesis** and 3) **emergence**, we may recognize them as fundamental descriptions of how the Jungian Self works, provided that we add to them a fourth principle which Neumann called 4) **centroversion**, which in our view is strictly bound with **reflexivity** - one of the five fundamental motivations that Jung describes in his essay of 1928 entitled *On the energetic of the soul* (the others are: hunger, sexuality, activity and creativity).

The systemic nature of Jung's model may be proved by underlining four fundamental dynamic features of his idea of the psyche's functioning: a) the relationship between opposites, b) the law of compensation, c) the entelechial (epigenetic) way the Self unfolds in time, d) the description of the Self as an emergent "central archetype".

Let's examine the issue of the relationship between opposites first.

A moment ago we quoted an example of the structure of the psycho-dynamic process when we referred to the fundamental relationship between a specific pair of opposites, i.e. that of inferior/superior. Now we may underline the fact that these opposites are often *compensated*, i.e. they are always in a peculiar constant relationship which, in today's language, we may call *feedback*. Within this perspective, the fundamental form of any pathology is *dissociation*, which in simple terms refers to a malfunctioning of the feedback between the opposites, or, we may better say, a defect of the harmonious process of interaction of the multiple components of any complex system, such as that of conscious-unconscious, or patient/therapist. **Soon we will go back to this systemic idea, that defines the Self as a transpersonal system encompassing all opposites, like subject/object, or organism/environment, because this idea is fundamental for the work we do at Spielzeit.**

Now, in this room each one of us has inferior parts, perhaps definable as "Shadow-parts", "inferior function", or whatever you may. Often, such inferiorities are dissociated, and, Alas!, projected to *co-create an environment*. Some of us, with alternative success, may sometimes be forced not to compensate anymore, but to try, or to be compelled to form a *third* symbolic formation out of such painful oppositions. What promotes differentiation is the inferior opposite.

Well, if we think of our severely challenged children, we must admit that their inferiority within a convergent diagnosis screams out. And this is the very reason why they truly represent the quintessence of being *human*. Unfortunately, as we have seen, it is all too easy to project the *inferior* onto them, and, then, approach it as something that must be *compensated* by a better behavior.

Another structural pair of opposites, fundamental for any psychological work, is the relationship between a subject and his object or environment, since what psychology describes as the “relational”, or “interpersonal”, or “inter-subjective” fields, are empirical manifestations of the transpersonal nature of the System that we called *structural Self*. So, this structural Self, as a relationship of opposites, cannot be really thought just *within* a person, but must be conceptualized as formed by such empirical oppositions springing from its own transpersonal nature. Therefore, following Maria Prophetissa, we do not have a subject *plus an environment* (this is the interpersonal view), but an immanent systemic structural unity which undergoes a process of de-integration in always more complex ways. Such de-integration emerges as *an polarization of organism and environment*, which we usually call “interpersonal field”. The organism and the environment are *reciprocally included*, as Bion, -here Jungian and alchemical at his best- described when discussing the container/containing relationship. For such a reason, if Winnicott said that nobody had never seen a child, but only a child with a mother (an object-environment), we may add that no one has ever seen a psychotherapist without a patient. Therefore, if a child is imagined as non fully human, the psychotherapist surely will not be. So, in working with our children we cannot consider them as separate disabled entities within a normal world: *we see our work as a systemic co-evolution between us and them and the worlds that we carry within ourselves*. In strict structural terms, we cannot split the child from his interpersonal field, i.e. from us, as if she were a Self *plus* our Selves. Following our view, we can speak of one structural Self which comprises the opposites of subject/object (the child and us as his objects). **Our efforts will be devoted to hold this systemic structural Self and promote a higher differentiation and complexity, since it is from such a complexity that the representational Self may emerge in differentiated ways both in the child and in the therapist. In order to do so we will *not* try to change the symptom.**

