Our dreamings all, of wake or sleep (Keats)

TEMPORAL LOBE EPILEPSY:

AURA AND THE PLACE OF PSYCHOLOGICAL TREATMENT

(A PSYCHOTHERAPEUTIC MODEL FROM THE JUNGIAN PERSPECTIVE)

by

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Abstract

On the basis of investigations of epilepsy-related experiential phenomena in Neurology Outpatient and analytical praxis populations, the data collected is considered within the primary context of the patient's own sense of being-in-the-world.

Complex psychical aurae, dreams and biographical data, and relationships between these three modalities are discussed.

Data is approached from three complementary perpectives: (1) findings of Neuro-Psychiatry which acknowledge the "psychopathological" relevance of aura material, (2) theoretical foundations of Jung's Analytical Psychology (or, "Archetypal Medicine", as its development into psycho-somatics is denoted), and (3) historical and current data from Clinical Neurology pertaining to dreams and aurae.

The investigations seek a better understanding of the potential role of psychotherapy in the management of temporal lobe epilepsy (TLE) which, because of the tendency to concentrate on drug or surgical treatment, has been under-emphasized. Surgery has not yet established a clear model for the mechanisms of such experiental phenomena. However, findings about the limbic and neocortical system point to the patient' own temperament as much as to the precise location within that system in the determination of these phenomena.

Coming out of this work, then, is a theoretical and practical psychotherapeutic model from the combined perspectives of Neurology and Analytical Psychology / Archetypal Medicine, with specific application to TLE. Mythologems hypothesized as primary determinants of the psycho-somatic predicament, generally and individually, are amplified, and the clinical material further correlated. The psychical phenomenon receiving paradigmatic emphasis, is the episodic sensation of imminent death, which has been suggested as diagnostic of TLE, and for this phenomenon I introduce the term (after Ziegler 1980) "aporetic aura".

It is proposed to demonstrate that aporetic and other psychical aurae provide access to the individual's psychodynamics which is comparable to regular dreams, and when analyzed alone or in combination with dreams, offer the possibility of insightful relief accompanied by reduction in both seizure frequency and intensity, as well as perhaps permitting the reduction of medications with their too-often further handicapping side-effects.

For My Sons

James &Kirby

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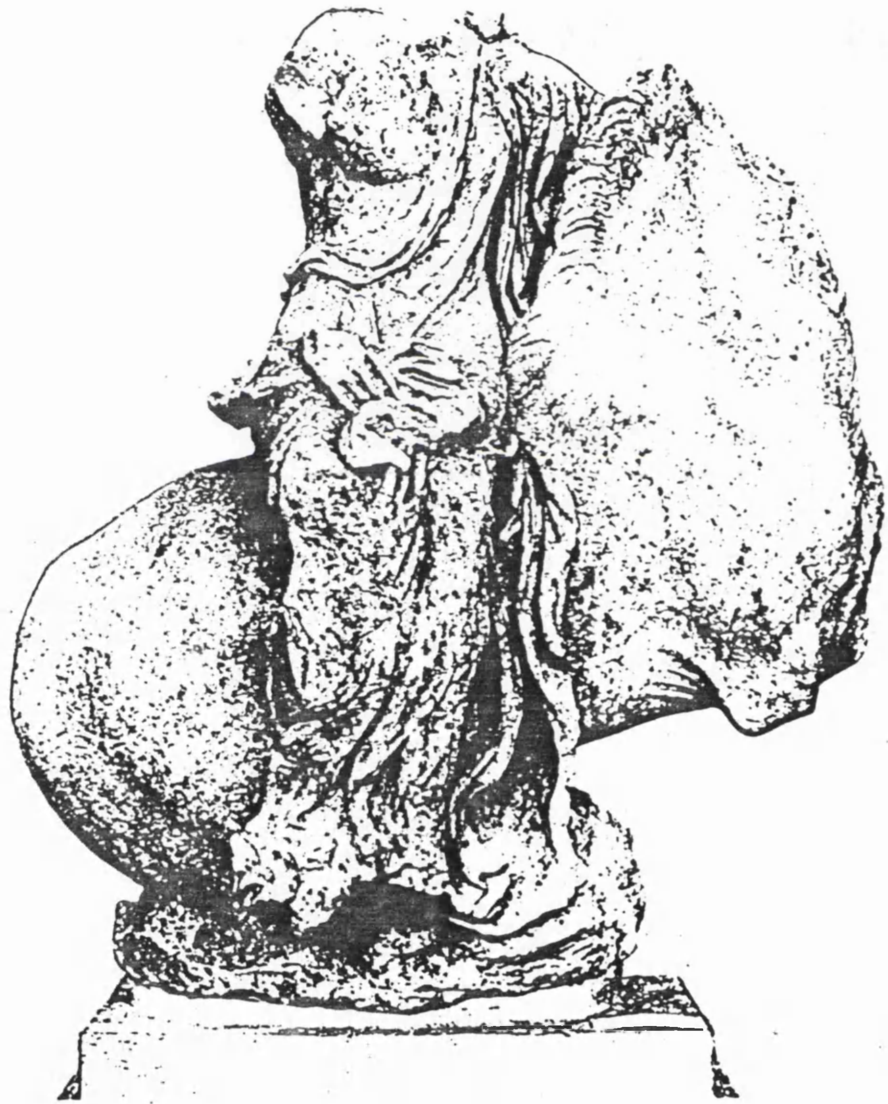

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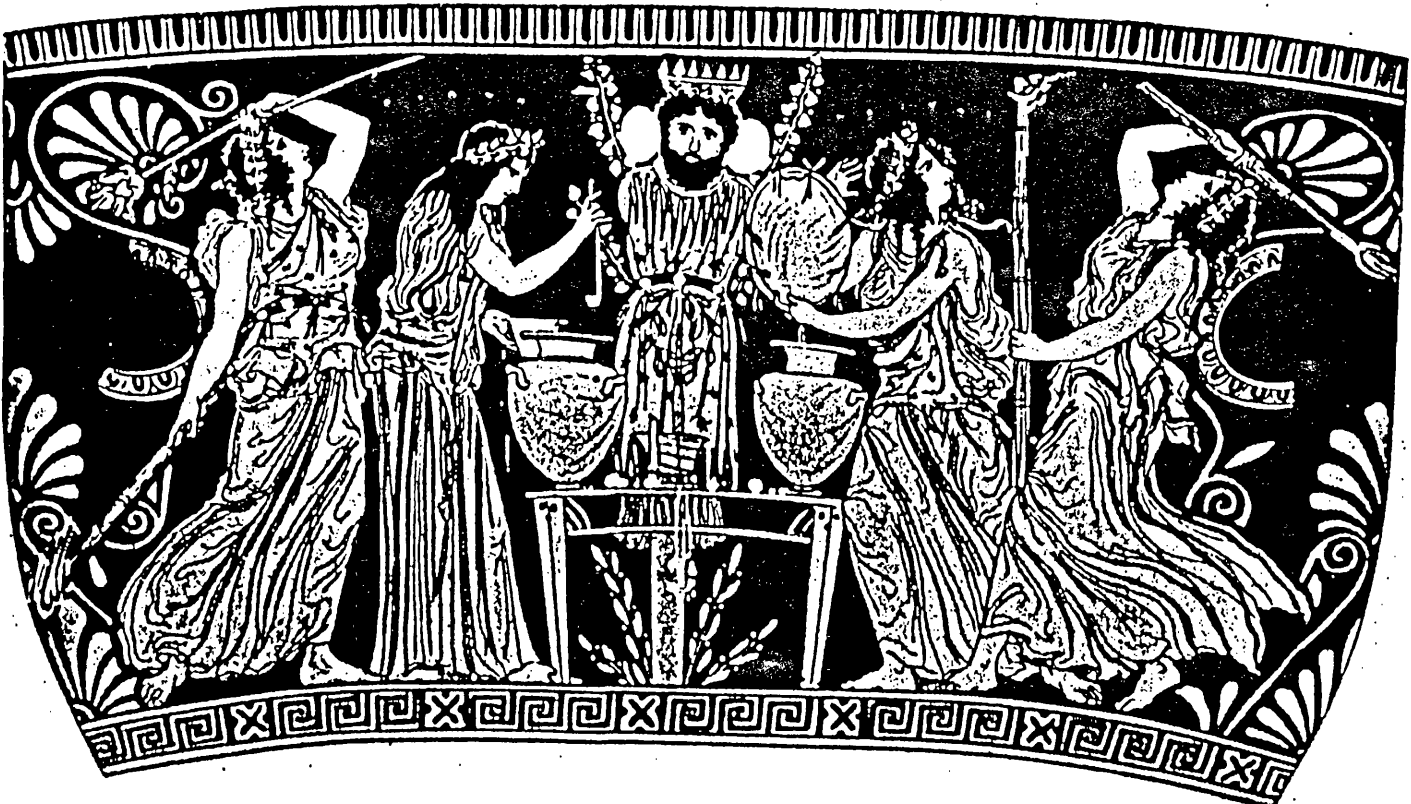

Ecstatic maenads with tambourines, thyrsi, torches and libations before a Dionysus column or post.

I. Introduction and Statement of Research

This dissertation is concerned with (1) the subjective experience of temporal lobe epilepsy (TLE), and with (2) the possibilities for articulating a specialized psychotherapy out of these experiences. What I want to consider here is the phenomenon of the complex epileptic aura, the brief subjective experience portending a seizure which does not propagate. The nature and function of this psychical phenomenon will be discussed in relation to the dream. I will attempt to show that, from various perspectives, aura and dream are analogous, and that aura offers itself as an appropriate subject for psychotherapeutic interpretation.

The particular basis for my investigation and providing indeed its distinction, has been the extensive narrations of the patients themselves. These biographical, oneiric, aura, and imaginal accounts and my impressions were collected during an 18-months research period at the Institute of Neurology, Queen Square, London; over the course of a 10-years private analiytic praxis devoted in part to the psychosomatics of temporal lobe epilepsy; and from the historical and current literature on the subject.

The general context within which these data are considered is that of Archetypal Medicine (Ziegler 1983a), as the extension of classical Jungian Psychology into the area of Psycho-Somatics is denoted.

This perspective is foundationally "Jungian". That is to say, the therapeutic goal traces its provenance inwards and downwards by means of the dialectic between analyst and analysand, and "adaptation" is primarily to the patient's own psychic reality, to the imaginal world.

The very notion of epilepsy is one which Jung himself peculiarly failed to sound by means of his own developing theoretical ideas and methods of interpretation and

amplification. In chapter IV, I present a brief review and critique of Jung's single commentary on one case of epilepsy.

In chapters XI and XII, I attempt to show (1) how and why Jung's foundational discrepancy can have crucial negative implications for both an epileptic analysand and the Jungian analyst, making special reference to the transference phenomena, and also (2) how this discrepancy yet might be resolved within the analytic encounter in a manner fully consonant with Archetypal Medicine's own derived Psychopoesis (after Miller 1976).

I have chosen to avoid a direct engagement with the perennial controversy issuing round the accretion of any so-called "epileptic traits" into a formal neuro-psychiatric definition of "the epileptic character".

Rather, in chapters VIII and IX, I focus *pars pro toto* on a specific category of complex psychical aura, that of the sensation of imminent death, for which (after Ziegler 1980) I propose the term aporetic aura. Any question of "traits" as-such, then, becomes relativized in amplification of the single aura motif.

The selection of the aporetic aura has various benefits, not least of all to the investigator-analyst. First, when reported by a person seeking psychotherapy or analysis, the imminent death experience is not only of intensive and reasonable concern in and of itself, it also resonates significantly throughout the psychic field, including that of the analyst. Moreover, this presenting aura motif is as non-judgementally as it is conventionally accepted within neurology as one of the primary diagnostic signs for temporal lobe epilepsy.

I have approached this investigation with the interest of comparing the complex psychical aura with the regular dream, in terms of (1) its meaning to the patient, and (2) its imaginal structure. The historical and current literature suggesting a shared

neurological and psycho-dynamic basis between aura and dream states is reviewed in chapter VI.

Jung showed that the structure and psycho-dynamics of many dreams correspond to that of classical Greek tragedy. In chapter VIII I illustrate with examples and discussion of aporetic aurae how this dramatic model may also be effectively employed towards the analysis of the aura content and of its psychopoetic function to the individual. The historically posited mutual relationship between the epileptic, the shamanic, and the dramatic consciousness is reviewed in chapter X, and the psychotherapeutic value inherent in an awareness of this relationship is emphasized.

It is my conclusion, developed out of the above factors, that complex psychical aurae, such as the aporetic aura heuristically instanced here, may be regarded as equivalent to a dream in interpretive and psychotherapeutic value, and presents a valid object to the perspective of Jungian Psychology / Archetypal Medicine.

Statement of Research

I have understood the term "research" in both its possible meanings:
(1) direct and comprehensive communication with patients in the systematic collection of data and in addition to analytic work, and
(2) evaluation of data from the equal and mutually informing perspectives of neurology and psychiatry which together comprise a particular category of "psychosomatic medicine".

The priority of the patient's own experiences, of the meanings which they themselves assign to their psycho-somatic "predicament", is consistent with the basic premise of Jungian Psychology and with Archetypal Medicine, as the psycho-somatic specialization within Jungian Psychology is now designated. In my attempt,

through this dissertation, to formulate a psychotherapeutic model for specific application to people with temporal lobe epilepsy, I am guided by this priority. It is proposed that the experimental and analytical work undertaken in this dissertation research will lead to a better understanding of the potential role of psychotherapy in the management of TLE which, at present, because of the tendency to concentrate on drug or surgical treatment, has been under-emphasized. Surgery has not yet established a clear model for the mechanisms of such experiental phenomena. However, findings about the limbic and neocortical system point to the patient's own temperament as much as to the precise location within that system in the determination of these phenomena.

Coming out of this work, then, is a theoretical and practical psychotherapeutic model from the combined perspectives of Neurology and Analytical Psychology and Archetypal Medicine, with specific application to temporal lobe epilepsy. The mythologems hypothesized as primary determinants of the psycho-somatic predicament, generally and individually, are amplified, and the clinical material correlated whenever possible. Techniques and methods utilized have, therefore, concentrated on facilitating the patients' own detailed self-reports, and amplifying unconscious material in classical Jungian fashion. During in-depth non-directive discussions conducted over extended periods of time with long-term and continuing follow-up, material is collected which includes: aura and dream records, current and historical amplifications to the content of these phenomena, word associations for analysis by Jung's Word Association Experiment, and discussion of patients' essential sense of being-in-the-world. I am partial to von Üxküll's physio-philosophical term "Umwelt" in this context, as determined by an epileptic consciousness. As indicated in the Abstract, imaginal material, derived especially but not only from the aurae and dreams which are themselves submitted to comparative analysis, is considered in relation to selected current findings in neuro-psychiatry and the electro-encephalographic exploration of the brain. Future elaboration of this re-

search would optimally include relationship to seizure occurrence, medication levels, handedness, and hemisphere focus, as well as Jungian typology parameters, and further ongoing refinements of surgical clinical findings.

It is proposed to demonstrate that aporetic and psychical aurae provide access to the individual's psychodynamics which is comparable to regular dreams, and when analyzed alone or in combination with dreams, offer the possibility of insightful relief accompanied by reduction in both seizure frequency and intensity, as well as perhaps permitting the reduction of medications with their too-often further handicapping side-effects.

II. Prolegomenon and Commentary

The phenomenology of temporal lobe epilepsy from the perspective of neurology has been chiefly medical/psychiatric, whilst from the perspective of its sufferers it remains incorrigibly existential. These divided reports on the condition have not, at least in our current state of findings, been symmetrically opposed. Brightly lit "hard" science, with some of its strengths in the formulation of distinctions and differences, has sharpened its means but remains very much on the chase, whilst the diffusely lit "soft" science of Depth Psychology and Archetypal Medicine, with some of their complementary strengths in the formulation of analogies and similarities, have begun to provide indispensable hypotheses in the psychosomatic dimensions of this particular suffering, one that touches human identity at its quick. It is in the faith that this asymmetry promises an eventual convergence, because the body-psyche collaboration is after all a union, that the present study is undertaken.

In the long medical perspective behind the current moment, the difficulty of reading the nature of the body-psyche collaboration is traditional, encoded even in medicine's basic vocabulary. Symptoma (carried into Latin as *coincidentia*) is the

name for such readings; and whether in classical thought or in modern psycho-somatic medicine,

> a causal connection is unthinkable, and yet the system - the synamphoteron of Plotinus - functions smoothly inasmuch as the physis continually produces arrangements in the psyche, and similarly the psyche in the physis; moreover these arrangements are always meaningful. (Meier 1986: p.183)

(Meaningful, and diagnosable, but not always understandable. "Unthinkable" here is Meier's empirically practiced hedge against naïve investments in psycho-physical parallelism, or related speculations).

The asymmetry of the current moment, the particular imbalance between the two ways of viewing and understanding temporal lobe epilepsy (ways that might be contrasted and at the same time linked through the distinction between phenomena and their experience as phenomenology), suggests that physicalism may take its search will into the territory of the psychic dimension.

To vary the terms somewhat: the nets cast by modern neurology to catch the epileptic foci, whilst their mesh has grown tighter, still may allow the concomitant psychical activity apparently associated with these foci to give them the slip. For the aurae previously attending commotion in the surgically extirpated foci may persist intact, rather like the smile of the Cheshire cat. At the same time, psychotherapeutic work with the imagery of epileptic aurae has shown the possibility for therapeutic containment and even amelioration of convulsive activity and aurae hitherto regarded by the patient as disabling. Clearly, some as-yet unlocated point of leverage in the body-psyche union provides the Archimedian hinge that will let our grasp of temporal lobe epilepsy turn in a new direction.

The bulk of my introductory remarks describes the perspective of the more diffuse "twilight" science in this tandem. I then conclude with a briefer conspectus of the format for this essay.

It cannot be the task of this paper to outline the whole of Jungian theory, but it is well to synopsize one of its main features, since Freudian psychoanalysis still significantly determines the psychotherapeutic perspective of choice within academic and hospital psychology. This feature is Jung's differentiated definition of the complex, the one element of the Objective Psyche that must primarily, if implicitly, concern us here. I shall trace its course from Jung's work through Archetypal Psychology to Archetypal Medicine.

Jung so comprehensively grounded his theories and researches in this element of the complex, that at one time he considered denominating the body of his formulations as "Complex Psychology". According to Jung, a complex is an emotionally charged cluster of images and ideas, derived from and collected round one or more archetypes.[1] These archetypes constitute the inherently prime and universal structures of the psyche. They are non-personal dominants of intra-psychic forms and relations, patterns of *archai* knowable to the personal conscious only as images characterized by greater or lesser degrees of numinosity and autonomy. The nuclear factor of the complex and its associations share a common emotional tone. The

[1] In Jungian theory it is the archetype that lies behind the complex and gives it its characteristic form, providing the dynamic or energy that collects and organizes the forms of experience and the personal material that accrue to it. The archetypes operate along a spectrum which Jung compared to a spectrum of light, with the red end comparable to instinctual/somatic phenomena and the ultraviolet end to the reflection of these as psychic image. A subjective sense of movement along this spectrum can represent healing itself, as the physiological symptom is replaced by an imaginal encounter with the archetype "producing" the symptom. Thus, the archetype *an sich* may be conceived of as a shaping, organizing principle operative within both the psyche and the biological and physical spheres. It serves as a bridge which connects inner and outer realities and gives to life its innate meaning, direction, or purposiveness. But as the archetype is consciously available to us only as image or symbol, the archetypal images active within any given individual represent the meaning of life itself as perceived by that individual. Through this process of imagining him- or herself, the patient comes to serve a "god", i.e., an archetypal force in the psyche which represents a personal identity, rather than being merely the victim of a symptom. As Jung states: "We are still as much possessed by autonomous psychic contents as if they were Olympians. Today they are called phobias, obsessions, and so forth; in a word, neurotic symptoms. The gods have become diseases..." (1970a: § 54). It is the therapist's function to facilitate this imagining, and so to aid the patient to consciously, that is mythopoetically, engage rather than concretely enact his agon.

complex may be experienced or otherwise defined as "positive" or "negative", and indeed the ego itself is posited as one amongst many complexes. The complexes were also regarded by Jung as the *via regia* to the unconscious, serving as both the architects of dreams and the organizing determinants of memory.

Jung articulated his theory of the complexes through his research on word associations. His employment of the galvanometer and observations of a variety of physical signs accompanying the subject's verbal reaction to a stimulus word (and partially comprising the eventual catalogue of so-called complex-indicators) suggested that the involvement of complexes in the body itself is a radical one which can, moreover, be measurably demonstrated and otherwise objectively observed. In chapter IV, I provide a review and criticism of Jung's essay on the word associations of an epileptic patient.

Jung's own later remarks on psycho-somatic phenomena were mainly frustratingly gnomic and, even so, pretty much limited to his long-unpublished seminar notes to the London Tavistock Lectures (1935) and the Zürich privately distributed seminar series on Nietzsche's *Thus Spoke Zarathustra* (1938/39). Nevertheless, these early conclusions that the complex may express itself in physically as well as psychically symptomatic designs sharing a common archetypal sub-stratum finds theoretical and practical development, by way of James Hillman's Archetypal Psychology, within the emerging specialization of Alfred Ziegler's Archetypal Medicine. Here, somatic dysfunction no less than the afflictions of the psyche are interpreted as images of the archetypes, available for interpretation as forms of human nature in dramatic expression.

This Jungian model of complexes has particular application to psycho-somatic dysfunction involving the limbic system, because, as will be amplified in chapter VI, it is currently accepted that affect-laden images and memories, and their *residua* in-

corporated in dreams, epileptic aura, and other "extreme" states of consciousness, are processed within these cerebral temporal structures.

The limbic system, whose processes and effects lie beyond conscious will, also overlaps with Jung's hypothesized *psychoid unconscious.* Lying in the organic infrared zone beyond psychic functioning proper (in Jung's analogy to the visible spectrum: see footnote on p.22), psychoid processes are "incapable of consciousness" and "irrepresentable," but nontheless equipped with meaningfulness (Jung 1948: § 380, 840, 947). Without resorting to metaphysical speculation, the hypothesized psychoid realm lets us include in the study of nature "an *a priori* meaning or 'equivalence'" which corresponds to every factoring of a "fourth" dimension into representations of the world, including modern physics (Jung 1948: § 962). With respect to the phenomenology of temporal lobe epilepsy, the frequent reports of timelessness, greatly charged meaningfulness, strong religious feeling, dimensions not ordinarily encountered, and the insistency of primal emotions, bring the limbic system within the horizon of the psychoid unconscious. A late formulation by Jung in defense of his hypothesis, as preferable to metaphysical formulations, embraces primary religious images in particular, "relatively autonomous," as typically numinous products of "the psychoid aura that surrounds consciousness" (Jung 1955-6: § 786). The psychoid realm would include the archetypal limbic background for seizure phenomena, much as archetypes generally stand behind the independent functioning of complexes, to which I now return.

According to Jung, the complex is made up of a nuclear element characterized by strong subjective meaning typically, though variably, unconscious and autonomous, and also of the protean associations linked to that element by a comparable degree of emotional tone. This nuclear element has a constellating capacity. Jacobi (1962: p.36) refers to it as "a kind of 'neuralgic point', a centre of functional disturbance which may totally upset the psychic balance and dominate the whole personality," insofar as that might be incompatible with the person's present con-

scious situation and habitual ego-attitude. But again it must be emphasized that both classical Jungian Psychology and the Archetypal Psychology derived from it accept the complexes as inherently "ordering" phenomena in the psyche, to be credited with potential for instigating, indeed even necessitating, positive psychic transformation.

Certainly, the spontaneous personifications of complexes into the figures of dreams, fantasy, or projection may, insofar as these figures achieve an *acute* independence, signify a potentially irremediable fragmentation of the personality in psychosis. Jung's elaboration upon the autonomy and intentionality of complexes and his own imaginally animated "kleine Menschen" has been cited as evidence for a severe psychiatric illness in himself.[2]

However, by formulating (L. *formare*: to give shape to, to fashion) both the experiental and theoretical value of "our personal complexities...the persons of our complexes" (Hillman 1975: p.20), Jung released the complexes themselves from their limited, limiting, negative identification with "neurosis" or "psychosis" as-such, his own or anyone else's. He succeeded, by *la grande permission* of his polymathic investigations and personal example, in returning the complexes and their personifications to their play in the archetypal field, that relativizing field of imaginal realities later equated by Henri Corbin, the other of Archetypal Psychology's main philosophical referents, with the *mundus imaginalis*.[3]

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[2]cf. Atwood & Stolorow 1979 cited by Samuels et al. 1986: p.35.

[3]In his exegesis on the sources of archetypal psychology, Hillman (1983b: p.3-4) cites:

> "...Henry Corbin (1903-1978), the French scholar, philosopher, and mystic, principally known for his interpretation of Islamic thought. From Corbin...comes the idea that the *mundus archetypalis* ('alam al-mithal) is also the *mundus imaginalis*. It is a distinct field of imaginal realities requiring methods and perceptual faculties different from the spiritual world beyond it or the empirical world of usual sense perception and naïve formulation. The *mundus imaginalis* offers an ontological mode of locating the archetypes of the psyche, as the fundamental structures of the imagination or as fundamentally imaginative phenomena that are transcendent to the world of sense in their value if not their appearance. Their value lies in their theophanic nature and in their virtuality or potentiality which is always ontologically more than actuality and its limits. (As phenomena they must appear, though their appearance is to the imagination

Hillman (1975: p.22-23), discussing the psycho-philosophical sources of Archetypal Psychology as a psycho-poetics, credits Jung's view of psychic functioning with conveying

> that the fundamental facts of existence are the "fantasy images" of the psyche. All consciousness depends on these images. Everything else -- ideas of the mind, sensations of the body, hungers -- must present themselves as images in order to become experienced. "Experience is, in its most simple form, an exceedingly complicated structure of mental images" (Jung 1948: § 623). Should we ask: just what is psyche? What do you mean by psychic experience and psychic reality? The answer is: fantasy-images. "Image is psyche", says Jung (1970a: § 75; 1940: § 889, 769). "The psyche consists essentially of images...a 'picturing' of vital activities" (Jung 1948: § 618).

First named as such by James Hillman (1970), Archetypal Psychology redefines the aims and approaches of clinical psychology into what might be called a phenomenology of the image. His thought centres itself primarily in classical notions of the soul as a nexus or mediating realm that registers the significant in symbolic or imaginative terms; Hillman also, in the manner of certain varieties of Renaissance humanism, locates these terms in the stories of the gods in classical mythology, as they fashion the modes of our being and our ways of being ill.

> By soul I mean, first of all, a perspective rather than a substance, a viewpoint towards things rather than a thing itself...the word refers to that unknown component which makes meaning possible, turns events into experiences...by soul I mean the imaginative possibility in our natures, the experiencing through reflective speculation, dream image and fantasy -- that mode which recognizes all realities as primarily symbolic or metaphorical (1975: p.x).

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or in the imagination.) The *mundus imaginalis* provides for archetypes a valuative and cosmic grounding, when this is needed, different from such bases as: biological instinct, eternal forms, numbers, linguistic and social transmission, biochemical reactions, genetic coding, etc.
But more important than the ontological placing of archetypal realities is the double move of Corbin: (a) that the fundamental nature of the archetype is accessible to the imagination first and first presents itself as image, so that (b) the entire procedure of archetypal psychology as a method is imaginative. Its exposition must be rhetorical and poetic, its reasoning not logical, and its therapeutic aim neither social adaptation nor personalistic individualizing but rather a work in service of restoration of the patient to imaginal realities. The aim of therapy (q.v.) is the development of a sense of soul, the middle ground of psychic realities, and the method of therapy is the cultivation of imagination."

Hillman follows Jung in considering that the primary data of the psyche are *images*:

> Every single feeling or observation occurs as a psychic event by first forming a fantasy image...[it] must go through a psychic organization in order to happen at all. (1975: p.xi)

And he places psychology directly at the service of that image-making faculty of soul:

> Here I am moving toward a psychology of soul that is based in a psychology of image. Here I am suggesting both a poetic basis of mind and a psychology that starts...in the processes of imagination. (1975: p.xi)

Inherent in the image is the *archetype* or, to follow Hillman's personified perspective, the god, as "the deepest patterns of psychic functioning, the roots of the soul governing the perspectives we have of ourselves and the world" (1975: p.xiii).

The individual is always contained within a god or set of gods which constitute "a manner of existence, an attitude towards existence and a set of ideas" (1975: p.130). Archetypal Psychology, Hillman's term for the activities he engages in, thus "implies that all knowing may be examined in terms of these psychic premises...we would start off by looking at all knowledge as the expression of ideas that have psychic premises in the archetypes" (1975: p.123). Crucial to this move is "the insistence on the mythical polytheistic perspective...[for] psychic complexity requires all the gods; our totality can only be contained by a pantheon" (1975: p.222).

Thus Hillman returns to Greece, a particular Greece which "refers to a historical and geographical psychic region...an inner Greece of the mind" because it provides "a polycentric pattern of the most richly elaborated polytheism of all cultures and so is able to hold the chaos of the secondary personalities and autonomous impulses of a field, a time, or an individual" (1975: p.29).

This chaos[4] (a term that requires qualification: see note below) is the *pandaemonium of images* (Hillmann 1983a) released by a breakdown of central control, seen in dreams, in psychic crisis, and, of special relevance to the themes of this paper, in complex epileptic aurae and the abounding associations and memorial emotions felt to characterize the imaginal processes particularly of patients with temporal lobe epilepsy. The turn towards myth, literature, story or drama as *therapeutic*, which is central to Hillman's approach, therefore holds special promise for work with these patients.

Within this personified, polytheistic model of the psychic cosmos, human nature itself is seen as a "composite of multiple psychic persons who reflect the person in myth", and the "I" or experiencer "is also a myth" (Hillman 1975: p.177).

Our emotions, affects, thoughts, behaviours, "belong to the archetypes as these affect us through the emotional core of the complexes" (1975: p.176). This view reinspires the notion of psychotherapy, removing it at once from the banalities of behaviourism, medical materialism, and the hypostases of particular psychological processes. In this view, psychotherapy comes to mean a care for those multiple powers of the soul, gods or archetypes "that are inhuman or divine," thus returning

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[4]This theme of chaos coincides with a body of research into chaotic traits of epileptic foci, research which indicates, from the perspective of this paper, that what in ordinary language is "chaos", in the phenomenology of temporal lobe epilepsy is more organized. The recent series of studies by Sackelares, Iasemidis, Zaveri, and Williams (1989) shows that "the epileptogenic focus may be identified by analysis of the pre-ictal and early ictal ECoG because of its tendency to exhibit abrupt transitions to a less chaotic (more ordered) state before the seizure." Chaoticity, as measured by the Lyapunov exponent, drops sharply at each of three points: before and at seizure onset, and also at cessation of the seizure. This finding matches the phenomenology of temporal lobe epileptic experience, which typically is one of associational "hyperconnectivity" through a flooding of images and intense emotions. Normal consciousness would correspond to the usual level of ECoG chaoticity, whereas seizure consciousness momentarily aligns capacities which ordinarily remain unpatterned by the embrace of a total condition. We need, then, to revise Hillman's "chaos of the secondary personalities and autonomous impulses," in the limit case of temporal lobe epilepsy, to read precisely and measurably as anti-entropic and non-chaotic. In the light of the patterns which it reveals, neurology shows up a paradox dormant in ordinary usage (normal consciousness seems "ordered" whilst seizures seem "chaotic").

the therapist to the original calling of *therapeutes*, a term first identifying "one who serves the Gods," who attends to "the God in the disease" (1975: p.192). Body and mind cannot be narrowly construed or held in mutual exclusivity in this perspective, where the task was and remains "to draw the soul through recognition closer to the Gods, who are not human but to whose inhumanity the soul is inherently and priorly related" (1975: p.192). The soul is "cut-off", is isolated, it turns out, from a personified background which cannot be reduced to the ordinarily human. Necessarily, then, a fundamental distinction must be made between "psyche" and "human" which is crucial. Both analyst and analysand are required to enter an imaginal field, rather than to seek ways of coping literally with "aberrant" or "dysfunctional" behaviour in accordance with the more usual therapeutic goals of social adjustment.

This fundamental distinction between the psyche's full nature and ordinary human consciousness has a particular bearing on the subjective experience of patients with temporal lobe epilepsy. In them, the experience of being cut-off, from their own continuity of self-definition through psychical absences and disturbances in memory, from their social or physical environment through interruptions in sensory processing, from life itself by the feeling of imminent death in the *aporetic* aura, is a keen and psychological actuality. In these patients, too, the mythemes of dismemberment and reconstitution specific to the story of Dionysus dramatically pertain (cf. chapter X). With such individuals, then, the practices of imaging the psychosomatic predicament and connecting it to appropriate mythic and poetic depths, are the therapeutic acts *par excellence*; the substantiality of the images follows from the experiental essences of the predicament itself.

This distinction between literal and imaginal is further conceived in Hillman's work as the distinction between the dayworld of literalized image, and the reflection in the psyche of those instinctual energies that are the basis of our lives. These two worlds are simultaneous, their simultaneity being classically imaged by the double-

ness of Zeus. The less familiar side of the god, Zeus *chtonios*, coincides with Hades. One figure or perspective, the Olympian Zeus, defines the universe or the flow of experience from above and through the light, and to this figure one might attribute the psychiatric-medical fantasies of knowing and promoting the rational, the empirical, the objective and the measured. The other figure sees from below, from within, and in darkness, employing a twilight mode of consciousness. The Underworld, in classical mythology, was conceived of as the final end for each soul and thus, for Hillman, becomes the *telos*, the final end and goal of every soul process that would wrest the soul out of ego-life, out of the world of literal action. "Everything would become deeper, moving from visible connection to invisible ones, dying out of life" (Hillmann 1979: p.6). An amplification of Heraclitus's statement that "Hades and Dionysus are the same" (frg. 15) would suggest that the Dionysian mode of consciousness celebrated in classical Greek tragedy provides the middle way between these upper and lower perspectives. Hillman writes (1979: p.45): "As Hades darkens Dionysus toward his own tragedy, Dionysus softens and rounds out Hades into his own richness." More generally, we would do well to remember, in connection with our emphasis upon the therapeutic efficacy of imaginal work, that in Plato's Phaidros the gods are said to be "friends of the *eide*" (Peters 1967: p.46; cf. also Hillman on *Hades aidoneus* and *eidos*, 1979; p.51).

Such underworld connections, as psychopoetically elaborated by Hillman in his *The Dream and the Underworld* (1979), explain the therapeutic importance of pathologized images; of inverted or aberrant behaviour, darkness, wounding and decay. These images become specific places and personifications wherein the collapse of our literal modes of thought, our non-psychologized identification with experience, occurs. This transmogrification, as it were, of our daylight ego-bound consciousness, a process that "wrests it out of the merely natural," finds refuge in images of death and dis-integration and centres in another fundamental principle of soul, that of reversion to archetype.

This reversion - a term which reclaims the Neoplatonic terms for *epistrophe* inward homecoming - is one of the soul's fundamental movements back to basis or foundation.[5] The dark and pathological leads experience back to its prime ground, or rather its under-ground, in the archetypal. This process reaches out to mythologize the host of images that constitute our waking life; images that are psychic in origin but mistakenly identified with the external world or the human ego. The images of experience, through links to the underworld and by means of the aporetic turning round and down which is the heuristic image of this paper (chapter IX) are drawn back to their archetypal source. Through them, a new psychic reality can be, in Hillman's felicitous expression, *re-visioned.*

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[5]"Reversion" would be the latinate version of *epistrophe* in Plotinus, Proclus, and Iamblichus. The pertinence of this terminology from late antiquity to the emotions not uncharacteristically reported by patients with temporal lobe epilepsy is striking. That is, the cycle of the soul's education in Neoplatonism - *mone, prohodos, epistrophe* - plays on the chords of such feelings accompanying epileptic "illusions" of the familiarity or strangeness of place and circumstance and the ineffable longing sometimes associated with these. The perspectives of both Neoplatonism (or of Augustine's structure of feeling in his *Civitas Dei*, where this world, somewhat as for Plotinus, is a "land of unlikeness," which drew on it) and Archetypal Psychology specifically instill a reversion or homecoming to the soul's inner ground as the therapy for its experiences of cut-offness and estrangement.

It is appropriate here to reflect on the so-called trait of epileptic "hyper-religiosity" (Jung 1905). Here, there is a coincidence of "traits" for epilepsy with a frequently reported quality of epileptic experience, which can have different implications when encountered in psychotherapeutic context. And whatever these implications, the point is that the archaic and profound quality of limbic emotions, namely fear and pathos, would seem to pre-dispose the individual to the containing framework which "religiosity" could offer.

It is instructive that Jung, who reduced "typically epileptic" emotions with categorical terms, later provided his concept of the "religious instinct" (Jung 1970b: § 653, 659), archetypally shared, which in its archetypal loading carries profound and archaic feelings.

In the noticing of the "trait", then, the observation of it as "pathology" constitutes an unwarranted inference. The "diffident" receptivity of Ziegler's Archetypal Medicine, with its amplifications in analogy and its avoidance of categorization (that is, through the grading units and statistics of empirical medicine's approach to disease), is the other perspective which grants TLE a non-cynical and non-psychopathologizing permission. In this light, the experience of estrangement or radical unlikeness, together with ***reversion*** to inner ground or depth, describes a cycle which is in fact part of the condition, a dimension intrinsic to it.

This dimension needs to be "recognized" (Ziegler 1983a: p.x) rather than cordoned off, if the experience is to be met therapeutically at all. It is no irrelevance, then, to link epileptic phenomenology to foundational terms from religious philosophers in the watershed period of western religious history, late antiquity. Their reflections pertain, often indicatively, to the process of such "recognition".

In summation of Hillman's re-visioned psychology:

> The entire procedure of archetypal psychology as a method is imaginative. Its exposition must be rhetorical and poetic, its reasoning not logical, and its therapeutic aim neither social adaptation nor personalistic individualizing but rather a work in service of restoration of the patient to imaginal realities. The aim of therapy is the development of soul, the middle ground of psychic realities, and the method of therapy is the cultivation of imagination. (1983b: p.4)

For the epileptic patient as for us all, it seems that we either experience the reality of the psyche in imagination or confront and suffer it as literal fate. It is this axiom which offers itself at the centre of the psycho-poetic or archetypal approach, and is further articulated by Alfred Ziegler towards the formulation of an Archetypal Psychosomatic Medicine.

* * * * *

> Archetypal medicine does not depend so much on objectivity as upon subjectivity where the accent, in varying degrees, is clearly upon individual experience and its priority. It does not concern itself principally with the observation of symptoms but moves towards phenomenological amplification, toward the symbolic essence of what is observed. In the process, archetypal medicine turns up images which carry the symbolic essence and are accompanied by a perceptible physical resonance.
> (Ziegler 1983a: p.3)
>
> Consequently, archetypal medicine must relinquish any claim to 'proof' for its concepts, since support for its theories does not stem principally from external evidence due to observation and mathematical/statistical acrobatics. It has recourse instead to 'inner' evidence, to understandings and certainties, enforcing them not with proofs but with examples which, compared to the tedium of statistical reasoning, seem more like play or a game. It occasionally cultivates the use of analogies, of the relationship among archetypal images, a pursuit reminiscent of magic. (1983a: p.4).

This perspective is typologically characteristic, in Jung's terms (1952), of the <u>introverted intuition</u> by which Ziegler distinguishes the necessary humour of Archetypal Medicine from the more <u>extraverted sensation</u> (also <u>extraverted think-</u>

ing, it must be added) of contemporary "empirical medicine".[6] The term "empirical medicine" is employed by Ziegler to designate "a perspective that follows cause/effect thinking rather than the mercurial 'when/then' view of archetypal medicine" (1983a: p.2). As Ziegler impishly further distinguishes the two perspectives: "Empirical medicine characterizes the situation as 'serious, but not hopeless', whereas for archetypal medicine it is rather 'hopeless but not serious'" (1983a: p.5).

Introverted intuition proceeds in leaps from image to image, rather than systematically along a unit-by-unit linearity; amplification of psychical material (dream and aura) is through analogies and similarities rather than differentially. The praxis of introverted intuition is homeopathic for TLE patients in preference to allopathic. The condition's own symptoms provide the method.

Not only does Ziegler define his own perspective in Jungian typological terms, but also it becomes evident in discussions with TLE patients that the introverted intuitive bias of Archetypal Medicine affords a special congruence or alignment with their condition. The condition itself seems to tend toward expression of its *Weltanschauung* in terms which Archetypal Medicine takes as its own ground of self-definition, a way of being-in-the-world which the following description will sketch.

The light cast by this medical optic on the condition is not unifocal, bright, and Apollonian. Rather, its character, the mystical *cogitatio vespertina* or the "vision of twilight", though it avoids exactness, allows it inclusiveness and a diffuse connection to the archetypal field, which is associational and relative. But Ziegler does not

[6]Further investigation is warranted regarding the role of the so-called inferior typological functions in the expression of "psychopathological" symptoms or "character traits" of temporal lobe epilepsy. For example, Jung's insistence on the "pedantic fussiness" of his ostensibly typical epileptic patient (1905), could equally well describe a non-epileptic person assigned an inferior extraverted thinking function, that is, a style of rationality unconscious and thus freighted with the person's more negative complexes.

attempt to undermine mainline medicine as such; what he proposes is to offset certain habitual investments of attitude in empirical medicine's *notion* of itself. He provides a complement to that medicine, then, which respects medical knowledge but teases those of its assumptions that can turn inflated or even destructive when claiming an exclusive effectiveness in treatment (1983a: p.87). The twilight illumination of Archetypal Medicine also sets up certain avenues of therapy in parallel: the ethic of irony (even a thanotropic irony about human morbidity and morality, constellated by the traditionally idealized equivalence between life and health), a psychosomatic technique that is verbal in principle, a view of the substrate for a condition that valorizes essence over cause, and a perspective on health/disease and life/death that reflects fundamentally on the common received valuations of these tensions.