#### **FAUSTO, A CLINICAL EXEMPLIFICATION**

The following example of Fausto, whom we already talked about earlier, may illustrate the promotion of such a process in the initial phase of therapy. Fausto spent the first hours in therapy idiosyncratically sitting, tossing and turning on the floor, and rejoicing "EE" while the therapist and the therapy assistant matched his movements by mirroring them. Of course, the therapist was not doing just such a mirroring, but he was also exploring for more complex interactions within this highly specific complex situation which we have just called “transpersonal *structural Self*”, and which was made of: 1) all of Fausto’s expressions, 2) of the therapist’s inner states and actions (if you want: his *transference*) and 3) of the inter-subjective relationship between them in: 4) the therapeutic environment.

When we speak of Fausto’s expressions, we refer to our analysis of the roots of agency that we have explained before, where we carefully analyzed behavior as a final product of the primary impulse from the “inner Self”. For the therapist’s inner states and actions, we refer to the therapist’s contribution that come from his scientific knowledge, which, for instance, sees that Fausto has a sensory or motor deficit (in this case a vestibular deficit), within his inner emotional and imaginal world, which must be involved with Fausto.

During the years, we have constantly found that such an involvement, such a *coniunctio*, is and feels ambivalent, because, while the therapist feels the patient, he also starts feeling his cross. In Fausto’s case his cross in this specific moment in time was his being imprisoned in his perseverations. This complex situation of patient plus therapist is the product of a *One* that has become a *Two* that relate with each other within a *Third* psychological space which we all call *inter-subjectivity* (Maria Prophetissa). If this complex inter-subjective field is established the therapeutic contribution has to do with the ability of the therapist to keep track at the same time of his own specificity and of the specificity of the patient, in order to foster the emergence of a further step that the patient by himself could not take. As a matter of fact, without the therapeutic initiative the patient’s self is in a homeostatic persevering state, with no capacity to grow. If this inter-subjective transpersonal field has been constellated, with the therapist’s contribution the system will eventually be able to follow the basic principles of any living system: **self organization** and **epigenesis**, until a wholly new or-

ganization will **emerge**, when the therapist will be able, by feeling and thinking the right hypothesis, to hold and foster the germinal impulse that the patient is already producing in his homeostatic symptomatic state.

All of this is contained and organized within a highly peculiar environment which must have the maximum number of qualitative potential experiences and resources (toys, spaces, time-frames, objects, colors, therapist's actions, etc.) that the patient might eventually recognize as shoes for his foot.

Now let's go back to Fausto. At one point Fausto touched upon a little basket on the floor of the playroom, and kept on with the same stereotypical behavior. Now, we must pay attention: in this moment the structural homeostatic self seems adding a new *potential*, because Fausto now *touched* the basket, yet he did not *integrate it into his actions* (i.e. within the complexity of the Self). It is at this moment that the therapist's contribution becomes paramount. As we will see, it resembles what in physics is called "input for a catastrophic event". As a matter of fact, what we had been witnessing so far was something like the flame of a candle, which vibrates, splits, decreases and increases, yet always goes back to its homeostatic shape. The therapist's input, if it is the right shoe for the patient's foot, will help the flame to grow into a wholly new form and organization.

So, we handed this basket to Fausto, as we got similar ones for ourselves. Fausto, as did we, flipped his basket in the air and shook it up and back, until he started to investigate it by touching the inside and perhaps the possibilities of what could fit inside the container. As you may see, this is not just a literal basket, but it is also a potential psycho-somatic experience of inside-outside that is becoming real. The closest object to Fausto was a tiny pillow from a playhouse on the floor. He took it and started to use the basket as stepping stone to toss the pillow into the air. As you may see now the complexity is increasing: Fausto is integrating more objects within his organized play, and learning how to *use* the basket *for the pillow* and vice-versa. On one occasion the pillow fell towards the therapist, which Fausto acknowledged with intensifying his "EE", and laughing delightfully (this is what we called the "feeling good" of a more harmonious and creative new experience). This is a clear sign of the self-organizing power of a transpersonal system, which is now ignited, since these objects are constellating, for Fausto's Self, the therapist's existence within a more complex, now truly inter-subjective field.