Paradigmatic to Ziegler's continuing meditations on an Archetypal Medicine is a sensitivity to "a fundamental inconsistency between units of disease and images of healing" (1983b: p.87). This inconsistency generates a discrepant approach to the diagnosis, etiology, and therapy of illness arising from the typologically different perceptual modes of a scientific mind and an artistic nature (ibid.). The emphasis emerges crucially in Ziegler's "Theoria" section:

> The diseases that we will be talking about are syndromes, *disease images*, not empirical constructs in which symptoms are more or less arbitrarily lumped together on the basis of statistical frequency and which, if possible, are linked to one particular causal agent. The disease images we will be dealing with are not intellectual formulations but rather graphic representations which appear in a most alienating, sensuous fashion.
>
> Turning away from diseases as entities and toward diseases as images is almost an anachronism, a kind of medical regression to an epoch before rational, scientific research when diseases were spoken of in terms of images. It is as if archetypal medicine reverted to and sought connections in a time when one still spoke of colic, consumption, or of the "rose" as an erythema, today mentioned only as a symptom of dermatosis. (1983a: p.24)

The appropriateness of this view, self-characterized as "reversion", to the TLE condition has first of all to do, of course, with the prominence of images in the

condition itself (see footnote on p.30). But also, it needs to be said that the self-reports on epileptic psychical aurae, which in other perspectives seem fragmentary, within this perspective compose much of the disease image. Receptivity to material *as* image is of primary value. With that in place, one can then go on to discover, again in the spirit of Archetypal Medicine, that to amplify the aura material in Jung's fashion is, in itself, to provide the therapy.

This provision has two aspects to which Archetypal Medicine lends valuable attention: the verbal dimension of psychosomatics, and the sufficiency of an archetypal image of process - in our considerations here, the classical and primal experience of tragic emotions - as a mode of healing.

With respect to the first point, Ziegler (1983a: p.6), identifies Archetypal Medicine as "a type of psychosomatic medicine which attempts to bring about change in disease syndromes through language." In this wise, Archetypal Medicine appears to conform to the modes of both classic psychoanalytic *Sprachtherapie*, or "talking cure", and the plethora of "Express yo'self!" tactics of contemporary Sharing-&-Caring "relatedness" psychotherapies. But both Hillman and Ziegler caution against the risk of the language itself getting lost, homogenized or concretized in the interminable narratives of the first, and devalued or otherwise gone missing in the socializing actions of the latter. Whilst Ziegler does not reprise all of Hillman's polemics on language, which I cannot summarize here, he does implicitly concur in his own meditations on an archetypal psychosomatics with Hillman's exhortations that "words, too, burn and become flesh as we speak...."

> Words, like [emissarial] angels, are powers which have invisible power over us. They are personal presences which have whole mythologies; genders, genealogies (etymologies concerning origins and creations), histories, and vogues; and their own guarding, blaspheming, creating, and annihilating effects. For words are persons. This aspect of the word transcends their nominalistic definitions and contexts and evokes in our souls a universal resonance. Without the inherence of soul in words, speech would not move us, words would not provide forms for carrying our lives and giving sense to our deaths. (Hillman 1975: p.9)

Or our death, or *aporetic*, aurae. As will be shown in chapter XV, Hillman's contention that "words are persons" has validity for TLE patients who reduce or realize their seizures with imagination. Subject "B's" insistence on the importance of the names which she gave to personifications inhabiting, or enacting, her complex psychical aurae, even their names as sounds, bears out the drift of both Hillman and Ziegler here.

The nominalistic philosophical tradition, as Hillman adds, excludes on purpose any psychological perspective that employs personifying, "in order to maintain a particular vision of man, reason, and reality" (1975: p.10). According to just this vision, Ziegler would add, the excluded factors of soul falls into body, and needs the vocable touch of a "thanatropic irony" to stir again, the best therapy, which Ziegler distinguishes from "treatment", being a non-duplicitous language with its hybrid nature (1983a: p.7); non-duplicitous therapeutically as distinct from philosophically, and hybrid in being both physically and spiritually effective (1983a: p.47). TLE patients such as our Subject "B" find their insistence of correct naming justified in the principled terms used by Ziegler:

> On the one hand, language has roots in the unequivocalness and factuality of physical reality and, on the other, it possesses a sublime quality which we call intellect. It is, therefore, mediator and magic wand *par excellence*, has a catalytic effect on every kind of all-too-material suffering, and provides archetypal medicine with the chance to loosen the stubborn restriction of Nature - as have philosophy and religion from times immemorial. It is as if Nature had created a tool in language for preventing her own aggregate condition from becoming too pronounced. (1983a: p.7).

This tool, one should remind oneself, carries with it the undergirding precisions of philology but not the foregrounded precisions of fact and measurements. "The greater the number of facts, the greater the danger that essence will fail to emerge" in the therapeutic encounter. The undergirding precisions, however, animate the hybrid nature of persons. The psycho-physical nature of complexes, stimulated by words and measurable in the reaction-times, swerves of association, and skin-gal-

vanic responses of Jung's Word Association Experiment, will always "out" in this hybrid fashion. On this functional basis much of Ziegler's case about language rests, carrying its thrust beyond the complex as such to the larger scale of disease condition.

> Language is a psychosomaticum *par excellence*. Language is a hybrid in nature, extending from the painless spiritual/subtle, on one hand, to the difficulties and sensuality of the body on the other...Actually, speech remains organismic, a twitter. Applied therapeutically, it aligns itself with all methods of psychosomatic treatment which create awareness of our diseased organs, thereby uniting sound and resonance.
> / Footnote Ziegler: "The Indo-Germanic root of speech is *pers* which means 'resonance.' Speech in this sense becomes, so to speak, the resounding of physical existence." / (1983a: p.47)

Resounding, or resonance, can bring the chemistries of psychosomatic conversions, in their both-way valence, consciously into operation (an operation which Ziegler must have us imagine through word roots, according to his method):

> Archetypal medicine's verbal therapy seeks to 'redeem' that which has metamorphosed into physical disease. We can envision the process as a 'resublimation' of something that has fallen victim to materialism. *Sublime* can be understood as 'floating', a complementary condition to...*gravis* ('heavy', 'severe').
> (1983a: p.39)

These claims can be validated only in therapeutic practice. My own findings, even with the patients on whose experiences I draw in this essay, bear out Ziegler's contention about psyche and soma in the terms of its central image here, the physico-chemical and verbal subliming of the material condition, or the condition of temporal lobe epilepsy. Ziegler does not discuss the theory of complexes by name - that psychic component by means of which definition I had, after all, set out to chart my way through this introductory synopsis.

Yet, the Jungian and Hillmanian constructs of the complex, as summarized above, are clearly manifest in Ziegler's proposition that "recessive character traits somatize in disease, [and that it is] reflection's task to extract from the data what is 'wrong' with the patient" (1983a: p.45). In Ziegler's particular framing of the specific psy-

chosomatic predicament, he seems to be reducing the multiplicity of traditional "major complexes" (i.e. the Mother Complex, the Father Complex, et al.) to a single complex, however embedded through associations in the archetypal field, of the patients' inability to experience consciously the relativity of their human existence. This relativity, rather than the usual "morbid" state of identification, is, in Ziegler's sense, their *morbism.*[7]

These patients cannot "ironize" their psychosomatic dilemma, that is, they cannot frame verbal reflections on the essence of this relativity as conveyed by their particular somatic signs. Therefore, Ziegler does not fail to acknowledge the Jungian complex so much as he transmutes the multifarious field of complexes into the encompassing quality of *morbism.*

To ironize a psychosomatic dilemma is to recognize that it is as relative as it is relevant, rather than being absolute and intolerable. Recognition, in fact, hides several depths in our theme which must be surveyed briefly here.

The everyday sense of "recognition" both encompasses an ironic mechanism and points back to the classical view of *anagnorisis* or tragic recognition. Irony dissolves ego-identification with powerful images whilst still preserving a polyvalent connection to them, thus allowing an active engagement with what in them is otherwise overwhelming. Irony affords the middle path between assimilation (whereby one becomes identified with such images, positively or negatively "inflated") and rejection (whereby the image is dismissed, and the soul is denied its poesis. It recognizes that such images, profound though their impingement can be, as with the psychical aurae which are our topic here, may not be assimilated. All of

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[7]Ziegler writes: "We could designate such an ethical fundament as morbid or morbistic. *Morbism*, correspondingly, would be the theory that all life, particularly human life, exists only as disease or as health in conjunction with disease. In no wise is this theory new: it resonates with medieval and romantic tones, audible to a kind of individual characterized logically as *morbidezza.*" (1983a: p.46)

which prepares us better to sense the relevance of tragic *anagnorisis* to the TLE experience.This relevance evinces an intriguing convergence of the neurological and "morbistic" perspectives.

In the early naming of epilepsy as the god-wracked "sacred disease", and the later calling of certain particulate abnormalities in the temporal lobes as "hamartomas" (Taylor 1981), is revealed the persistent hypothesizing of subtle but decisive suprapersonal influences upon the greater or lesser enactments of epilepsy. The evocation in "hamartoma" of the classical term *hamartia* to describe a material artifact as actually a fate-determining mechanism, demonstrates how even modern empirical medicine must be guided by operative fantasies of meaning, and how these meanings may issue into usages which preserve judgements and perspectives that unfortunately reinforce an unreflective view of TLE patients.

In this instancing of hamartoma - and the new designation as "alien tissue" does not really revise the fantasy through which the fact is resected - we are given *hamartia's* conventional connotation of "tragic flaw"-bearing agency in a fate (along with "tragic flaw's" own equally conventional alignment with *hubris* as "pride", another translation which scholars of the term question), rather than the more philologically defensive "mistake" or, better, "confusion" (Kaufmann 1968: p.70), and corresponding to what Jung called "the passionate emotionality that precedes the recognition of unconscious contents" (1955-56: § 404).

This latter and further amplifiable sense of *hamartia*, indeed, tallies with descriptions of epileptic "confusional states" as well as with those more subtle consequences exerted by hamartomas or other organic discrepancies upon a person's unfolding biography. This sense of *hamartia* provides etymological ventilation for epileptic experience, yet spares it the judgemental skew conventionally inherent in such words as "flaw" and "pride" - the cautionary "Pride cometh before the fall" an

inescapable association, re-presenting yet again the bogey of an insufficient, somehow offensive, epileptic "character".

By convergence of perspectives, then, I mean only to observe that neurology and depth/archetypal psychology do occasionally touch at nodes of significance which ask to be examined. I should like therefore to turn, for the moment, into the tragic model, especially the quality of recognition or *anagnorisis*, for its re-adjustment of a framework for TLE phenomenology.

To anticipate that topically: recognition (and this point is Ziegler's)[8] is the chief therapeutic doing (it is not only what one sees, but is also how one sees - and this point is Hillman's on *eidos* or "idea/image"). This recognition occurs abruptly, in "the sudden", and so matches, homeopathically, the typically sudden seizure onset and the "out of time" sensation of many psychical aurae. Like cures like, *similia similibus curantur*. This sudden imagining or reflection lightens and counters the "heaviness" or "density" sometimes said to describe the epileptic sensibility, serving to sublimate it. Ziegler emphasizes the sudden quality of therapeutic recognition, but it is already a major metaphysical theme in Plato (see p.66) on *eksaiphanes* or "the sudden".

Our main concern is therapeutic, and imaginal: the tragic model, hinging upon *anagnorisis*, is the *similia* peculiarly congruent with the psychical concomitants of

[8]"The moment of successful reflection is often sudden in its effect, yet how it works remains a riddle. Reflection appears to remain efficient even when no further explanation follows, as if the moment of reflection (and it is usually a matter of a moment!) developed a psychological effect. ...It seems that the occurrence, the 'moment', lifted disease out of an isolation into which it, in principle, would have had to fall through objective treatment, through 'proper' activity. Re-flection in this sense dilutes, relieves, and transforms the density, heaviness, of a disease. It sublimates, re-deems, brings resurrection and, inasmuch as this process is recognized as an essential trait, reconnects the patient with that which was lost and brings him 'together'.... Recognition was the doing, and what was most important has already taken place. What now follows will be but a deepening and broadening of what has been recognized. The recognition, the reflection, the comprehension of the essence are the therapy. The recognition changes and motivates us to forms of action that we previously could not or would not have thought of" (1983a: p.46).

temporal lobe epilepsy; it is the cultural formulation for TLE's archaic and tragic emotions of fear and pathos; and finally, it is the *eidos* of what it is but also how it functions to grip one - and how it can function, through irony's permission, as the move into recognition.

My working hypothesis in this essay is that dream and aura are functional equivalents. Dream stories cover a broad spectrum; epileptic aura, I would argue, functions as a special case of the dream state, with the main contentions about the dreams being transferable to the study of aurae, in the case of my own study to the diagnostic class of aporetic aura. The evidence for my hypothesis that aurae may provide imaginal material of psychotherapeutic interpretive value comparable to regular dreams will follow in the body of the essay. But at this point I wish to emphasize that the functional equivalence which I am pursuing means that dramatic form bridges dream and aurae, and it also means that the primary mythologems to which I refer in amplifying aporetic aurae get strongly underwritten by an archaic affiliation with drama in the West.

Jung proposed that the Aristotelian analysis of plot, from Aristotle's lectures on Greek drama, suited dream actions with special cogency. Jung also urged us to take dreams as nature "speaking" or articulating itself to us from within. The speech of nature within us, then takes the form of imaged action, whose articulation may be viewed as if it were a play grasped at least in Aristotelian terms, terms whose idiomatic familiarity veils their depth: beginning, middle, resolution or *lysis* (which need not be unhappy, even in tragedy). I would extend this way of thinking to include the god of tragedy and the tragic festivals, Dionysos, along with his mythemes. With respect to TLE, this extension seems especially appropriate, since it is this particular divine power who is noted for urgently sudden advents and de

partures,[9] intervening changes, awareness of death and of border zones, and of duality.[10] He is also typified by irrational excess and catastrophic consequences when resisted, and ecstatic ones when welcomed. The TLE limbic emotions, fear and pathos, are also the primal affects tied to the representation of tragic action. As god of tragedy, but at the same time as the god closest to the force of life itself (*ho bios*) in boundary states of consciousness and vitality, Dionysos binds together the mythemes which have to do on the one hand with primal emotionality and release and on the other hand with their ritual containment in acted representation. The languages of dramatic action and mythology, then, must be part of the archeology that we must perform in order to expose the ground for a psychosomatic therapeutic model appropriate to temporal lobe epilepsy.

To summarize briefly: Certain phenomena from dreams, aurae, and the process of dramatic action converge to form a heuristic equilateral triangle, whose thematic stability and indivisibility permit hypotheses about TLE and its therapy to be formulated and pursued. Part of that formulation - traditionally humanistic but entering into the empirical findings of the study of dreams and aurae - is mythological, and from the perspective of our heuristic triangle, convergently so.

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[9]"The cult forms [of Dionysos] give us the clearest evidence of the violence with which he forces his way in - a violence which affects the myth so passionately. These forms present him as the god who comes, the god of epiphany, whose appearance is far more urgent, far more compelling than that of any other god. He had disappeared, and now he will suddenly be here again." (W. F. Otto, 1965: p.79)

[10]"The theophany of Dionysos, which is different of that of the other gods because of its stunning assault on the senses and its urgency, is linked with the eternal enigmas of duality and paradox. This theophany thrusts Dionysos violently and unavoidably into the here and now - and sweeps him away at the same time into the inexpressible distance. It excites with a nearness which is at the same time a remoteness. The final secrets of existence and non-existence transfix mankind with monstrous eyes" (Otto, 1965: p.91). And emphasizing this inherent duality and paradox, Hillman writes: "In Dionysus, borders join that which we usually believe to be separated by borders....Dionysus presents us with borderline phenomena, so that we cannot tell whether he is mad or sane, wild or somber, sexual or psychic, male or female, conscious or unconscious.... [W]herever Dionysus appears, the 'border' also is manifested. He rules the borderlands of our psychic geography" (1972a: p. 275)

III. Jung's View on Epilepsy:

> ...alone in the epileptic moment near bad sleep, when the legs grow long and sprout into the night and the heart hammers to wake the neighbours and breath is a hurricane through the elastic room. (Dylan Thomas)

By way of brief statistical summary before turning to Jung's views, let me offer the following.

The incidence of epilepsy is estimated to be at least 1 in 200 (Kolb 1977) and, according to some authorities, 1 in 50 will at some time in their life experience what may be termed an epileptic seizure . It is further estimated that ictal symptoms in at least 1/3 patients are provoked by factors involving emotion, and that 45% of patients receiving medication actually do not enjoy significant relief from seizures (Ward 1983). The most frequently occurring type of epilepsy is that involving the temporal lobes and, though for reasons which remain highly controversial, it has also been argued that it is this sub-group in which psychic disturbances are most frequently found, including schizophrenia-like psychoses and some kinds of personality and behavioural changes (but for important modifying views, cf. Rodin et al. 1955 and Stevens 1981). It is both wisest and most humane to acknowledge that commotion within the temporal lobes has certain consequences, and that the individual's own interpretation of and response to these consequences is of the primary importance. I believe that the psychoanalyst's or therapist's attempt to formally categorize any psychopathology must be supplementary to the patient's subjective experience and much delayed. In any event, one can reasonably assume that even in a generally analytic praxis, an analysand with this particular psycho-somatic predicament may eventually be encountered, and one be then obliged to evaluate the likely efficacy of the Jungian perspective.

I should like to propose that the aura, as a primary component, or even the diagnostic symptom of temporal lobe epilepsy, and as a border event between psyche and soma, provides the necessary access to the essence of this predicament and thus promotes its therapeutic loosening.

* * * * *

By way of historical psychological introduction, in *Experimental Researches* (1905), Jung devotes an entire chapter to the word associations of an epileptic he regards as a "typical case". What Jung in fact presents is confirmation of an assembly of symptoms comprising a syndrome already believed to describe the so-called "epileptic character". The patient himself had been a competent and apparently well adjusted craftsman whose psycho-somatic life began to deteriorate only in his 30s and directly upon the death of his wife, at which time he began to wander, "took to drink", and suffered a skull fracture at an unidentified site. He is therefore no more a "typical case" than is, say, Dimitri Schostakovich. This composer reported that a tilting of his head which caused a metallic shell-fragment to press against his temporal lobe produced melodies - and thus a "musical epilepsy" - which he found essentially instrumental to his creative activity (Sacks 1987).

There are otherwise only brief references to epileptics or epilepsy patients scattered elsewhere in Jung's *Collected Works*. Consistent in these references is a surprisingly negative tone, one very nearly of disgust and righteous anger, not characteristic of Jung in his attitude towards other organic and psychic disorders:

> Psychiatry has shown that in the epileptic, besides the symptoms of the fit, there is usually a mental degeneration that can be claimed to be specific and therefore of diagnostic value. Here are the principal traits of those epileptics who show degeneration according to the recognized textbooks of psychiatry:
>
> Intellect. Mental debility, slowness of mental reactions, fussiness, restriction and impoverishment of ideas combined with poor and stereotyped vocabulary, frequently abnormal preponderance of fantasy.

> Emotional disposition. Irritability, moodiness, strong egocentricity, exaggeration of all feelings, particularly religious ones. (1905: § 499)
>
> These attributes comprise what is known as the epileptic character, which, once established, has to be considered a permanent formation. (1905: § 500)
>
> ...the severe mental disorder of the epileptic with his irritability, ferocity, greediness, his sticky sentimentality, his morbid passion for justice, his egotism, and his narrow range of interests. (1954; § 137)
>
> ...lack of self-control or the unruliness of affects. We find this wherever emotivity is pathologically intensified, above all in hysteria and epilepsy. (1960: § 151)

Jung's attitude towards epilepsy, his selective perception of symptoms confirming the putative offensiveness of the "epileptic character", were likely determined by the weight and vividness of the prejudicial attitudes informing clinical research at that time, when the very diagnosis of epilepsy was basically synonymous with moral, intellectual, and organic degeneracy. Whilst current attitudes can be more generous, in my hospital research and analytic praxis I have observed the persistence of this attitude voiced by Jung and other medical-psychiatric authorities of his era.[11]

It has happened that during Jungian case control sessions, one or another training analyst has been determined to dwell on the topic of "violence" which was thought must characterize the epileptic analysand, however clearly contradicted this was by known behaviour and accumulated psychical material. These analysts reflexively interpreted seizures which proceeded to convulsions as expressions of "rage", even as "aborted attacks" against someone else. Similarly, psychical aura states were as-

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[11] Strictly contemporary with Jung at the height of his career, Gaston Bachelard's (1985: p.30) statement, both meditation and remonstrance, about investigatory attitude, is no less relevant today:

> Diese wissenschaftlichen Deutungen entspringen einem trockenen und vorschnellen Rationalismus, der eine zirkuläre Evidenz für sich in Anspruch nimmt, eine Evidenz, die indessen ohne Beziehungen zu den psychologischen Bedingungen der primitiven Entdeckungen bleibt. Unserer Ansicht nach gäbe es also Anlass genug, für eine indirekte, sekundäre Psychoanalyse, die unter dem Bewussten jeweils das Unbewusste, unter der objektiven Evidenz die subjektive Besetzung, unter dem Experiment die Träumerei nachzuweisen sucht.

sumed to effect a suspension of moral control during which time the person was as likely as not to perform criminal[12] or sexually aggressive and deviant[13] acts.

I present just this instance by way of illustrating how, even within the current realms of neurologic and analytic expertise, and imposed upon objective evidence

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[12]A summary of many recent studies (Fenwick 1986) on aggression and epilepsy indicates that their concurrence in prison populations is itself directly related to a relatively violence-prone lower socio-economic status. (It is elsewhere suggested (Betts et al. 1976: p.176) that "possibly [epileptics] are caught more easily"). A comprehensive international study (Delgado-Escueda 1981) of 5400 videotaped seizures in neurology clinic settings revealed only 13 instances of violent behaviour, mainly post-ictal and confusional, with just 3 directed against people. Fenwick concludes from these and other studies that "despite occasional case reports, ictal violence would seem to be rare." Reviewing the literature on also inter-ictal aggression, Fenwick found confusion as to what actually constitutes "aggression", presence of other variables including low socio-economic status, intellectual retardation and (most importantly) brain damage not related to the epilepsy, as well as methodological difficulties and patient selection. All of these factors significantly weaken any clear correlation between aggression and temporal lobe epilepsy as-such. Elsewhere, Fenton (1981) cites parental psychopathology and child abuse along with this again emphasized low socio-economic status as the major contributing factors in a coincidence of aggression and epilepsy.

[13]"The general public tends to equate epilepsy with hypersexuality in the same way they tend to associate it with criminality and violence...but the actual facts...are very different"
(Betts et al. 1976: p.176)
Citing various recent studies, Fenton (1981: p.86) notes that genital sensations related to disturbance in specific brain foci may be associated with seizure phenomena and (thus) "The patient's behaviour both during and after epileptic automatism may simulate crudely sexual behaviour." Also, "exhibitionist behaviour as a result of undressing during epileptic automatism may occur." (Note: One might well question whether undressing during a moment of reduced consciousness with even unawareness of the presence of others is properly designated "exhibitionism"). "More common," Fenton stresses, "are complaints of reduced libido and impotence," and this may be due to the effects of anti-convulsivant medication and poor social skills, rather than to the epilepsy itself. Ounstead & Lindsey (1981) find that post-pubertal (defined as after age 12) remission of epilepsy may be associated with complete - but otherwise psychically uncomplicated - "sexual indifference" amongst adult males. Taylor (1969) describes this indifference as "a loss of vital synergism."
Seizures associated with coitus are occasionally reported (Scott 1978), occurring more in females than males, most likely following from a problematic in the basic relationship of the couple. And aurae with sexual content are said (Remaillard 1983) to be more frequently experienced by females than males.

In addition to exhibitionism (Hooshmand & Brawley 1969), transvestism (Davies & Morgenstern 1960) and fetishism (Hill et al. 1957) are examples offered of so-called "sexual deviance" said to be numerously reported in association with epilepsy, but whether this occurrence is causal or merely coincidental is not considered clear.

"In any event," Fenton concludes, "temporal lobe epilepsy is rare among sexual deviants."
And finally, one might suggest that the interpretation of the involuntary movements of a body in convulsion as "aggressive" or "violently" or "deviantly" sexual, makes a stronger statement about the interpreter's own personal definition of, and anxieties about, such movements than about the epileptic's own experience or intentionality of such movements.

to the contrary, there endures a peculiarly negative fantasy about the epileptic experience.

It seems that more than a psychotherapeutic model for specific application to those with temporal lobe epilepsy is warranted. What the analytic encounter asks for is a revised and deepened, and thus less fearful, attitude on the part of the analysts towards the variousness, the voluminous nature, of consciousness itself - that of the patients' surely, but no less of their own as it is resonated within the transferential context. In chapters XI and XII, I shall be discussing this.

Returning to the attitudinal antecedents informing what even today, then, may constitute a therapeutic misalliance, the "innumerable clinical and systematic inquiries" to which Jung refers in introducing his chapter on the word associations of an epileptic, amounted for the most part to the reinforcement of traditional assumptions, ostensibly re-authenticated by modern investigative and diagnostic techniques. Unfortunately, most patients under study and treatment were institutionalized (as was Jung's "typical case" cited above), where they would over time, if they did not already at admission, define the most afflicted end of the epileptic spectrum. And little notice is given to the effects of not only long-term institutionalization, but also especially of bromide, then the treatment of choice for epilepsy, and one which itself produces many of the symptoms claimed to specify the so-called epileptic character.[14]

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[14]Though drug treatment remains the intervention of choice, there is increasing evidence that even modest, "non-toxic" levels of present drugs cause "subtle impairment of cognitive function and behaviour leading eventually to mental illness" (Reynolds 1981). In this review of current research, Reynolds cites several well-controlled studies in which a causal relationship between drugs and psychological and intellectual impairment is established, including one study of children whose IQ losses of 10-40 points over just one year were directly related to medication level. Correspondingly, Reynolds reports, cessation of drug therapy in other studies is associated with improvement in "alertness, concentration, drive, mood, and social ability. Further, many patients may be unaware of the adverse effects of the drugs until they are withdrawn, particularly if they have been on the drugs from early life and thus have no concept of how they would feel without drug therapy."

> ...the patient is dull and somnolent, with slowed ideation, disorientation and faulty memory...consciousness may be profoundly impaired...[with] restlessness, mood disturbance, delusions and hallucinations.... (Lishman 1978: p.720)

> ...there may be...irritability, broken sleep, slowness of mental grasp...the mood is often one of fear and depression...there may be loss of the usual forces of repression.... (Kolb 1977: p.683)

> Doses within the usual prescribed range can probably produce symptoms in the course of several weeks in certain individuals. (Lishman 1978: p.720)

Jung discusses the terrifying repetitive visions (aurae) of a child, the nature in the changes of which, accompanied by the onset of seizures, he equates with the sublimation of a criminal tendency. He remarks that in such cases which "are still mainly functional and not yet organic," something might be accomplished through psychotherapy (1954: § 137, 138). The premise may be arguable, and his sympathies strangely lacking, but Jung's sensitivity to the potential for intervention remains a valid one.

Jung also interprets a child's dream which included a burning wheel as related to the somatic situation, and adds that "in the prodromal symptoms of epilepsy you sometimes find the idea of a wheel revolving inside." We may give the epileptic Byron's poem "Mazeppa" the status of primary testimony:

> I seem'd to sink upon the ground
> but err'd for I was fastly bound
> My heart turn'd sick, my brain grew sore
> And throbb'd awhile, then beat no more
> The skies spun like a mighty wheel
> I saw the trees like drunkard's reel
> And a slight flash sprang o'er my eyes
> Which saw no farther; he who dies
> Can die no more than then I died.

Jung implies in his Tavistock Lectures that dreams make a statement about the body, but does not elaborate, and so far I have not found him suggesting specifically a physiologic equivalence between dreams and epileptic aura states, or a significant relationship between their respective imageries. However, in his later years, reporting the elicitation during epilepsy surgery of a mandala-like figure,

Jung conjectures a localization in the brain for the psychic processing of archetypal images, and concludes:

> Even if it is not yet granted to our present insight to discover the bridges that connect the visible and tangible nature of the brain with the apparent insubstantiality of psychic forms, the unerring certainty of their presence nevertheless remains. (1960: § 584)

This guiding intuition must suffice.

IV. Review and Commentary on Jung's Word Association Experiments

Jung's main remarks about epilepsy and the so-called "epileptic character" are featured in his 1905 essay "An Analysis of the Associations of an Epileptic" included in the collection of his experimental researches (*Collected Works,* Vol.2) utilizing the word association test. These researches, taken as a whole, are distinguished for having provided Jung with the basis of his theory of complexes. And this particular essay remains the primary reference for considerations within Jungian Psychology about epilepsy and the complexes assumed to underlie or at least to significantly inform it. I shall, therefore, synopsize this essay and later compare the results of my own association studies with Jung's discussion and main claims.

Jung introduces his essay with the statement that, in addition to the symptoms of the fit, "there is usually a mental degeneration that can be claimed to be specific and therefore of diagnostic value" (§ 499). Though he offers no distinctions which might derive from etiology and site of seizure focus, the following "principle traits of those epileptics who show degeneration" are listed, along with the rationale for developing an investigative means of identifying these traits which, apparent or not in any given patient, are nevertheless assumed to be present:

> 1. *Intellect.* Mental debility, slowness of mental reactions, fussiness, restriction and impoverishment of ideas combined with

> poor and stereotyped vocabulary, frequently abnormal preponderance of fantasy.
>
> 2. *Emotional disposition*: Irritability, moodiness, strong egocentricity, exaggeration of all feelings, particularly religious ones.
>
> These attributes comprise what is known as the epileptic character, which, once established, has to be considered a permanent formation. Transitory accentuations of one or the other trait are quite likely, radiating like ripples from occasional fits. It is occasionally possible to make the diagnosis with sufficient certainty by recognizing the epileptic character, even if fits are not known to have occurred. Such cases, however, are on the whole rare. Very frequently the epileptic character is not very obvious, particularly if the fits are infrequent. It would therefore, for practical purposes, be most valuable to find a method of concise formulation of the epileptic degeneration.

Citing various earlier investigators of "epileptic changes", Jung finds the report by Fuhrmann (1902; referred to in § 502f.) on the associations of two epileptics of most value for a precise formulation of epileptic degeneration. Fuhrmann noted the relative frequency of predicate and egocentric responses, as well as verbal responses the content and form of which had no inherent connection to the stimulus word; these he termed "unconscious" reactions. Though Fuhrmann offered no interpretation of these results, later Kraepelin (1904; quoted in § 503f.) wrote:

> [It seemed] as if these ideas, only released but not produces by the experiment, emerged from permanent general trains of thought. Their contents were mainly related to the illness or else to the patient's personal circumstances. We may well assume that the frequency of such associations, determined by inner conditions, not by external stimulation, is particularly facilitated by the mental slowness of epileptics, which prevents them from associating quickly and easily with the stimulus-word, as normal people do.

Jung assigns such "meaningless" reactions to the category of "emotional stupidity which can, of course, occur in quite a number of mental abnormalities. These 'unconscious' reactions are therefore not at all specific to epilepsy" (§ 504). However, Jung does find confirmation of the "epileptic character" in the results of Ricklin's (1902; quoted in § 508f.) several association experiments with epileptics

> ...a clinging to the content of the reaction and to the same grammatical form, strong egocentricity, personal constellations, a frequent emotional charge in the content of the reaction, and a paucity of ideas.

Nevertheless, Jung notes that perseveration of grammatical form occurs in imbeciles and idiots, and perseveration of content occurs in normal subjects. Likewise, ego-centricity, personal constellations, and feeling-toned reaction-contents are also found in both the feeble-minded and normal. He further emphasizes that a paucity of ideas is "not characteristic for epilepsy, but for mental deficiency generally, and in a certain sense also for emotional stupidity, where it assumes the special form of 'associative vacuum'" (§ 509).

On the basis of these propositions, Jung states that it is (1) "a question of the quantity of these symptoms in any given case," and (2) "whether they may have a more specific quality." He identifies his own task in this essay, then, as the clarification of these points, and as the attempt "to separate what is specific for epileptic associations from the various types of the normal and from congenital mental deficiency" (§ 510).

The material for Jung's own association studies with epileptics was obtained from inpatients at the Swiss Asylum for Epileptics and the Burghölzli Asylum for the Insane in Zürich, and included 18,277 associations from 158 subjects. However, we are provided only with some associations from just one of these subjects.

It is crucial for any evaluation of Jung's research and its suggested implications for an attempted definition of "epileptic character", that these subjects were not differentiated in terms of the surely varying degrees and etiologies of their conditions. Nor were the significant artifacts of "insanity" for those inmates of the Burghölzli defined, nor the type or level or duration of medication, nor length and course of hospitalization, taken into consideration.

Even Jung's attempt at least to distinguish between major categories of subjects is itself importantly compromised in the English version of his essay by a faulty translation:

> Ich habe zuerst diejenigen Fälle ausgeschieden, die nicht schwachsinnig geboren sind und die erst nach vollendetem Bildungsgang, also mindestens erst nach der Pubertät, an Epilepsie erkrankt sind.
>
> Durch diese Trennung habe ich die unter Epileptikern so ungemein häufigen Fälle, wo angeborener Schwachsinn das Krankheitsbild kompliziert, ausgeschieden. Wie aus der erwähnten WEHRLINschen Arbeit hervorgeht, scheinen die Imbezillen, sofern es sich um einen einigermassen deutlichen Schwachsinn handelt, einen ziemlich charakteristischen Assoziationstypus zu haben, der hauptsächlich durch die Tendenz zum "Definieren" des Reizwortes gekennzeichnet ist. Schon die ersten Aufnahmen bei Epileptikern zeigten uns Assoziationstypen, welche dem ersten Anschein nach die grösste Ähnlichkeit mit dem imbezillen Typus hatten. Handelt es sich gar um einen imbezill geborenen oder in früher Jugend verblödeten Epileptiker, so war die Ähnlichkeit noch grösser. Zur Auffindung des spezifisch Epileptischen ist darum die angedeutete Trennung unbedingt geboten.
>
> Aus äusseren Gründen sodann wurde eine weitere Trennung des Arbeitsgebietes vorgenommen, indem ich hier zunächst die Reaktionen eines typischen Falles möglichst eingehend analysiere,...

> First, I excluded those cases who were not congenitally mentally defected and those who only contracted epilepsy after leaving school, i.e., after puberty.
>
> By doing this I discarded the cases, so frequent among epileptics, that are complicated by congenital mental deficiency. According to Wehrlin's paper, it seems that imbeciles have a rather characteristic type of association which is mainly marked by the tendency to "define" the stimulus-word. The first records of epileptics showed us associations types which from the very beginning revealed the greatest similarity to the imbecile type. In cases of epilepsy complicated by imbecility or by mental degeneration in early youth, the similarity was even greater. In order to find the specific epileptic, it was necessary to eliminate the cases we have mentioned.
>
> For practical reasons the field of inquiry was further divided; in this paper I am analyzing the reactions of a typical case as fully as possible,...(§ 512f.)

Here the German *ausgeschieden* is incorrectly rendered as "excluded", when "differentiated" or, more precisely "selected" ("separated from"), would have described Jung's process of initially screening one group of patients for study from another group whose epileptic condition was further complicated by other factors.

Instead, in the English version, the opposite impression is given, namely, that subjects with pre-pubertal onset and congenital mental deficiency were included in Jung's subject population. This inadvertently increases the reader's confusion of epilepsy as such with some sort of inherent degeneracy which, in fact, corresponds to the already unsubtle bias exhibited by the investigators themselves, including Jung.

If we set the question of translation aside, there still remains Jung's own responsibility for the assumptions which inform the design of his study, for although he contrives in his concluding summary to qualify the general applicability of his results, he expressly introduces the severely reduced subject he discusses in his essay as "a typical case".

This man, a patient at the Burghölzli Asylum for the Insane, was diagnosed as epileptic at about age 40, having been brought into hospital for observation after an incident involving the police. He had been a good student and professionally a capable locksmith; there were no major illnesses during his early years, particularly no sign of epilepsy. However, following the psychosis and death of his wife, he began at about age 30 to leave his places of employment, to wander in the country and to drink. He was in trouble with the police over theft, and at age 33 he sustained a skull fracture. Over the years, he was in various lunatic asylums for violent *mania transitoria* and for delirium, and at about age 35 one-sided twitching, occurring in fits, was observed. At the Burghölzli he received a diagnosis of "mental deficiency in an epileptic character." At this time he was said to experience aurae which included visual and aural phenomena, and a fear as if he had done something wrong, that he wanted to tear everything up or as if a railway engine were suddenly rushing towards him. After such aurae, he would become giddy and lose consciousness. Lapses of consciousness were also noted during conversation and especially whilst playing cards. There was a high intolerance of alcohol (§ 518).

Whilst such symptoms might indeed suggest epilepsy, this man's history of drink and his skull fracture are not given adequate attention as precipitating or complicating factors. And significantly, the "moral" implications of his leaving his jobs to wander, the encounter with police and his drinking - the very selection of this particular patient when so many others with less problematic histories must have been available - are factors grossly conforming to a preconceived definition of the "epileptic character".

In his analysis of this man's word associations, Jung acknowledges that "each case has its peculiarities," yet finds these associations "in various respects rather typical for epilepsy" (§ 519). Jung thereby reveals a definite "guiding notion" of "epileptic associations" against which he compares and contrasts those obtained from his case discussed here.

Already after only 12 reactions, Jung draws some conclusions: the subject reacts not with one word (as instructed) but usually with whole sentences (§ 520). The "normal" response is a single word, with multiple-word responses importantly indicating that the subject belongs to the complex-constellation type (§ 520) and is under the influence of an affect-charged complex of ideas. But, Jung says, "healthy people" may also typically present this style of response, and they are classified as the predicate type, with a need to judge and evaluate the object described in the stimulus-word (§ 521).

Additionally, Jung's subject was focussed on the meaning of the stimulus-word, with a tendency to clarify and characterize the object it denoted (§ 525). Jung relates this to the possible tendency to explain which he says occurs in every variety of mental defect, a form of reaction regarded as tautological clarification.

Also found were egocentric reactions, which Jung attributes here to mental deficiency, but which he states do occur as well "somewhat more frequently with the educated than in the uneducated" (§ 530).

The subject is regarded as accentuating his tendency to explain by repeating his reactions in a confirmatory, attributive way. Jung finds this "an entirely abnormal excitement (§ 535), with "a strong inclination to accumulate and to elaborate the reactions occasionally far beyond what is necessary" (§ 537). Jung observes that "It is as if the subject is each time trying to clarify the meaning of his reaction with special vigour" (§ 539). And this is sought through an unnecessary and exaggerated tendency to elaborate and complete, and by the repetition of the stimulus-word and the yes/no interjections which, Jung says, indicate the involvement of an easily around or very intense emotions in the responses.

Jung concludes that "Epileptic mental deficiency seems to have in common with congenital mental deficiency that the patient is clumsy and arbitrary in the handling of language.... However, in the association experiment one must not simply ascribe linguistic clumsiness to mental deficiency, since there may also be momentary emotional disturbances that interfere with the linguistic expression" (§ 539).

Jung also perceives a "pedantic fussiness" and "long-winded" quality in the associations of this subject, and confirms Fuhrmann's finding of the strong predominance of the illness complex in the associations of the epileptic (§ 539).

On the basis of just two reactions: "I have the intention - to invent a machine - to draw - to provide - to live properly" (stimulus-word = intention), and "is a clergyman, a pastor that ought to be a righteous man" (stimulus-word = parson), Jung leadingly muses "Are these perhaps tendencies in the epileptic to moralize?" (§ 539). And to the subject's response: "I love my neighbour as myself" (stimulus-

word = to love), Jung observes that "...this reaction seems to me characteristic for the epileptic: biblical form, strong emotional charge, and egocentricity" (§ 539).

After presenting 66 (out of 100) reactions, Jung finds "...it hardly necessary to pile up any more examples. The further associations of this case contain nothing fundamentally new" (§ 540). Which is to say that certain expectations about the nature of epileptic responses, which he claims are based on wider evidence, have been sufficiently realized by him.

In Jung's concluding remarks, he notes (but does not describe) the gestures made by the subject with "most" reactions, which "expressed, wherever possible, confirmation and completion," augmenting the emphasis provided by repetition of the stimulus-word in 30% of the reactions. All such supplementary reactions are considered as disturbances of the response. Though Jung again attempts to qualify his judgement, by stating that repetition of the stimulus-word by a "normal" subject may also sometimes simply indicate a general self-consciousness, he finds with reference to its occurrence with this epileptic subject that "this disturbance mainly occurs only at those points where an emotional charge from the previous reactions perseverates and hinders the following associations" (§ 541).

He finds that repetition of the stimulus-word mainly coincides with reactions that immediately follow egocentric associations, that the reaction-time in these cases is mostly abnormally prolonged, and that most of the other repetitions of stimulus-words occurred near strong emotional charges (§ 546). However, these disturbances of reaction, he qualifies, may still not indicate a specific epileptic mechanism.

The element which Jung seems to find most unambiguously significant is that "the feeling-tone inhibiting the reaction cannot as a rule be demonstrated in the critical reaction but only in the following reaction. One must therefore assume that in this case the feeling-tone does not properly set in until after the critical reaction, in-

creases very gradually, and then decreases slowly, still inhibiting the following reaction" (§ 552).