Fausto now started to use the basket and throw the pillow again towards the therapist. Consequently this was encouraged into a chucking game, randomly tossing the pillow among each other. As a matter of fact, at first the therapist acknowledged, held, participated and *deeply enjoyed* the randomness of the tossing (not only Fausto was increasing his ordered complexity, but so did the therapist within his transferential *coniunctio* with him).

After a while, one of the two therapists offered a new potential input by proposing that the tossing be in a more orderly way: a clockwise rotation. Which Fausto immediately picked up as his shoe for his foot. We are here witnessing a very important element of a spatio-temporal organization and polarization by lateralization, as Fausto is building new rhythmical series in an organized way that discriminate right from left, *while sharing it together* with another person.

This game was continued for two more sessions, until Fausto became interested in searching for another object. The formal pattern we have described before was now repeated at another still more complex –now fully symbolic-inter-subjective level. As a matter of fact, Fausto found a small play figure, a Donald Duck (quite a mercurial character!), and continued the throwing game. Now the mute object of Donald Duck was *matched* by the therapist in a complementary way by adding the characteristics of Donald Duck's squeaky voice and rascal behavior, animating Donald to run away from the basket and doing silly things until Fausto could trap him and throw him again into sequence with the baskets. By so matching, while adding some of his personal contribution to the now symbolic play, the therapist was fostering the restructuring of the transpersonal Self into a more complex fashion in which Donald Duck, now integrated between them somehow like Ogden's "analytical third", would represent their inter-subjective relationship. It was at this point that we could witness a catastrophic transformation, -i.e. a creative change that is at the same time: a) *global*, b) *sudden (kairotic)*, c) *unforeseeable*, d) *irreversible*, and: e) *discontinuous*. As a matter of fact, Fausto's autistic idiopathic stereotyped behavior vanished at large from now on, and he, popping into a more sophisticated and related level, became interested in finding random ways to inter-subjectively interact.



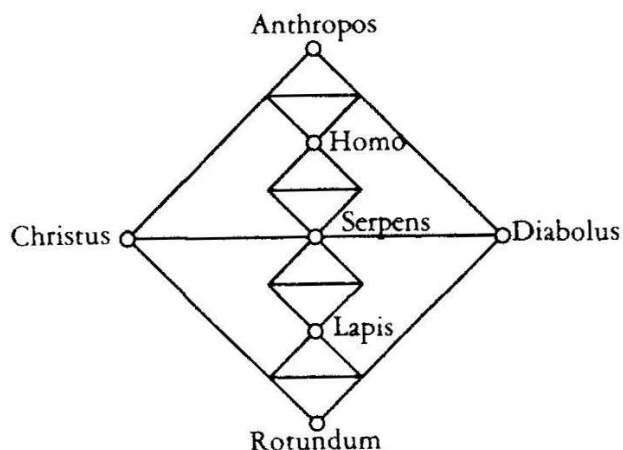
## DIFFERENTIATION, CHANGE AND TRANSFORMATION

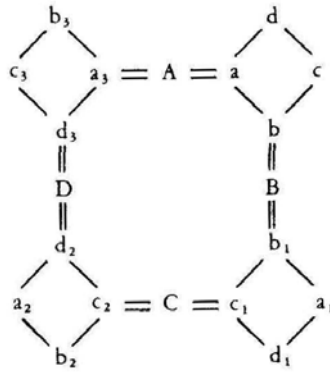
What we have just witnessed is an evidence that the *Self is an epigenetic, dynamic structure that emerges organizing itself around a center*. As it was always Fausto who *found* the potential seeds for his own growth, nobody can decide from the outside what path a Self will take, as its development is a self-organizing emergent process. Therefore, our effort as psychotherapists working with children whose psychosomatic Ego is severely challenged, is the following: to foster the intrinsic potential self-organizing/epigenetic process of differentiation from which, by centroverson/mirroring the representational Self may emerge towards higher forms of more encompassing consciousness.