Comparing this phenomenon with only one "normal" subject, Jung finds that "the feeling-tone sets in much faster and subsides again incomparably faster than in our epileptic...[whose] reaction-time for the following critical association is unusually prolonged. This important and interesting peculiarity appears to be of a pathological nature..." (§ 552-553).

Though Jung does advise further study to determine if this "pathological" response style is typical for epilepsy in general and is not just specific to this subject, he proceeds to amplify the importance of the phenomenon when it is considered together with the subject's frequent vocal (together with gestural, as previously mentioned) emphasis on reactions, including exclamations of feeling. "This peculiar form of reaction," Jung concludes, "also seems to indicate that the feeling-tone sets in slowly and increases slowly, in this way releasing even more associations in a similar direction. It is most likely that the feeling-tone in the epileptic is of greater intensity than in the normal subject, which again is bound to prolong the feeling-tone" (§ 554).

Having appeared to establish this finding, though, Jung then closes his essay with the qualification that "It is, however, difficult to say whether the epileptic's feeling-tone is necessarily abnormally prolonged" (§ 554), once again because of a significant overlap with the behaviour of strongly toned complexes in normal persons (§ 557).

As is apparent from the appended summary by Jung (Summary: III d, see below), he reinstates claims which had earlier qualified away - that is, after dismissing abnormally prolonged reaction-times as not peculiarly epileptic (his original claim), he reinstates prolonged reaction-times as a diagnostic criterion.

In the end, one has the distinct impression that Jung has attempted to provide confirmation, by means of these associations of a single patient he has designated "typical" of epileptics as a group, of certain rather unpleasant qualities already established as defining the so-called "epileptic character". At the same time, an accumulation of hedgings appears to protect Jung against any differing findings. This insistence on both claiming credit for findings and disclaiming responsibility for their possible error, is surely one of Jung's more consistent and aggravating sleights-of-hand.

In any event, the least ambiguous finding which Jung presents in this essay - for, it must be remembered, just this single case - seems to be the prolongation of reaction-time following the critical reaction and determined by a perseverating emotional charge. Jung's proposition, "that the feeling-tone probably sets in later and lasts longer and is stronger in the epileptic than in the normal subject (§ 558)" is actually, given our current knowledge of the role of the limbic system in the processing of emotions, of considerable relevance.

Summary

§ 558 I. In common with the associations of normal persons:

(a) The patient adapts himself to the meaning of the stimulus-word in the same way as uneducated subjects. Therefore, there are no superficial word associations.

(b) The associations are partly constellated by an illness-complex.

II. In common with the associations of imbeciles:

(a) The adaptation to the meaning of the stimulus-word is so intense that a great number of associations has to be understood as "explanation" in the sense of Wehrlin's paper.

(b) The associations are in sentence-form.

(c) The reaction-times are considerably prolonged, compared with the normal.

(d) The stimulus-word is frequently repeated.

III. Peculiarities compared with normal and imbecile subjects:

(a) The "explanations" have an extraordinarily clumsy and involved character which is manifest particularly in the confirmation and amplification of the reaction (tendency to completion). The stimulus-word is frequently repeated in the reaction.

(b) The form of the reaction is not stereotyped, apart from the egocentric form that occurs particularly often (31%).

(c) Frequent emotional references appear rather bluntly (religious, moralizing, etc.).

(d) The reaction-times show the greatest variation only after the critical reaction. The abnormally long times are therefore not to be found with particularly difficult words, but in places determined by a perseverating emotional charge. This permits the conclusion that the feeling-tone probably sets in later and lasts longer and is stronger in the epileptic than in the normal subject.

§ 559 In conclusion I beg to remark that the value of my analysis lies only in the case-material and that therefore I do not dare to draw any general conclusion from it. There are many forms of epilepsy that may have quite different psychological characteristics. Perhaps the fact that my case is complicated by a fracture of the skull sets it apart.

Commentary on the Association Experiment

My purpose in this chapter is consistent with one of the prime aims conveyed throughout this essay, namely, to indicate aspects of a psycho-somatics of temporal lobe epilepsy which warrant (1) a re-visioned perspective and (2) further, more concentrated, investigation.

As mentioned above, Jung's report on the word associations of a "typical" epileptic continues to bias the analytic attitude within Jungian Psychology towards epileptic phenomena. Inevitably, an analysand carrying this medical diagnosis risks therefore meeting, whatever their presenting psychological discomfort, some degree of negative expectation which derives from this bias.

My remarks here, then, on the word association material provided by mainly two subjects whose complex psychical aurae are instanced in chapters XIV and XV, are limited but nontheless crucial. Their function is that of opening-up Jung's inference, indeed claim, that his findings as exemplified by his single presented case justify generalization.

As would be evident just from the compared biographical material, these two individuals differ in significant respect from Jung's "typical" patient and from the reservoir of hospitalized patients from which he gathered the data ostensibly supporting his assumptions: in any potentially major complication or masking of their condition by drugs (Subject "B" was not taking nor had ever taken anti-epileptic medication; Subject "A" was temporarily taking on a daily basis Marplan 30mg, and Tryptophan 5mg; and Subject "C" was taking Tegrotol 1200mg); their economic and educational levels; and early and advancing professional accomplishments. Indeed, I selected the "A" and "B" examples for this very reason, simply to high-light - or, in accordance with the ironically relativizing morbistic optic, let us say, to twi-light - the difference. In their associational profiles, too, these subjects

provide marked exceptions to Jung's case; and in the categories of partial or apparent congruence, the implications are rather more interesting than condemnatory, and the possible interpretations more constructive than accusatory.

With reference, then, to Jung's Summary, and taking it point-by-point:

I

(a) In strong distinction to Jung's patient, our current subjects produced a relative abundance of superficial (i.e. "educated" reactions).

(b) No constellation of an illness complex.

II

(a) No explanatory reactions.

(b) No associations in sentence-form.

(c) Reaction-times in Subjects "A" (median = 1.1 seconds) and "B" (median = 1.2 seconds) were comparable to the normal reaction-time (average median = 0.9 seconds); the more medicated Subject "C", however, produced and average reaction-time of 1.6 seconds. (A median of 1.4 to 1.5 seconds is considered high for normal).

(d) The stimulus-word is not repeated in the sense of a distancing or delaying mechanism prior to the reaction-word. However, in Subject "A", the stimulus-word re-appears as a later reaction-word twice indicating a perseveration, as does the repetition five times of a reaction-word. This does constitute a "complex indicator" insofar as any repetition indicates a perseverating emotional "disturbance".

III

(a) No tendency to "explain" or to "complete" the stimulus-word.

(b) All subjects have either no ("C" = 0), or low ("A" = 4; "B" = 1) egocentric reactions, in great contrast to the reports and expectations of Jung, et al..

(c) No occurrences of blunt (religious, moralizing, etc.) emotional reactions.

(d) There may be, as ambiguously proposed by Jung, a possible trend towards the greatest variations of reaction-times occurring <u>after</u> the critical reactions though not invariably.

In sum, with the partial exception in the category of predicate reactions (where the incidence of single but not multiple evaluative reactions was high in Subject "A" (56) and moderately high in Subject "B" (42), there is a striking contrast between the responses of our current subjects and the findings of Jung, Ricklin, and Fuhrmann, where typical "epileptic" indices are: multiple-word predicate reactions, egocentric reactions, a clinging to content or grammatical form, personal constellations, frequent emotional charges and references of a moralistic nature, paucity of ideas, clumsiness with language, explanatory reactions, lack of superficial ("educated") associations, and the illness complex.

Jung's suggestion (Summary: III (d)) of perseverating emotional charge, seems to find confirmation in the recent proposal (Trimble 1986: p.85) quoted again later here in a related context (see chapters on transferential context), that "an epileptic focus in the limbic system brings about enhanced affective associations leading to a functional 'hyper-connection' and a 'suffusion' of experience with emotional colouration." Expanded studies of word associations with special attention to this phenomenon in respect to, for instance, sex of subject and laterality of focus, would be valuable.

Copies of the three word association experiments themselves, along with a detailed computation of the forms of response according to Jung's categories, are included in the Appendix.

As mentioned above, not only did Jung apply his researches in word associations to the attempt to frame the dimensions of an epileptic character, but mainly to elucidate his theory of complexes. Though contesting the generalizability of Jung's remarks about his epileptic patient, I should like to confirm from my experience the therapeutic utility of the word association experiment itself in revealing one or more major complexes, and further, that these word-images may be compared to similarly significant dream and aura images.

That is, the psycho-somatic complex appears in all three modalities: the dream and aura states show a both-way crossover whilst, in tandem with that, the same complex is shown active in the word associations which are themselves also psycho-somatic resonances. I shall just outline this imaginal coherence as illustrated in more material provided by Subject "A":

With reference to Subject "A's" initially presenting complaint of a travel-over-water phobia (cf. biography chapter XIV), we find in his word association experiment various "complex indicators" linked to word images relating to water. Concurrently (and historically, since he was a youth) he experienced dread- and anxiety-suffused night-dreams featuring the water motif, characteristically an empty ocean bay, the water being sensed as ominously massed in the distance, though this image might be embedded in a variable plot. Also concurrently, during the day he would experience as an aura a replication of the emotions he associated specifically with that dream-image and which, merely upon closing his eyes, he would irresistibly envision with the same intensity but without "plot" or progression. Subject "A" likened the fixity of his day-time image to a "still-life" more vivid than, say, a "snap-shot", but utterly static.

This image has remained throughout the years and in whichever manifestation heavy with meaning, "numinous". The feeling is one of "reminiscence" - but not of this life, rather of a past life in Ancient Greece or Rome, more akin to the original Pythagorean/Platonic sense of the concept of *anamnesis* (remembrance, recollection) to account for knowledge through rebirth of unchanging ethical realities; this term of course has been reduced in the current clinical context to mean the personal case history.

By way of illustrating the "movement" of this profoundly meaningful image, the following dream report was provided in association with a query about any experiences of synesthesia.

> Yes, that's interesting, because one of the dreams I get is that I'm trying to play music but what I'm playing is a picture. Probably one of the most recurrent dreams I've ever had. A very dominant recurrent dream. I'm in an orchestra, but I'm presented with a picture to try and play and I get very worked up about this because I can't play the picture and I've had this dream hundreds of times.
>
> It's usually a picture of a sort of country - it's a landscape picture sometimes with an empty bay, there's a bay but there's never any actual water in it. Sometimes it's not that definite actually. What I know is that it's not music, and each time I get faced with it, I get very irritated, how can you possibly play a picture, yet I have a go at it. I've had this dream hundreds of times.
>
> I first had it many years ago, probably about twelve or thirteen years ago, but it's got much more dominant in the last five years since all the trouble (i.e. the travel phobia) really started.

Compare this to another dream, frequently experienced over many years and recurring after the word association experiment, and attended by the customary dread and numinosity:

> I am walking along a harbour and looking out to where the sea ought to be. There is an estuary, and I can see the distant coast across it. Here there is, however, only undulating sand, with holes in it, completely dry.

Later, this dream occurred, classically archetypal in its mythemes and numinosity:

> A large bay, full of still water, lies beneath an overcast, grey sky. I am standing on a narrow rough path that runs round the bay; the water lies on my left hand side and on the right hand side the path breaks up into a rocky terrain over which I cannot pass. A tall mountain towers in the distance and I am aware that I am about to start a "spiritual journey" that involves me walking round the bay (on the path) and then climbing this mountain. to signal the start of this journey an eagle flies down from the mountain and hovers in front of me. I produce a small piece of cloth (handkerchief?) and the eagle vomits onto it a small quantity of warm milk - I understand that the purpose of my journey is to carry this cloth back to the eagle in its nest at the summit of the mountain at which point my mission will be completed.
>
> However, it seems that this is a long term task and the first stage is to walk to, and climb, a small tower that stands about a mile along the path. I reach the foot of the tower but my further progress is blocked by an old witch who guards the steps leading to the top. I engage in battle with the hag in the form of some sort of "question and answer" game in which I have to respond correctly. I win this game but by a process of some sort of cheating (nature not clear) and on passing her and climbing the steps to the top of the tower I encounter a very vaguely defined shadowy fig-

> ure. He/she/it says that although, strictly speaking, I have reached my first destination it doesn't really count because of my cheating and I will have to start the journey over again. And indeed the dream repeats! I am once again standing on the path looking up at the mountain, etc., etc.. So once again I walk to the foot of the tower and encounter the witch; but this time I manage to overcome her "fairly" and climb to the top of the tower. There I look onto the distant mountain with a sense of satisfaction at having accomplished the first part of my pilgrimage although I am aware that I still have a long way to go.

A complicated psychical process announces[15] itself in the sufficiency of a single image:

> The next occurred at the boundary between wake and sleep as a "vision" of the bay filled with sparkling water.

The scene was "fixed" in the usual manner of the day-time aura and was accompanied by the intensity of meaning equal to both its night-dream and aura presentations. However, for the first time, this "realized" image was experienced as "encouraging", and as "cheering". In fact, shortly thereafter, travel over water was accomplished without psychosomatic crisis. The image of the bay continued to recur, but never again was it ominously empty or associated with the old feeling of dread.

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[15]The complexity of this process is hinted at in the language of these dreams, through the imagery of a high wall of water piled up far out at sea. The hint is to classical and by inference archetypal epileptic imagery, of earthquakes: for example, Paracelsus in 1567 is cited by Lennox (1960: p.3) as inferring, "Earthquakes and falling sickness have the same causes...for the motion of the earth is also the motion of man and is experienced by all which grows on the earth" (trans. Zilboorg 1941). In this case, the indication is a subtle one, that such a structural commotion has already occurred (the retreat of the waters associated with the post-quake imminence of a tidal-wave), but that its consequences have yet to come inshore and be experienced. The dreams and aurae in this instance picture another one of epilepsy's border zones, here between quake and aftermath. They choose to position the subject at that juncture where imaginally something can yet be done to intervene between the tidal-wave effects of a structural upheaval and complete subjection to its impact and inundation. Those effects are posed in the one zone where intervention remains possible: not the depths themselves, but the surface of the unconscious, where effects from the depths move along an interface. There they are poised or suspended, inviting contemplation and finally imaginal engagement. That an adequate degree of engagement was offered by the subject seems evident in the final dissolution of the offshore threat of engulfment by the filling of the bay, a contained zone of refuge and also safe departure and return (compare the subject's fear of travel over water), with a water which reflects many bits of sunlight, or of consciousness beginning to move towards integration, the *scintillae animae* again, here linking the spheres of conscious and unconscious harmoniously and with a sense of lightening and release.

V. Precedents for Linking Dream and Epilepsy, from Antiquity

Whilst a significant relationship between sleep and epilepsy states has been under-emphasized by psychiatry, it has not always gone unremarked.

To mention just several references from Temkin's (1971) extraordinary historical study *The Falling Sickness* : According to Aristotle, the same processes, involving the blockage of psychic pneuma - an elemental image to which I shall return - underlie both epilepsy and sleep, releasing the "imaginative faculty" from rational control, and he noted that "sleep is similar to epilepsy and in some way, sleep is epilepsy" (p.34), Soranus said that nightmare was a forerunner of epilepsy and, if it were not cured, then epilepsy would follow (p.43); Aretaeus included horrid nightmares in his symptomatology of chronic epilepsy (p.44); and Posidonius compared the daytime suffering of epilepsy to the suffering of nightmare (p.43).

The mytho-poetic kinship between epilepsy and nightmare, and between both of these and Pan, is emphasized by Roscher (1900), who cites many historical sources, and is amplified by Hillman (1972b) in his commentary to Roscher's *Ephialtes*. Leveranz (1979) draws heavily on these two essays, and on Temkin, in his exposition on epilepsy from the point of Archetypal/Imaginal Psychology.

In asserting Pan as the dominant within epilepsy, Hillman stresses the "seizures that convulse the whole person, whether panics, anxieties, nightmares...the deepest level of our frenzy and our fear" (1972b: p.ix), and Leveranz emphasizes the "instinctive, compulsive character of the seizures" (1979: p.35).

Whilst acknowledging Pan's dominion over that high-noon patch of heaving ground, in this paper I shall rather move out to the edges, to the borderlands which belong to Dionysos and to the epileptic phenomena which, like him, move in their

quick mysterious ways back and forth across it. The aura phenomena under consideration here seem in their peculiar nature to be out of ordinary time, however their happenings may be clocked. They are associated mainly with abrupt electro-encephalographic changes, for instance, those signalling the transition from wake to sleep or from sleep to wake, or the perilous margin of an emotion. I prefer to imagine these instants of ambiguous duration coincident with "the sudden" (*eksaiphanes*) of Plato (*Parmenides*)[16] and occurring in the presence of Dionysos.

Moreover, as my aim here is to elucidate the psycho-structural parallels between dream and aura, it is also well to acknowledge that god one of whose very attributes is classical tragedy, the form on which Jung has based his model for dream interpretation.

VI. The 19th & 20th Centuries: from Post-Romantic Medicine to Modern Neurology

> Sleep is a basic, integrative function of the central nervous system. Epilepsy is a basic, integrative dysfunction of the central nervous system. It is not surprising, therefore, that the two are related. (Sterman et al. 1982: p.xv)

Turning now to a few of the most direct anticipations of electro-encephalographic congruences between epilepsy and sleep states, I shall first mention some of the major investigators in the late 19th and early 20th centuries. Before the heroic era of pharmacology, physicians did not strive chiefly for symptom-suppression in treating epilepsy, for they were still open for affinities between the symptomatology and

[16] "For Plato says that when something switches from motion to rest, or from rest to motion, it is not then in any time, but is in 'the sudden', which itself is not in any time." In: Sorabji R (1983). *Time, Creation and the Continuum: Theories in Antiquity and the Early Middle Ages.* Duckworth. London. p. 360.

the states of sleep and dream - states which had also taken pride of place in the philosophy and literature of the Romantic era.

Gowers (1881) observed that seizures were facilitated in the phases transitional between waking and sleeping, and that in nocturnal epilepsy, morning seizures were most frequent; Féré (1890) noted the increase in seizure frequency towards awakening, and concluded that dreaming must influence this. Binswanger (1899)[17] suggested a possible equivalence between dreams and aurae, citing patients' own reports of seizure-causing and seizure-accompanying mechanisms.

By way of interjection, I think it is crucial to emphasize the source of such important information being the patients themselves. As one reviews the literature - not only historical but also current - the impression is of patients consistently offering insightful self-reports which subsequently prove to have a neurological actuality, as well as a psychological reality not limited to their singular experience alone of complex epileptic symptomatology.

Too typically, these reports are dismissed as irrelevant ("merely anecdotal") or only after a long time are they incorporated into "medical fact". The perseverating aspect of fear which may determine such resistance to patients' credibility, is suggested by a wonderfully defensive warning currently directed to the families and General Practitioners of people with epilepsy (Laidlow 1980), that they might feel it is themselves and not the patients who is becoming odd!

I have got the impression of medication being prescribed in order to suppress not only full-blown convulsions but also patients' reports on the shifting definitions of "reality", reports whose amplitude compromises the more circumscribed definitions of "reality" which particularly a hyper-rational physician, or members of a family

[17]Quoted by J. Cadilhac: "Complex Partial Seizures and REM Sleep." in: Sterman, et al. (1983). chap. 23, p. 315

whose homeostasis is already dependent upon the identification of one of its members as "other", may hold.

What the physician should know from formal medical education, probably many others sense intuitively, namely that "in the temporal lobe we see reflections, however distorted in the stormy surface of the epileptic event they may be, of the natural functions of the lobe" (Williams 1968: p.648). And thus, Lennox was recalled as saying: "It is simpler to think of all people as epileptics and regard the matter as one of threshold." But, it may in fact not be simpler for those who cannot tolerate such relativity and ambiguity of "consciousness". One of the modern poets most devoted to exhausting the dilemma of consciousness, Paul Valéry, writes in his *Analects* that "The nervous system is the greatest of all poems." Perhaps it requires something of a poet's sensitivity to suffer awarely, and even to celebrate, the fact that all of us are, from moment to moment differently conscious, as the 19th Century neurologist-philosopher Hughlings Jackson said, and sounding by as many means, "The essential poem at the centre of things" (Wallace Stevens). And, if the analyst and physician will but listen, the patients' own reports confirm the contemporary insights of Hillman who believes that for the deepest comprehension of mind, we are obliged to turn to poetry, and George Steiner (1979) who has observed that the mythographer - the poet - is the historian of the unconscious. Most of the people with temporal lobe epilepsy who attempted to describe to me psychical phenomena which they stated were, by their very nature, "indescribable", sought some metaphorical equivalence, by means of a lyrical image (a number of which I have interjected in this paper) or a sound-picture. They appreciated that the problematic contained its own poetic resolution, as voiced by the American Poet Laureate Richard Wilbur, namely, that "a thing is most itself when likened."

This difficulty in catching and communicating the sense of such experiences, is itself well-expressed by the epileptic Tennyson:

> Moreover, something is or seems
> That touches me with mystic gleams
> Like glimpses of forgotten dreams--
> Of something felt, like something here;
> Of something done, I know not where;
> Such as no language can declare.