In such a view, our efforts are ultimately aiming at supporting such a process of emergence, which we would like now to define.

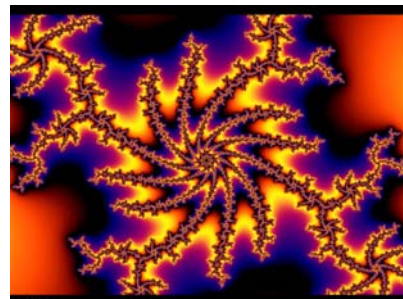
Following cybernetics, we differentiate two discontinuous degrees of emergence: 1) **Emergence as first degree change and compensation**, i.e. as a morphostatic perseveration of a present state. This is what we described when we said that Fausto was in a homeostatic state. Within such a state we could witness new potential inputs, which are not able, without the therapist's contribution within the transpersonal Self, to produce any growth. The symptom satisfies such an organization, while it also potentially pushes for the *second* possibility of Emergence, which is: 2) **emergence as a second degree of morphogenesis**, which transforms the old state into a new organization while at the same time expresses the old state, which we call *Self*, in a new, simpler, and yet more complex and richer form (for instance the shift from random to orderly tossing, which is at the same time simpler because more organized and more complex because it expresses rules). With our patients such a transformational push by the symptom is clear as it is the precisely the symptom which constellates the therapeutic environment. In Fausto's case it was his autistic symptom which the therapist matched in order to voluntarily interact within their transpersonal Self. The result was a more complex and richer form of inter-action.

A striking Top-down description of this process of emergence by self-reflection may be found in Jung's *Aion*, when he discusses the quaternary unfolding of the Self, which is similar at every stage, yet always more and more refined.





This is the mechanism through which the symbol is formed, *and* which we believe is based on a progressive process of specular centroversed differentiation, or as a reflection of a double opposition in a quaternion. This process is strikingly similar to the formation of fractals, in which, exactly like the Ego containing the Self in his individuating path, as Angelus Silesius writes, the larger form (the God's image) is contained in the smaller one (the soul).



We believe that it is an archetypal process that in a fractal way produces an order that is organized around specific – personalizing centers within an environment. *It is precisely so that the representational Self emerges from the structural Self*, and this task is one of the most important aspects that our method at *Spielzeit* aims to support: while Fausto becomes Fausto, his therapist becomes himself with him, through an ongoing process of reciprocal recognition.

### **FOSTERING COMPLEXITY**

In our view, the Self as the emerging quality of the psychic system must be thought of as an active system that constantly tries to unfold around a center, towards its own true nature.

We believe that any human being, even the most impaired and disabled child must be understood this way. Therefore, we want to plainly state, using Ursula Haupt words that: “**Development is controlled by the in-**

**side and influenced by the outside**"<sup>1</sup> (p. 186). This means that the professional working therapeutically with a severely wounded individual has to redefine his role from "creator of development" to the role of midwife, who creates favourable conditions in order to let the creative and spontaneous task of individual development unfold.

Quoting Haupt again: "Development therefore is not externally governable and can neither be planned, nor calculated or scheduled. It has to be nourished and awaited for with the constructive attitude of fostering the correct influences." (p. 186) This calls for a specific attitude in the relationship to the patient. As an African saying puts it: *The grass will not grow faster, if you pull on it.*