It is not surprising, then, that the use of the implicative expression "dreamy state" should also have originated with the patients themselves, to be picked up by Jackson (1879) who apotheosized it into a term. "Dreamy state" has continued to be used to specify a category of aura primary associated with epilepsy of the temporal lobes. It is characterized by doubling of consciousness, the illusional or hallucinatory phenomena which are typically experienced as, and described by the patient after, the manner of regular dreams. It is upon this very altered state of consciousness that temporal lobe seizures, as a nosological entity, are based (Wieser 1984).

Even the word *aura* itself, from the Greek for "breeze", used to describe the onset of a seizure, was introduced by an epileptic child who observed to Galen that the movement of sensory signs was "like a cold breeze" (Temkin 1971: p.37). It has been used since to designate signal symptoms in general, psychical as well as somato-sensory, though here I shall concentrate on the psychical.

More recent investigators into the inter-relationships between sleep and epilepsy states still have not ascertained, for instance, whether the incorporation of the aura into a dream provokes a seizure, or whether the seizure induces a dream (Janz 1974). That they are mutually related, however, becomes increasingly appreciated:

> How fascinating. Just think, those seizures which produce the "epileptic dreamy state" in wakefulness are facilitated during sleep. (Penfield 1960: quoted by Broughton 1984: p.325)

> ...temporal lobe seizure content is, in given individuals, analogous to dream content. (Epstein 1964: ibid.:p.326)

> ...one is tempted to presume that the "epileptic daydream" takes, during the night, the place of the normal dream. (Passouant 1984: p.69)

And, it has been suggested that this mutual relationship depends on their shared neuronal mechanism in the temporal lobes (Penfield & Rasmussen 1950). Although Rapid Eye Movement (REM) sleep generally inhibits discharges, some limbic structures like the amygdala can be extraordinarily facilitated during REM sleep, which is ordinarily (but not exclusively) associated with dreaming. Thus, inter-ictal temporal discharges may persist and even occur more frequently in the REM phases, and electro-clinical seizures during REM stages have been reported in a significant number of cases (Gastaut 1965). Aura content can be incorporated into dream content when temporal lobe seizures occur during REM sleep (Epstein 1979). Patients report being awakened by their aura before then passing-out (Janz 1974), and that the convulsion developed from a dream whose events had been influenced by the perception of a psychical or other seizure signal:

> Dream in a dream the heavy soul somewhere
> struck suddenly and dark down to its knees
> (John Berryman)

Also, recurrent dream images may find their way into the "dreamy state" of daytime aura (Epstein 1964: p.53). (Interestingly, Epstein also suggests that recurrent dreams may themselves be indicative of temporal lobe epilepsy).

Passage of what I have come to think of as epileptically charged images across the sleep-waking border can, in terms of the gradient, have consequences for the prognosis. For one example from the literature, a recurrent dream featuring an olfactory aspect which the patient could relate to an actual, emotionally significant event, is reported to have gradually become accompanied by nocturnal seizures which subsequently occurred during the day. And already Plato in "Timaeus" observed that if a night seizure moves into the day, prognosis is negative, whereas seizure activity in the other direction, into sleep, is more favourable.

The patients I have met have mainly been well-advanced in their seizure careers. However, I did indeed note that when daytime temporal lobe seizures became reduced in frequency and intensity during the course of analysis, the contents of the usual accompanying aura subsided, as it were, across the wakening cusp and into the oneiric realm, wherein these contents loosened and were transformed.

By this, I mean that instead of an aura's scene replaying itself over and over and "out of nowhere" as a single (if complex) "take", it becomes gradually embedded in an oneiric drama of increasing relevance to the dreamer.

The amygdala and hippocampus comprising the limbic system in the temporal lobes, are the regions most frequently cited as foci for seizures with a complex psychical aura. They are also regarded as "processing stations" for dreams, memories, emotions, motivations, and somato-sensory data which, integrated in both present and past time, achieve what Denis Williams (1968), and others after him, call the combined experiental and instinctual sense of "I am". From one venue to another, back and forth between day and night, the drama of the "I am" proceeds.

I shall return to the drama of the "I am" in connection with its archaic prototypes in a following chapter.

The relationship between dream and aura, and the prognostic movement of their images this way and that, finds confirmation in Rows & Bond (1926) who emphasize that the epileptic aura, like other disturbances of consciousness such as dream and hallucination, is preceded or accompanied by an emotional state which deserves investigation. Through elucidating the ideas and associations to both aura and dream, they state:

> ...the character of the attacks gradually changes; they are less severe and less frequent, and the patient does not remain in a stupid, confused condition for so long after a seizure. Next it is that the attacks cease during the day, while they continue to occur at night, frequently in connection with a dream. Then a modified dream replaces the seizure...(p.135)

Rows & Bond's work - with many (but not only) war veterans with post-traumatic epilepsy whose aurae re-presented the moment of their wounding - preceded by some years the introduction of EEG by Berger in 1929. Yet, by their attention to the patients' self-reports, and their own truly extraordinary capacity to recognize the individual predicament when other physicians were preferring to see only general categories of "psychopathology", they charted the development of plot across its alternate stages before it was mapped by the electro-encephalographic correlations between epileptic and dream states.

That even extirpation of the identified epileptic lesion may not in itself resolve the psychical concomitants, is indicated by data collected from patients who have undergone successful selective amygdalo-hippocampectomy for drug-resistant seizures. Some patients rendered convulsion-free after such surgery have reported their aurae continuing unchanged. (Significantly, such information is said not to be typically volunteered, and must be elicited by direct query, the patients' own definition of their illness and its symptoms being limited to the convulsive phase). Others began to experience dreams whose content is very close to that of their previous aura. How all this follows from the observed correlation between aura/dream activity and specifically discharging brain site is not yet adequately explained.[18]

Howsoever, one may entertain the image of psychical phenomena seeming to magically keep "moving", like the pea under the conjurer's shell. Also, although the implications are here too not understood, patients report greatly increased and more vivid and disturbed dreams for up to three weeks following unilateral selective amygdalo-hippocampectomy (Wieser 1985). And continuing to play a little with the

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[18]One of the consistent findings is that if the primary epileptogenic area is outside the surgical resection but the seizure-provoking pacemaker has been removed, the aura very often persists. In the Zürich experience, concentrating on amygdalo-hippocampectomy, this usually indicates that the secondary pacemaker has been removed and the seizure-inducing structures in the neocortical lateral temporal cortex are still producing abnormal (ictal) discharges (Wieser, 1988, personal comm.)

images here, one might picture the psychical contents of the brain flushed from and swarming in agitation round their demolished organic substratum, before settling elsewhere.

The insistency of the aura is also suggested by a recent London project which was designed to train patients to interrupt the progression of their seizures by behavioural means - though Seneca was describing an already historical attitude when he stated: "It is useful to know one's disease and to suppress its powers, before they spread."

The participants in this project were instructed to clench a hand into a fist at every indication of aura onset. They kept detailed records of their aurae and seizures, and indeed a significant reduction of seizures was achieved. However, at some point there appeared to be a kind of aura rebound effect, with incidence greatly exceeding the patients' pre-project habitual aura pattern (Reynolds 1986; pers. comm.). It seems that the *complexio imaginalis* will out.

VII. The Mythologems of Epilepsy in Relation to Its Phenomenology

It is within the *complexio imaginalis* that one might search for the mutual contingencies of individual psychology and neurological event. And so at this point, I should like to consider the mythic dominants informing the aura phenomena.

As stated earlier, the term *aura* is from Greek, meaning "breeze", and as a personification, Aura is specifically the cool breeze of dawn. Let us amplify this image now, in the traditional "Jungian" manner. Aura is the daughter of Boreas the North Wind, himself son of Eos the Morning and Astraeus the Starry Night. But Aura is not fully complemented by relatives; crucially no mother claims her. She carries no

stories of her own, featuring only in the stories of others as an agency effecting change, as in the following synopses (derived from Graves, Jobes, Roscher):

> Aura brings grief to Ares with news of the death of his daughter, the beautiful Amazon Queen Penthesileia, killed by Achilles who then loved her dead body.
>
> * * * * *
>
> Aura is entreated by Cephalus in endearing terms to refresh him after his hunt. His wife Procris, suspecting him of infidelity, hides in the bushes and Cephalus, mistaking her dismayed cry for the sound of an animal, kills her with his javelin.
> This very weapon Procris had given Cephalus, along with a hound, in the early days of their love. Both had been gifts to her by Artemis.
>
> * * * * *
>
> Another character named Aura was daughter of the Titans Lelantos and Periboia. She was a wind-fast huntress and follower of Artemis who, having been loved by Dionysos, fled him to the mountains, where she bore twins and went mad.
>
> * * * * *
>
> Additionally, a hound of Actaion was called Aura on account of her swiftness. When Actaion surprised Artemis bathing, she set Aura and his other hounds upon him as fatal punishment.

In the first two accounts, Aura in her own person brings about an alteration in the minds of others. In the last two, her namesakes the huntress and the hound themselves undergo a shift in consciousness: the maiden into infanticidal depression and the animal likewise away from her instinctual devotion.

Whilst Artemis is clearly a determining image held in common by these mythologems, the agency of Dionysos is implicit throughout, focussed and intensified through configuration with Artemis. He shares with her the disposition of the androgyne, the retinues of females running free if not wild, and the shape-shifting. And when the divine nature of either of them is unrecognized or otherwise offended, they exact their revenge through the motif of the hunt, but one in which the

roles are reversed and the hunter becomes the hunted, himself unrecognized by his own family or animals which turn against him.

Similarly, the images of dreams or epileptic aurae, if regarded with an incorrect attitude, may seem to turn on the very psycho-somatic medium which has occasioned them, and the person is "seized" and brought to ground, suffers a dismembered consciousness, even "death".

Actaion is either transformed by Artemis into a stag, or he attempts to disguise himself with the pelt of one; in any event his hounds do not recognize him and tear him to pieces. Autonöe his mother, and aunt of Dionysos, later re-assembles his bones. Likewise Pentheus, who shares with the Artemisian Amazon Penthesileia the etymologic ground of "grief", attempts to disguise himself as a Bacchante, by assuming a different sort of pelt, a woman's wig. His mother Agave, another aunt of Dionysos, fails to know him and in her frenzy dismembers him, holding aloft is severed bewigged head as trophy. The story of Cephalus and Procris, thought not in its usual form obviously based on the offence of a deity - though sometimes the fatal accident is said to follow from the resentment of Artemis that her precious gifts were passed round without due respect - nevertheless hinges on mistaken identity, and a double one at that: Procris, gripped by her fear of losing the love of Cephalus, wrongly assumes the cooling breeze Aura to be her rival; and Cephalus in his hunter's single-mindedness misconstrues the cry of his own beloved wife for that of a quarry.

* * * * *

We can best elucidate Aura out of her anecdotal field and onto the stage of epilepsy by means of her lineage, for that is the wind-bridge across the border between drama and dream, and therefore the bridge for comparison of their structures.

It has been mentioned that Hillman and Leveranz, through Roscher, make Pan, a wind god, the presiding dominant in epilepsy, shading this towards Nightmare. I find this too undifferentiated; but if the wind god is taken to be Boreas, finer differentiation is possible. Boreas is properly the father both of Aura in mythology and of the epileptic phenomena bearing her name.

Boreas is the son of Starry Night and Dawn, and he is depicted with two faces reflecting this parentage: one turned brightly forward towards day, the other darker and turned backwards towards night. He is winged and (sometimes said to be) serpent-footed; like Dionysos, he comes from the Thracian North and precipitates sudden changes wherever he goes. Like other wind gods, he is also a death demon, and in my following discussion of patients' aurae, I shall concentrate on one of the most frequent sensations associated with temporal lobe epilepsy, namely of imminent death.

The great love of Boreas was Oreithyia, the Morning Mist or Fog, whom he courted long but futilely by gentle means until, back in character so to speak, he finally carried her off by force (see Illustrations Section, p.12).

The morning factor is strong in Boreas' story; Eos the Dawn is his mother, Oreithyia the Morning Mist his formal wife, and Aura his patrogenic daughter is the Morning Breeze. Though Aura is tied to the waking moment, her mother is not specified as Oreithyia, and this particular single-parent status becomes an important feature as the mythologems impinge on both epileptic and dream states.

For instance, Nyx the Night (the dark aspect of air whose black wings cover the world, lover of Erebus the Darkness of the Depths, and a swift comer and goer like Boreas) has several children whose father (according to Roscher) is never specified: the twins Thanatos and Hypnos, then Aither, Eris, and Morpheus, and Hemera, and then Oneiros the Dream. These parthenogenic children, which

Hillman (1979) in the tradition of Roscher (whose sources appear to be Hesiod and Homer) calls "the brood of Night," are sometimes assigned fathers by other mythographers. For instance, Jobes (1962) gives the same pair to Erebos and assigns Eris to Zeus; and Graves (1955; it seems from Orphic sources) gives three more children to Nyx and Erebos, the fates Klotho, Lachysis, and Atropos.

But the consensus on Oneiros, is expressed by Hillman when he says that "dreams have no father;" or, in our terms, Dream like Aura is a single-parent child.

Aura, daughter of Boreas, has no mother; Oneiros the Dream, son of Nyx, has no father.

When neurological research turns up significant linkages between aura and dream, it must ask what the meaning of those linkages might be. Mythological language anticipates those questions by framing a parthenogenic perspective around Aura and Oneiros. That is, dream and aura are parallel children, with the same king of hole in their genealogies, one motherless and the other fatherless.

How are they differentiate further within this perspective? In mythological terms, Dream would seek a father, and Aura would seek a mother. Would the manner of their seekings differ? In common they seem to share the ground of their seeking: they make the human psyche the missing parent in either case. But dream makes human consciousness into the missing father, assuming an active or masculine role, whilst aura makes human consciousness into the missing mother, "seizing" it and converting it into a passive or feminine role. This difference is reflected in what we know of Aura's father. Boreas "blew-up" in his conquest of Oreithyia, as indeed his own mother Eos was notoriously persistent in chasing her own lovers.

When people dream, then, they are engaged in a favourable ratio: they are fathers in contract with the unconscious contents, actively "becoming" as-it-were either Phantosos, Phobiter, Icelos, or Morpheus in the various shapings of dream im-

ages. When people have epileptic seizures, however, they are raped Oreithyia-like into an unfavourable ratio. They are the passive mothers in contract with the unconscious contents which no longer court gently and with respect, but rather overwhelm and carry the person off in a fit.

I have found, in working analytically with people with epilepsy, that they often experience themselves as quite helpless in relation to their seizure phenomena - and also to the medical and psychiatric authorities who seek to retard their otherwise too disturbing voluminous psychical states with medications. This may be at complete odds with the competence and certainly great courage with which people subject to seizures conduct themselves in other areas in their lives.

But, when they begin to take the imaginal initiative with aura contents, convulsing or otherwise disabling seizures do diminish in intensity and frequency, and their psychological concomitants can become integrated after the same manner as regular dream contents.[19] In mythological terms, they become fathers rather than "falling

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[19]To ask how this come about, then, is really to ask about the nature of dreams themselves and how a receptive attitude towards and an understanding of dreams promotes the overall well-being of the individual; for this, we may turn directly to Jung.

In his essay on "The Practical Uses of Dream Analysis" (in Jung 1966), Jung describes dreams as "the direct expression of unconscious psychic activity...show[ing] the reality of the patient as it really is," and to be regarded as one would physiological facts (§ 304). He observes that dreams may "manifestly represent wishes or fears...[and also] contain ineluctable truths, philosophical pronouncements, illusions, wild fantasies, memories, plans, anticipations, irrational experiences, even telepathic visions, and heaven knows what else besides" (§ 317). "The moment the patient begins to assimilate contents that were previously unconscious, its danger diminishes. The dissociation of personality, the anxious division of the day-time and the night-time sides of the psyche, cease with progressive assimilation...[T]he overwhelming of the conscious mind by the unconscious is far more likely to ensue when the unconscious is excluded from life by being repressed, falsely interpreted, and depreciated. ...The psyche is a self-regulating system that maintains its equilibrium just as the body does...the relation between conscious and unconscious is compensatory...and the dream content is to be regarded...as an actuality that has to be fitted into the conscious attitude as a codetermining factor" (§ 329-31).
Finally, and of special relevance to our discussion here of the psycho-somatic phenomenology of the limbic system, Jung states that "The evolutionary stratification of the psyche is more clearly discernible in the dream than in the conscious mind. In the dream, the psyche speaks in images, and gives expression to instincts, which derive from the most primitive level of nature. Therefore, through the assimilation of unconscious contents, the momentary life of consciousness con once more be brought

unconsciously" into motherhood ("How did you get pregnant?" "I don't know, it just happened"). That is, they "father" dreams by exercising the creative animus aspect of the actively receiving feminine, rather than remaining the raped or seized mothers of aurae. Here again, androgynous Artemis is relevant, for the female or male patient's change of imaginal role reflects childless Artemis's protecting, active assistance at birth. A "father's daughter" herself, she nonetheless is the only goddess with a positive relationship to her own mother, rescuing Leto and serving as a midwife at the birth of her brother Apollo. She becomes the active nurturer of the newly emergent (Malamud 1971), suggesting a similar path for epileptic patients, exemplifying one of the possible anima aspects mediating between the conscious and unconscious of both sexes.

In sum, we might say that unconscious contents seek to complete a genealogy, to fill out, so to speak, an atomic number in an elemental structure, and they do it in two ways, the ways of dream and aura. Analysis can provide a border-crossing from the (victimized) passive to the (creatively participating) active side of imaginal parenting.

The findings of neurology are consistently amplified by the aura mythologems. A dream-like state inhabits both sides of the dream-aura, or sleep-wake, boundary; activity in amygdala and hippocampal structures of the limbic system seems to give rise to both.[20] Of course shifts in sleep state occur throughout the night, and the likelihood of seizure heightens at each transition point; and aurae certainly may occur at any time during the day. (Accentuating temporal lobe epilepsy's relationship with Dionysos the Loosener, the facilitator of sudden change, is the association of seizures with both reduction in vigilance and abrupt shifts in emotion). However,

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into harmony with the law of nature from which it all too easily departs, and the patient can be lead back to the natural law of his own being" (§ 351).

[20]According to Wieser (personal communication 1990), "there might be some connections insofar as REM sleep is utilizing parts of sub-systems which are usually linked or even included into the limbic system, for example, the amygdala.

the critical edge seems to be, in most clusterings of temporal lobe seizures, the moments around awakening. Coincident with the typical pre-awakening EEG is a lowering of body temperature: patients with temporo-limbic seizures report a feeling of "shivering cold" passing down their body at the onset of a seizure and even sometimes accompanied by visible piloerection.

And that fact bears out another attribute of this mythological family group - the double-visaged Boreas as icy wind, and Aura as the cool morning breeze, substantiating the metaphor of Galen's epileptic child mentioned earlier.

Another mythologem for epileptic phenomena - Poseidon the Earthshaker, driver of horses - focuses on the description of grand mal seizures; equine arching, the so-called "epileptic cry" at the sudden release of breath in the clonic phase, and the equine foaming at the mouth. Though the Greeks named Poseidon as the god manifesting through the grand mal, here the equine imagery is not exclusively the property of Poseidon's chargers. As Boreas offers a more differentiated perspective on epileptic psychical phenomena in relation to the dream than does Pan and his affiliated nightmare, so Boreal horses supply a more differentiated motif than do those of Poseidon.

Boreas fathers foals on a thousand mares at one puff (Roscher speaks of the custom of lining-up beasts tail-end to the North, to be fertilized by this wind). And when he sires twelve foals called the Boreadae on the mares of Erichthonios, he fathers as well a sharp image of concentrated, complete (the full circle of twelve), elemental (they are winds, air on the gallop), and unattached or unfocused libido or psychic energy. These wind-horses race over the sea without sinking into it, and over the land without leaving a single hoofprint. Unattached libido seems to be the essential product of Boreas, an elemental form of psychic energy that remains out of relationship with either the collective unconscious store of imagery (the sea) or earthly forms of containment (terra mater): a war of storms (cf. the Maruts in Hindu

mythology to which the Boreadae are likened), that has lost its elemental constituency. They are tearaway pneuma. With reference to Aristotle's phenomenology of epilepsy and sleep, they are this way because they have in common a blockage of "circulating pneuma" associated with the cold state of pre-awakening.

In mythological terms again, Boreas the wind or pneuma encounters blockage - which is to say, the unconscious contents receive no attention, much as Boreas received no attention in his courtship of Oreithyia the Morning Mist, eventually to blow-up in a wind-storm of undifferentiated affect, or the seizure's consciousness-eclipsing release.