The example of Fausto that we described about earlier shows both the complex's preparation for action (direction) as well as the therapist's active fostering of an environment for this potential to manifest itself. In the light of convergent diagnosis this is a very delicate task, since no therapist can sit on the floor and playback stereotype behaviour without painfully experiencing its regressive and lagging aspect. We automatically want to find a sense of direction and constantly look for channels to get there. There is a natural resistance to mirroring an antiquated pattern of behaviour or a low complexity- which, like the *massa confusa*, seems to miss all structure. Fostering the appearance and manifestation of direction presupposes an alert state of focused awareness and the tolerance of experimentation, and might be compared with the visual focus that is activated when looking at an ambiguous Gestalt image. As we have seen, with Fausto this process of fostering complexity, direction (sense) and inter-subjectivity was the following expansion of themes: First "sitting and rocking", then "investigating the basket", then "using the basket as instrument of movement", then "moving an object by means of the basket" then "interacting with the basket", and finally: "initiating specific interactive sequences". How much more undemanding and less frustrating would it be to teach this child how to interact by intervening in his observable behaviour; what a temptation to resist! But ultimately Fausto acknowledged the right fostering spontaneously and with a delight shared by the therapist, by moving along into an interaction of higher complexity, as we mentioned before; just like the foot that finds the shoe that is right for him.

Nevertheless, this view must not be mistaken with a purely receptive holding. What Haupt calls the "outside" must be structurally kept differentiated, felt and represented by the inner psyche (the representational Self) as an *outside*. In other words, the opposites must be representationally polarized, in order for the structural Self to undergo a process of de-integration and so activate an expectation of needed integration at a more complex, higher and at the same time simpler level of functioning.

Therefore our role as psychotherapists is not just to wait empathically, but also to empathically represent and defend what for the child is the *outside* and the object. This means that we must also represent a frustrating agency that might put in motion the emergence of a new organization waiting to come into existence, or, in Jung's terms, *constellated*. This is implied in Louis Sander's concept of the *needed events* when he writes that the object (in our case the psychotherapist) should provide a "*framework of recurrent moments of meeting to set up a framework of expectancy in time and act as a background of continuously needed events*". It will be the confirmation/matching of such an expectancy, i.e an active process of object presentation, which will give the feeling of continuity in time and hold an Eriksonian primal trust.

And again we can take Fausto as an illustration of Sander's concept and consider the product of the therapist's accurate promotion of a more complex organised interactional pattern as a "moment of meeting" and its recurrence in weekly sessions as the groundwork for a "needed event". This enhanced a framework of expectancy within Fausto. This way, self-organization emerges out of the initial "primary activity" of the first sessions.

In any case, what we try to hold and foster is the creation of more complex connections between parts, a "framework of recurrent moments of meeting" (Sander).

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<sup>1</sup> Haupt, U. (2006). *Kinder mit Spina Bifida*. In: K. Kallenbach (Hrsg.), *Körperbehinderungen* (S. 179-198). Bad-Heilbrunn: Klinkhardt.

We might add that such a moment is what Winnicott called *sacred moment*, and the alchemical Jung *coniunctio*: the moment in which I understand and feel that you understand that I have understood. And, it is imperative to stress that this understanding, although it paves the way for self-reflective consciousness, does not imply consciousness, symbolisation, nor verbalisation, which may be impaired in a severely challenged child. Bodies may and do understand each other. If they do, individuation is already on its way.

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<sup>1</sup> P. Ricoeur, in: *Freud and Philosophy: An Essay on Interpretation*, 1965, English transl., Yale Un. Press, New Haven and London, 1970.

<sup>2</sup> "Only the true self can be creative and only the true self can feel real." Winnicott, D. W. (1960). "Ego Distortion in Terms of True and False Self," in *The Maturation Process and the Facilitating Environment: Studies in the Theory of Emotional Development*. New York: International UP Inc., 1965, pp. 140-152.

<sup>3</sup> In: Jung, C.G., *A review of the complex theory*, CW., Routledge, vol. 8

<sup>4</sup> See: Dolto, F. *The unconscious image of the body*, 1984

<sup>5</sup> Schlaich L. (1966). Rehabilitation und Menschenwürde des Behinderten. *Die innere Mission*, 56, pp. 376-381, here p. 381, (translation by authors)

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