This image finds cross-cultural correlation also in Tibetan mythology, with the likewise serpent-tailed KYAB.hJUG.CH'EN.PO (Rahu) denominated both "Eclipse" and "Wind" as well as the wrathful - but in correct relationship to him, the protective - deity associated with epilepsy. There are three psycho-somatic winds, the others designated the Sun and Moon winds, and these three in their proper circulation constitute the state of health. When KYAB.hJUG.CH'EN.PO is blocked, that moment is the epileptic eclipse of consciousness. Putting it much too simplistically or course, the shaman (who originally conducted this very complex praxis in a graveyard) treats the disorder through visualizations, on behalf of the sufferer, of dismemberment and recollection and realignment of the winds.

In Chinese, epilepsy is sometimes called YANG T'OU FENG. YANG can be goat (an animal associated by the Greeks with both Pan and Dionysos and also one peculiarly subject to convulsions); T'OU is the head, front, or top of the body; and FENG is disease, mainly referring to headache and palsy and, interesting in the light of the hounds mentioned earlier whose devotional instincts are confounded, rabies. According to the traditional reading in the 7th, 8th, and 9th Centuries, the character FENG is even comprised of the graphs for disease and for wind.

As the progeny of Boreas leave no trace, so in the epileptic wake there often remain no hoofprints on the solid ground of the person's identity:

> That breeze of dark limits.
> That edge, love, that edge...
> Oh breeze of mine with limits
> That are not mine. (Lorca)
>
> I am not myself.
> (frequent patient report)

The classic amnesia of epilepsy sets in, with no effect either on the conscious topography or in the sea-depths of the unconscious.

This Boreal mythological amplification not only re-describes clinical observations from the history of treatment up through current EEG findings, but also suggests a valid therapeutical model. That is, the unanchored, or untraceable libido of epileptic images needs to be worked, needs to be taught to leave traces in the identity of the patient. Hoofprints tell one where libido has been; they recoup the loss of memory and identity which typically afflicts epileptic sufferers. Anamnesis becomes possible:

> The wind hits heavy on the borderland.
> Remember me to one who lives there...
> (Bob Dylan)

The hypothetical traumatic memory[21/22] at the nuclear focus of disturbed consciousness in epileptic patients, around which psychic energy seems to collect and

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[21]"...whether the image (revived in the aura) be the product of the visual, auditory, or of any other centre of the nervous system, it will be found to be the reawakening of some antecedent experience of some highly emotional character (p.67)...[T]he disturbances of consciousness [are] due to the revival of the memory of those experiences under the influence of some stimulus (p.68). ...We must therefore look for some more weighty disturbing meaning which the fit may have for the patient, and this, in some instances, is found to be the fear of death. Undoubtedly to many the feeling of approaching unconsciousness suggests the feeling of dying. But this fear of dying is often associated with the memory of a past experience, of the overwhelming state of anxiety in the presence of a sudden or continued danger, and this intense emotional state leads to the disturbance of consciousness or 'unconsciousness' as part of the original experience" (Rows & Bond 1926: p.70).

[22]Complementing the early "Anfallsfang" theory of von Üxküll's, are more recent proposals gaining support by means of recordings from deep temporal lobe structures

draw, like a whirlwind, associations into its vortex, can be circumambulated. This is the earth-way in analysis, but not reductive in the usual sense, because Aura lacks a *mater* or mother to begin with. But as posited earlier, the "mother" is the individual epileptic psyche itself, upon whose passive resistence Aura is fathered by Boreas. The person's task is to recover psychic contents and so actively receive the connection with Boreas, relieving him of the need to use unrelated brute force. Her parentage thus fulfilled, Aura is born into an authentic personification, one which can be engaged and placed within her own story, i.e., that of the individual epileptic's self-knowing.

Before leaving this matter of the actively received connection, I wish to return to the subject of psychopoesis mentioned in the introductory chapter, and take up the initial dream of one of the three patients discussed in this essay, in order to make an concluding reflection on the engagement with the mythologems of epilepsy in imagination. My reflection does not concern the mythologems themselves so much as the possibility of engaging with them. It may also throw light on the frequently claimed epileptic trait of "ego-centricity".

A puzzling thing about this trait is that it may be observed during interviews with TLE patients, as a distinct subjective impression of the interviewer, but that it then fails to surface among the complex indicators in the Word Association Experiment. (The three patients discussed in this study share extremely low or non-existent ego-centric reactions). In asking myself why this might be so, I reviewed the initial dream of one of these patients. Initial dreams not only picture the current psychic situation but also hint the development lying ahead. In this case, in a patient whose

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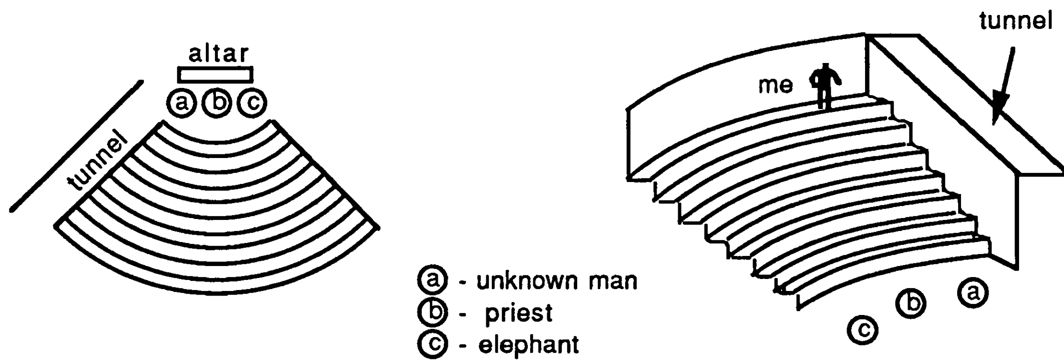
(hippocampus and amygdala) demonstrating changes in electrical activity occurring in direct relation to recall of emotionally significant memories. Epstein (1964) mentions the hypothesis of pre-existent lesioned brain tissue whose altered function renders it vulnerable to the "engram" of epileptogenically intense affective charge, and in addition the possibility that a painful experience can itself, if the accompanying emotion is sufficiently intense, actually alter normal neural tissue, also with epileptogenic consequences.

sensibility and scientific work both flood him with vivid intuitions of alternative worlds, the ego standpoint with its anchorage in the here and now is never to be taken for granted. By his own report, he must cling firmly to what for most people is boringly omnipresent. In this respect, however, he may present only an extreme version of what remains typically a TLE burden: the need to reinforce ego claims in the face of the insistent otherness of aura experience. And just here his initial dream provides the hint that could have proven decisive therapeutically, had he been able to follow it without reservation (the dream shows him holding back). This hint points in the direction of setting aside ego claims so that religious feeling may be widened and imaginal activity begin on a new basis, one that awards sacred significance to the act. The patient's verbal description was supplemented by drawings which make it clear that the part of the cathedral setting which carried importance in the action was a theatre, and that the ego standpoint at that time remained on the unconscious side of that imaginal arena (lower left, beside an entry tunnel).

> (a) I am standing on a small bridge over a narrow stream. An elephant-crocodile is partly submerged in the water with his head under the bridge. Bright glowing globes (about one foot in diameter) are bounding off his back and the water. They rise higher and higher into the air after each consecutive bounce.
>
> (b) The elephant emerges from the bridge dressed in formal Indian style attire. He has now become sacred and I and a few of the unknown people fly along to a great cathedral. I am at the front with the elephant on my left-hand side. His trunk points in a straight line before him. The cathedral is very impressive - probably Roman Catholic with many sharply angled spires. We enter through the main door.
>
> (c) Inside the church I stand at the head of a flight of steps as sketched below: someone runs up the tunnel and gives me a gun over my left shoulder. I know that for once it will work. I have to sacrifice the unknown man but refuse to do this on ethical grounds. The priest steps forward and reads a passage out of the Bible extolling the values of sacrifice but I still refuse. The elephant seems to have lost all significance in the third part of the dream - it was merely a means of effecting our entry into the church.
>
> Dream fizzles out. Third scene was full of significance for me.
>
> graphic.



The themes and structure of this dream corroborate several main perspectives which converge on the therapeutic model appropriate to TLE. These are themes of tragic dramatic form, of engagement with imaginal realities in an attitude beyond ego frameworks, and of the psychosomatic ramifications of poetics (the Hillman-Ziegler derivations from Jung). The dream action converges on the sacrifice of a largely unconscious ("unknown") shadow to the ego standpoint, which it becomes the sacred duty of the ego to achieve but which it cannot then manage. En route, there is an initial and crucial transition passage (the narrow bridge), the presence of dispersed spiritual aspects or *scintillae animae* (the rebounding globes going ever higher), an emergent animal-instinctive aspect of great power and capacity (the elephant-crocodile which becomes sacred Indian elephant as well as guide), and an implicit invitation to broaden religious perspective (the Hindu-Christian-human sacrifice relativity). Not only does the animal transform, but so too do the globes, replaced by the many spires, both changes underwriting the high import of the dream. The crucial moment of sacrifice I shall comment on after turning to the question of psychopoesis, which I now retrieve from my introductory chapter in order to come to the deeper import of this dream action.

This import, in a few words, has to do with taking on the burden of imaginal relativity and its redeeming ironies, or, alternatively, the recognition-and-reversal which in tragic form permit the sufferer to move towards a resolution of the action

that has seized him in his grip. Should a TLE sufferer be able to do this, says this particular dream language, a devouring aspect of the psycho-somatic condition can drop away (the crocodile, whose dragon side points to the autonomic nervous system), and the still-archetypal and unfixed spiritual factor (those rebounding globes) can enter concrete, containing form for engaging with the imaginal drama. In effect, the dream's initial tableau pictures the patient's psycho-somatic split - the globes aim themselves at the water and the animal as if to enter them, but they fail to do so - while the middle tableau shows this split beginning to close - the transformed elephant points the way to the cathedral whose spires suggest that the globes have taken specific form. The psycho-somatic agenda is urgent: a bee-line is made, via that straight trunk, for progressive and unifying embodiment. And at the focus of psycho-somatic urgency is psychopoesis, as I shall now explain, quoting at length from Professor David Miller (in *Mythopoesis, Psychopoesis, Theopoesis: The Poetries of Meaning*) and from Jung's autobiography as cited by Miller. Jung's passages, while they do not have tragic reversal in mind, are not without relevance to just that kind of crucial turn, which my patient's dream addresses in its own way at its climax.

Professor Miller, in contributing to a formulation of a psychopoesis, writes:

> The poetic revolution is not a broadening but a deepening of language. The depth of *poiesis* is not achieved by greater subjectivity or objectivity in communication, not by feeling or thinking more, not by "laying it on" or by "spewing it out", but rather in the making and creating that happens when all life's literalism are seen into by Hades' peculiar in-visibility and are seen through by Persephone's pomegranate seeds of death's depth.
>
> *Poiesis*, it may be important now to remember, not only means "making" or "creating". It originally pictures the image of a religious sacrifice. It imagines a killing. So, for example, in the Septuagint, Greek version of Hebrew scriptures, there are phrases in Exodus 29.36, Job 42.8 and I Kings 11.33, which link the word *poiein* with the words for "calf", "fruit", and Ashtoreth. The phrases translate: "sacrifice a calf", "give a first-fruit offering", and "sacrifice to Ashtoreth". In its most radical form, *poiesis* is sacrificial in mode and religious in undertone. So it is with the poetic revolution.

I have already said that Jung is crucial to this revolution, a revolution - as we now see - for which poesy means sacrifice. Jung is crucial because he taught a psychology of sacrifice that leads directly to a poetic and imaginal view of things. He wrote that the mere giving up of something is not a sacrifice. "It only becomes a sacrifice," he says, "if I give up the implied intention of receiving something in return. If it is to be a true sacrifice, the gift must be given as if it were being destroyed. Only then is it possible for the egoistic claim to be given up" (1940: § 390). When Jung speaks of giving up "the egoistic claim", it is not same as calling for a literal sacrifice of ego. It is rather the loss of ego's claim on things, the loss of ego's perspective. The sacrifice entails a viewing of things more deeply, less literally and behaviorally, more symbolically, archetypally, and poetically....

> *Poiesis* is the sacrifice of the ego-perspective...a viewing of everything, including ego, behavior, history, the Gods, and nature, from a perspective of depth, from an archetypal perspective, from a world of fantasy, dream, and imagination. This is what the revolution is all about. (1976: p.7-10)

Jung's passages point to the genuine alteration of sensibility, and the risk entailed, in properly making the sacrifice. Jung called it a "reversal...of the relationship between ego-consciousness and the unconscious.... This reversal suggests that in the opinion of 'the other side', our unconscious existence is the real one" (Jung 1965: p.324).

Miller reads Jung as conveying that the experience of such an archetypal reversal needs a language, "that the absence of a poetic perspective makes it seem 'a risky experiment or a questionable adventure to entrust oneself to the uncertain path that leads into the depths of the unconscious'" (1976: p.10; Jung 1965: p.188).

In Subject "A's" dream, the final challenge came to him from his own religious tradition: human sacrifice was urged on him from the pages of Judeo-Christian scripture. The dream action presents this challenge, however, in a setting which enforces the need for a poetic perspective, a symbolic reading of the significance which is so deeply felt. In spite of being deeply felt - and this sort of report is notoriously familiar in TLE phenomenology, where intense meaning is intuited but not grasped - the "significance" remains beyond reach. The setting tells us why: the unconscious aspect of the ego, its shadow, will not be sacrificed, that is, will not

relinquish its claim upon life and avoidance of holy destruction. The ego's shadow is its own refusal to suffer "the loss of ego's perspective" (quoted above). Several things signal the ego's inability at that time to know what its feeling of significance meant. First, the dreamer did not remember the most prominent Hebrew story of such sacrifice, that of Isaac by Abraham (in the canon, interrupted; in Rabbinic variants carried through and followed by resurrection). Nor did he notice that the setting points to Greece - the amphitheatre focused on a tragic event - and therewith to the proximate cause of the tragic cycle in Greece, Agamemnon's sacrifice of Iphigenia. The altar in the dream, in this Greek context, even points through its name in the Dionysiac cult practice as *eleos*, to the strict cognate "pity" (Kerényi, 1976: p.319), and so to the primal emotionality of tragedy. (The dreamer later said of one of his aurae - see chapter XIV - "It's not fear, which I suppose sounds rather odd. It's *pathos*. Or if you know that article by Hillman, perhaps it's closer to say it's '*pothos*'"). The dream stages a convergence of the chief Hebrew and Greek stories of sacrifice, but stages them only implicitly, so that recognition is demanded. Looking ahead to the later joking comment by the dreamer on *pathos/pothos*, we see, too, a conflation of the figures to be sacrificed: the Greek maiden stands for this subject's frequent fascination with feminine figures in dreams and aurae, and so the anima in its seductive aspect, while *pothos* points to the son's longing for the mother, and so to the eternal youth caught again in a feminine embrace.

Still another signal that the felt significance is not grasped are the dreamer's estimate of his elephant. It goes flat for the dream ego just when the ego insists on its own "ethical" standpoint (*ethos* as willed character, opposed to *pathos* or the aspect which suffers), its principled and all-too-human blindness to "the opinion of 'the other side'." The ego's sturdy and capable guide-companion has lost meaning for it just when the ego holds fast to its own values and declines to take part in the agonistic drama set in the imaginal theatre of the soul itself.

Lest I give the impression here of a causal schema, let me emphasize that any when/then analysis of such motifs implies no judgements about causality or inferences about moral states. It offers amplification concerned with the simultaneity of motifs within archetypal psychology's perspective. While the dream has special value for the individual, and generalizable value for the dynamics of TLE, I am not judging it here. At stake in the dream is the ego's capacity religiously to engage with and bear, elephant-like, the mythemes of the soul's ageless drama, as those personify and work on the limbic emotions and processes of TLE. "Ego-centricity" may not emerge in verbal associations from such an ego because the ego itself is the complex that is being gripped and turned by the TLE condition, such that only the reversal brought about by the psyche as a whole through thoroughgoing recognition can give evidence of the depths at work. This initial dream, balked though its ego complex remains, lets us peer into those depths as we make our way towards the individual themes of TLE phenomenology, such as death aurae and aporetic blockage itself.

VIII. Introduction to Sample "Death" Aurae, and to Aporia

Approaching now actual examples of complex epileptic aura, I have chosen two with the shared theme of the experience of death. There are two main reasons for this. First, such complex aurae, often (but not inevitably, see below) accompanied by great fear, are said to be relatively frequent amongst people with temporal lobe epilepsy. Kardiner (1932) has emphasized from a Freudian perspective the "Weltuntergang", or destruction-rebirth fantasies which may characterize the

epileptic twilight states. And indeed, episodic sensations of imminent death have long been suggested as actually diagnostic of temporal lobe epilepsy:[23]

> ...a sense of impending death, so intense that no recollection of its falsity in preceding attacks prevents the conviction of its present reality. (Gowers 1901)
>
> [Epilepsy may be experienced as] a brief excursion through madness into death. (Taylor 1969: p.510)
>
> The episodic sense of being dead or of having an appointment with death is a clue to the diagnosis of recurrent complex partial seizures even without overt motor stigmata of seizures. (Greenburg et al. 1984: p.1587)

Second, already Alfred Ziegler (1980) has introduced into his *Archetypal Medicine* a category of dreams not allied with epilepsy but similarly distinguished by fear and helplessness. He defines these dreams as "not favourably to life," and terms them "aporetic".

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[23]Though this will not be one of the aurae I discuss at length, I feel it is important to include here as a particularly vivid illustration of the genre. This woman's aura had been - up to the point of "death" as grand mal convulsion - repetitive over years. However, this instance was different in that the psychical content continued, as it were, "posthumously" beyond that point. Even without an analysis of the structure of this aura, the coherence which the episode as a whole achieves is readily apparent in the four phases (Exposition, Development, Peripeteia, Lysis) of dramatic form.

> Well this is what sometimes happens, you know, before one of my turns, I keep looking at a spot on the rug, maybe first in the morning it sort of gets my attention like, and then I can't stop looking at it and thinking about it, and this sounds barmy I know, but I get to thinking it's evil, like all the evil in the world is right there in that spot! And then's when I usually get my turn. But this time, that was Friday, suddenly I had this feeling that I had to die, it's funny, I wasn't frightened or anything. So I got me the Lourdes water and kept cleaning and cleaning that spot, and then I went to the church and got blessed, and that night I gave the children a good bathing and sprinkled them with holy water and said goodbye to them and (husband). And then I bathed myself and I put on my best nightie and my rosaries and all and crossed myself with holy water and I lay in bed and then I just died! Now this really sounds, excuse me, bloody mad, but I went to Heaven and God shakes his finger at me and says "You can't die, you've got work to do!" So I come back, and I'd had me a really terrific turn, that was Saturday, and (husband) says to me, whatever I did before he knew me it's OK, we love each other and nothing else matters. I don't have any recollection of it, but I think when I was dead I must have told him about (an early boyfriend). I always wanted to before, because it weighed on me you know, but I never could bring myself to it.

(See Appendix for biographical context: "Case C").

We are thus provided not only with a specific and independent oneiric category against which to compare and contrast a particular type of epileptic aura, but also one which has been deliberately identified with a primary element of the classic dramatic structure which serves Jung as the model for dream construction. An expanded comparison of these two phenomena is warranted and explored by me elsewhere, but here I shall restrict myself to consideration of the term *aporia* itself and to its implications for aura structure and interpretation.

* * * * *

IX. Aporia, Tragic Form, and the Mythologems of Epilepsy

> What am I to do, what shall I do, what
> should I do, in my situation, how proceed?
> By aporia pure and simple?
> (Beckett)

In a complex epileptic aura of the temporal lobe, which is experienced as death itself, death may be felt to come from without as the consequence of irresistible actions by figures inhabiting the aura, or from within, as a succumbing to the utter despair or frightening helplessness invoked by the aura content, by the absolute knowledge which it conveys.

In either event, such an aura seems to satisfy Ziegler's appellative "aporetic", and I shall gratefully employ this term for my purposes hereafter.

Ziegler translates *aporia* as "impractible, impassable", and he stresses the irresolution of the blocking situation, the lack of *lysis*, in the aporetic dream. Though the prognosis may be qualified when the development of a dream plot is not clearly threatening, Jung has interpreted as "catastrophic" the absence of a *lysis* in the de-

picted dream problematic (Mattoon 1978). Ziegler defines the aporetic dream as one both threatening in nature and lacking in *lysis*, and one in which the dream ego is passive or otherwise helpless, hence his conclusions that such dreams are not psycho-somatically favourable.

A fuller appreciation of the Greek word *aporia* and its classical usage, however allows not only for a deeper insight into the aporetic dilemma as such, but also extends its implications and thus, in a psychotherapeutic sense, ventilates the interpretation of an aura (or a dream, for that matter) wherein this dilemma occurs.

Aporia comes from *a*, the privative, and *poros*, "way, passage, road". It may thus be translated as "waylessness, there is no way through"; Attic usage includes "turning the back", and the verb in its Attic form *aphorao* normally means "look away from"; *aporia* has the slightly transferred sense of helplessness.

Aporia is a major element in Plato's Dialogues and, as the dialectic structure of the Dialogues is one of the earliest developments in extant Greek tragic form in drama, it may be valid to elucidate the term by considering the way Plato uses it.

Jonathan Ketchum (1981), upon whose unpublished doctoral dissertation The Structure of the Plato Dialogue I base my following remarks and references, emphasizes that *aporia* in its practical Platonic sense, occurs in a plot that is going somewhere; rather, that is, than in one which in Ziegler's terms, has comet to an untimely finish. It carries a definite background metaphor of being under way, of there being a change in the quality of the road which requires a metaphoric turn. According to Ketchum, *aporia* is:

> ...in general, being lost or wayless, but it is just as much the feelings that go along with "being at sea", whether literally, in the course of an actual journey, or figuratively, in the course of an argument, discussion, or private "train of thought"....(p.194)

Of particular relevance to the analytic context, is that aporia is:

> ...a sign of emotions running one way while reasons run (or tries to run) another...[and] is thus seen as a lack of harmony between competing aspects of the personality....(p.197)

But, it is not that the "aporetic check" constitutes some faulty telic symptom. Rather, *aporia* is regarded by Plato as inherent to the structure of consciousness itself which must come again and again to a blocking point in its dialectal manoeuvering towards understanding.

With *aporia* comes awareness of one's unknowing, and consequent upon this awareness is what Ketchum identifies as the metaphorical turning point. *Aporia* is thus seen as essential to the dramatic plot for change to occur; that is, for the next dialectical shift into incursion or *peripeteia*, on the way towards *lysis*.

The appearance of *aporia* in Plato's Dialogues, if not identified by the very word itself, may be indicated by a character stating that he is at a loss for words, or by actual speechlessness, accompanied by strong affective response - all experiences which classically accompany a complex epileptic aura and are illustrated by the patients' accounts included in this thesis.

The analogy between the epileptic predicament and dramatic form holds on two levels which one might note: the existential and the paradigmatic. First, the so-called "aporetic check" is, according to Ketchum (p.179) "partly of dramatic characterization," by which I would say in our usage here, that the aporetic particulars of the aura content are determined by the individual psychology. But also second, Ketchum states that *aporia* is "in part connected with the exact nature of the situation," that is, here with the neurological event involving the limbic area of the brain which, as mentioned earlier, processes the experiental and instinctual data together comprising the sense of "I am" and which is, by definition, dysfunctioning during the aura episode.

The experience of death in the context of the epileptic aura is thus the limit case of *aporia*; at this boundary of one's usual mode of knowing, there is no straight-through possibility of understanding and resolution.

However, in *aporia's* notional equivalence of turning the back at this limit, we are given at the same time the image of the proper turn to take, a metaphoric movement of *reflexio*, a bending back, a turning in and downward (Hillman 1972a). Even as Hades has been portrayed with averted shoulder (see Illustrations section, p.13) and the ancient sacrifices to the deities of the dead were made with averted face (Farnell 1977), this is the postural recognition of the "moment of extinction and darkness," the "dark understanding of our embodiment [which] marks thus the intercrossing of Dionysos and Hades" (Fôti 1983: p.128).

This juncture evoking the Wittgensteinian "both sides of the limit" marks also the coincidence of Dionysos and Boreas. As Oneiros, Hypnos, and Thanatos and the rest of Nyx's progeny are embraced by the dark retrograde glance of double-visaged Boreas, so Dionysos in his Hades aspect ("Hades and Dionysos...are one and the same" - Heraclitus) encompasses night's underworld wherein dream, sleep, and death reside (Hillman 1979).

> The Heraclitian end...is not a horizontal extremity...it is rather a depth....The deep "end" according to Heraclitus is ultimately soul without end... (Miller 1977).

Hillman (1974: p.175) states in his essay on Archetypal Theory:

> Our knowledge of body always comes through psychic images. Although these images from all evidence depend on neuro-chemical systems, whatever we say about or do with these systems again depends on psychic images.

It is reported that the emotions typically produced by surgical stimulation of the amygdalo-hippocampal structures are those of fear and sadness (pity, pathos), a finding which suggests the priority of tragic emotions as defined by Aristotle, the classic form itself, then, emerging from the affect level.

Insofar as these structures process the individual's sense of "I am", disturbances at this site provoke to a greater or lesser degree the sense of "I am not". The aporetic aura may be regarded as the dramatic field wherein the individual plays out his/her images of non-being; i.e., these are the circumstances and the characters which "carry" death for that given person at that extreme time:

> ...then the Last Judgement begins, and its vision is seen by the imaginative eye of every one according to the situation he holds.
> (Blake)

If the fear and sadness (pity, pathos) - the archaic substrate of consciousness released in the amygdalo-hippocampal structures - are adequately aligned with their idiosyncratic psychic images, there is *lysis* which completes the tragic form. Thus, *catharsis* also is accomplished by the spectator, in this case the more authentic comprehensive self, as an ontic reminder of his/her human nature.

> The death experience offers each life the opening into tragedy... tragedy and death are necessarily interwoven, so that the death experience has the bite of tragedy and the tragic sense is the awareness of death. (Hillman 1976: p.72)

We have seen, through Ketchum's Platonic reading of aporia, that it marks a qualitative change in progression as such, and in the pattern of action. We can also see, that aporia, in its epileptic extremity, is the radical inflection into the tragic mode.

* * * * *

X. Archaic Prototypes of the Drama of Epileptic Identity

I told the taxi driver I was dead.

I gave him all my money.
He sort of refused 4 times.
On the 5th, he took it.

There were tremendous euphoric extremes;
I was in heaven.
And then terrible, terrible downs;
I was in hell.

And as I kept moving
From heaven to hell,

I was being given glances.

Looks at heaven just to emphasize hell.

And then being given a glance into hell,
Just to emphasize heaven.

(Patient's report of aura state)

> [T]he shaman specializes in a trance during which his soul is believed to leave his body and ascend to the sky or descend to the underworld.
> It is only this initiatory death and resurrection that consecrates a shaman. (Eliade 1964: p.5)
>
> The god [Dionysos], with his multiplicity of forms, the lord...of life and death... entered Hades as well as Olympus. (Otto 1965)
>
> ...Dionysos presents himself to us in two forms; as the god who vanishes and reappears, and as the god who dies and is born again...the god with two faces, the spirit of presence and absence, of the Now and the Then... (Otto 1965)

After this discussion of the historical and current neurologic and psychiatric perspectives on epilepsy, and some of the mythologems of epilepsy in relation to its phenomenology, I should like now to return to the determining agency of Dionysos and his vocalization in that tragic form which seems to carry, too, the psycho-somatic voices of dream and aura.

The archaic cultural traditions for drama are two: the speculative connections of the origins of drama in the West to Greek shamanism, and the surviving cross-cultural enactments of shamanism, a vocation traditionally and still associated or even equated with "controlled" epilepsy and epileptoid phenomena.

Without going into a full analysis of both of these forms here, I should yet like to show through synopses how the main distinguishing characteristics of epileptic aura of the temporal lobe converge in their expression, one might say their necessity, within these forms.

* * * * *

First, reviewing the major psychical elements of temporal lobe epilepsy, its episodic nature is repeatedly emphasized: "The outstanding characteristic of the epileptic fit is its recurrence" (Lennox 1960: p.3). These often abrupt and just momentary (though sometimes prolonged) sinkings into a sensation of impending death and its related emotions of fear, sorrow, desolation, loneliness, or elevations into instants of cosmic awareness or rapture, call to mind not only the precipitous arrivals and departures of the deities of the winds, but also the initiatory death and resurrection and the curative or soul-seeking trance flights of the shaman, and the fractures in continuity which connote the epiphanic Dionysos. Occupying these "spots of time" (Wordsworth), may be all or some of the following major signs: a doubling of consciousness (Hughlings Jackson's "mental diplopia", combining a dream-like state with residual normal consciousness); a sense of being "not oneself" which has been termed "ego-alien" by neuro-psychiatry but which may be described by the actual person as - a crucial distinction - not so much (negatively) alien as uncannily "other" (some personify and name it), perhaps less one's usually experienced self but now <u>also</u> something different or more, to which one was not

accustomed and which comes, in that sense, "as a stranger" to one, even as the "actual" or "more real self";[24] there may be distortions of body image in the aurae or during dreams (which may, as discussed earlier, incorporate aura content);[25] appendages may feel different, inaccessible to the direction of the will, or detachable.[26] These breaks in the habitual psycho-somatic totality of the individual find their symbolic equivalent in the image of dismemberment. Apparently depending on the age of seizure onset, there may be complications of sexuality including, for instance, transvestism; there may be a sense of being present but simultaneously "someplace else", "in a different country", in another dimension of space or time which may be intensely familiar or intensely strange, uncanny, and which may seem to expand or contract; objects within the environment may appear reduced or enlarged and there may be visual or aural hyperacuity; also occurring are olfactory or gustatory or auditory illusions, or alterations in the volume or quality of sounds; sensations directly referred to the head may include "ache or pain, pressure, throbbing, noise, singing, ringing, grinding, buzzing, the head spreading out" (Lennox 1960: p.181); one may feel "on the verge" of learning something of infinite import

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[24]In these frequent reports, one hears echoes of the mythographic tradition naming Dionysos as "The Stranger":

> ...the universal truth of Dionysus, the primal phenomenon of duality, the incarnate presence of that which is remote, the shattering encounter with the irrevocable, the fraternal confluence of life and death (p.211)...The wearer of the [Dionysiac] mask...is himself and yet someone else. (Otto 1965: p.210)
> [Dionysos] is Lusios, "the Liberator" - the god who by very simple means, or by other means not so simple, enables you for a short time to stop being yourself, and thereby sets you free. (Dodds 1951: p.76)

[25]If a person is hallucinating (i.e. in the aura state) disorders of body image, there is speculation that this might point to a neo-cortical posterior temporal primary epileptogenic area that directly encroaches into the parietal lobe. Likewise, similar images produced in dreams might indicate that involvement of the parietal lobe is contributing to the formation of such images.

[26]This was a not-infrequent motif presented (especially, but not only) by one of my research patients, a woman in her 60s, who recounted with amusement her matter-of-fact talent in dreams to disassemble herself. For example, in one dream she could not fit her whole self through a window onto a garden she was wanting to enter, so she tossed the odd arm and leg over the sill first, then jumped the rest of the body after them; in another dream, unable to reach an object by the full stretch of one arm, she took off the other and utilized it after the manner of a clever chimp, extending its reach with a stick.

during an aura, or experience this knowledge absolutely (the absoluteness of this knowing is intrinsic, and may inspire a comparably absolute saturating fear or sorrow or relief) but then fall short of conducting this knowledge into full consciousness; awareness may be so enhanced as to approximate clairvoyance; there may be an ecstatic, even telepathic, union with others; and an identification with nature and the cosmos which is retained and indeed the grace of which comprehension is longed for and may be actively sought in further episodes.

* * * * *

Next, Eliade (1972) in his classic study *Shamanism: Archaic Techniques of Ecstasy*, observes that whether hereditary or volitional, two elements are essential for shamanic candidacy, namely, a predisposition to nervous instability, which usually manifests itself during adolescence, and a directive from, or meetings with, the spirits through visions or dreams.

The shaman's initiation is comprised of an illness typically of an epileptoid nature; dreams; and ecstasies; and the content of these experiences which determine the shamanic vocation almost always include one or more of the following themes: dismemberment; a "sickness unto death" which itself constitutes the initiation and cure in rebirth as a shaman; ascent and descent, by means of the tree (or ladder or pole representing the tree as the vertical axis of trance flight) which links upper and lower worlds, to converse with the spirits and souls of ancestors or shamans which dwell therein; and finally, transvestism and ritual change of sex.

Eliade states that "Shamans are regarded as the intermediaries between the two cosmological planes - earth and sky - and also from the fact that they combine in their own person the feminine element (earth) and the masculine element (sky). We have here a ritual androgyny, a well-known archaic formula for the divine biunity and the *coincidentia oppositorum*...based on the...need to abolish polarities" (p.352). This trans-substantiation indicated by means of masks and female cos-

tume, is augmented in the trance state by the shaman's conveying through sound and movements his shape-shifting into various animals, "that is, the manifest revelation of his true mystical personality" (p.329), and his "possession" by spirits which "puts the shaman's own helping spirits at his disposal, realizing their effective presence" (p.328).

Emphasized consistently is the shaman candidate's recognition that to refuse the "election" is impossible, even to risk death.

"That such (epileptoid) maladies," Eliade continues, "nearly always appear in relation to the vocation of the medicine man is not at all surprising. Like the sick man, the religious man is projected onto a vital plane that shows him the fundamental data of human existence, that is, solitude, danger, hostility of the surrounding world." (We may recognize these as typical interpretations given to emotions, caught by consciousness as it were, at the basal limbic level). "But the primitive magician, the medicine man, or the shaman is not only a sick man; he is, above all, a sick man who has been cured, who has succeeded in curing himself. Often when the shaman's or medicine man's vocation is revealed through an illness or an epileptoid attack, the initiation of the candidate is equivalent to a cure" (p.28). "There is always a cure, a control, an equilibrium brought about by the actual practice of shamanism" (p.29).

In sum, though epileptic or epileptoid phenomena seem to be the main criteria for shamanic candidacy, "it is not the fact that he is subject to epileptic attacks that the ...shaman owes his power and prestige, it is to the fact that he can control his epilepsy" (p.29).[27]

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[27]Eliade also states that "The only difference between a shaman and an epileptic is that the latter cannot deliberately enter into trance" (p.24), but this must be argued. Many people report the ability to not only interrupt the progression of their seizures, as noted earlier, but also to induce an interesting, instructive (even if frightening), or pleasurable aura ("trance") state, by means of certain thoughts or images, visual concentration, or rhythmic movements. A full convulsion may be likewise deliberately provoked in order

Also stressed is the necessity to continue shamanizing: "[The shaman] needed to shamanize; if he went too long without doing so, he did not feel well" (p.28). This realization of the cathartic function of the shamanic ritual - not only for the person on whose behalf it is being performed and for the entire audience but also for the shaman himself - compares to the cathartic function of tragedy,[28] and is exemplified by "Case B" discussed in a following chapter, who felt definite loss of well-being and a tendency to convulse when she did not accomplish a certain amount of her "imaginings" during any give period.

* * * * *

> An understanding of the origins of ancient Greek theatre, of tragedy...cannot be arrived at without an understanding of Dionysus and of Dionysian worship. Dionysus was the god of ancient shamanism, and his rituals were essentially cathartic and apotropaic. (Kirby 1975: p.100)

And finally, in *Ur-Drama: The Origins of Theatre*, E.T. Kirby develops through an explication of common motivations, motifs, and resolution the proposition that the origins of established theatre are to be found in traditional shamanic performances.

Kirby notes the main themes associated with the Dionysianism to which the drama was dedicated: "...a pattern and conjunction of symbols, the dressing in women's

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to cathartically "clear the air" of the psycho-somatic system, if no other (imaginal) means has yet been developed. Several of my research patients spoke of inducing satisfying aurae in the present. In fact this, along with their determination to retain their optimal intellectual capacities, was their main reason for "resisting" (as it was inevitably worded in their hospital charts) medications, though they had learned not to reveal this to the medical personnel. Some continued to have aurae even under medication, but refrained from reporting this, lest the level of their drugs be raised. Some remembered purposely evoking aurae as children, until they were discovered and punished or medicated out of this "bad habit" of manipulating their consciousness states.

[28]"...the cathartic effect of tragedy. Pity and fear are elements in human nature, and in some men they are present in a disquieting degree. With these latter the tragic excitement is a necessity; but it is also in a certain sense good for all. It serves as a sort of medicine, producing a catharsis to lighten and relieve the soul of the accumulated emotion within it..." (Aristotle).

clothes, the dismemberment,[29] and the tree, which clearly show shamanistic antecedents" (p.107).[30]

To these elements are added the shape-shifting common to both Dionysos and the shaman, which demonstrates their own mystical polymorphic consciousness, and serves as well to re-order, to multiply, the realities of the celebrants of the god and the witnesses to the shamanic performance alike. It refers directly, Kirby states, to "insanity as such, the 'change of world' experienced in its occurrence" (p.113), (cf. the "booming, buzzing confusion" and perceptual alterations of epileptic aurae catalogued in the first part of this chapter) and it is this "insanity" which is "directly associated with distortions of the body image" (p.110) which compels the sufferer of a particular - epileptoid - style of illness to become a shaman. Such illusions of self and surroundings also comprise the "insanity" visited upon those who refuse to worship Dionysos, the awful consequences revealed again of the unanswered or incorrectly answered "call".

Kirby additionally finds in the ventriloquistic dialogue (which I think we may also call a vocalization of inner aspects), the prophesying and exorcizing hortations, amongst shaman and spirits and participants in the ritual, the dialogue which is the very definition of dramatic form (p.6). Likewise, he finds in the "primal mode of shamanistic theatre" further comprised of convulsion movements codified and stylized in cathartic dance and acrobatics (p.17), a pattern for the tragic drama dedicated to Dionysos and fully consistent with the manner of his worship.

This link is developed by Kirby so precisely that, rather than attempting any paraphrase, I include here the lengthy, direct quotation it deserves:

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[29]"His 'dismemberment'," writes Hillman (1972a: p.280), "is the fragments of consciousness strewn all through life."

[30]See example in Illustrations Section, p.14, which features Dionysos as the mask or head atop a column, in which form he was typically worshipped, an analogue of the treed shaman absenting himself in trance flight to the upper and lower worlds and mediating between the two.

> All ritual and ceremony can be theatrical, but the theatricality of shamanistic ritual is related to its function in a particular way. In order to effect a cure of the patient, belief in what is happening must be held, reinforced and intensified, not only in the patient, but in the audience as well, for their experience contributes directly to the effect. The audience actively reinforces the experience of the patient, and its own belief in a particular world view or cosmology is in turn reinforced by direct experience of it. Shamanistic theatre, founded upon manifestation of supernatural presence, develops from a small curing séance, which in effect needs only patient and shaman as participants, but actually depends upon an audience. This leads to more elaborate curing (p.3). ...Dialogue, enactments, ventriloquism, incantations, music, dance, and song create a swirling stream of images drawn from a number of performance modes. The effect is literally hypnotic and hallucinatory.... (p.5)

> When the shaman feels that the audience is with him and follows him he becomes still more active and this effect is transmitted to his audience. After shamanizing, the audience recollects various moments of the performance, their great psychophysiological emotion and the hallucinations of sight and hearing that they have experienced. They then have a deep satisfaction...because in shamanizing, the audience at the same time acts and participates. (p.6)

> The fundamental relationship of shamanism to the performing arts...is most often established by its relationship to the dream and to the dreamlike psychotic episode which there lies at the source of creativity. (p.20)

This is the dream and "psychosis" of "the mad god" himself, Dionysos, manifesting the paradox of life and death at the boundaries of psyche and soma.

> A god who is mad! A god, part of whose nature it is to be insane! ...the wild spirit of antithesis and paradox, of immediate presence and complete remoteness, of bliss and horror...elements... (which) carry within themselves a duality, because they stand on the threshold where one step beyond leads to dismemberment and darkness...The primal mystery is itself mad - the matrix of the duality and the unity of disunity. (Otto 1965: p.136-7)

> The madness which is called Dionysos is no sickness, no debility in life, but a companion of life at its healthiest. (ibid.: p.143)

I have come to feel that, in a word, Dionysos <u>is</u> the disjunctive reality inherent in all three aspects of these limbic domains. And this brief review of Greek and cross-cultural shamanism, Dionysiac experience, and the phenomena of temporal lobe epileptic psychical aura, places them all in relation to the archaic cultural traditions of drama.

> [Greek tragedy] strove through a representation of pity and terror for a catharsis that was in fact based upon ritual concepts and practices still present in the Dionysian worship to which the performances were dedicated. (Kirby 1975: p.100)

What such a review attempts to provide, is a standpoint from which one can see that the affective dominants underlying epileptic and shamanistic and Dionysiac experiences derive from a common source - the limbic substrate - and also share in the same performative necessity. Archaic drama is the form held in common by all three, the one form that resolves and celebrates the primal life-death paradox - "the human condition before the 'fall'," it may be said here with Eliade, "the primordial 'situation'" (1964: p.492) - which is the fundamental limbic intuition.

XI. Introduction to the Transferential Context

It has been proposed that archaic drama is the one form that resolves the limbic system's primal intuition of the life-death paradox.

It is also - even therefore - proposed, with attention to the phenomena of the therapeutic relationship, that archaic and Dionysiac dramatic form, in the therapeutic work with patients with temporal lobe epilepsy, may be the most adequate means of elucidating the particular transference/counter-transference exchanges in such work.

To phrase this in terms of the themes themselves: the necessary relationship - what one might call a reciprocal involuntary *mimesis* - between shaman and audience, together with the Dionysian imperative to recognize, answer to and engage with, the fullness of his paradoxical nature which is no less our own, really inform (mythically enact) the transferential context within which the analysand with temporal lobe epilepsy and the analyst are mutually contained.

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> Clinical diagnoses are important, since they give the doctor a certain orientation; but they do not help the patient. The crucial thing is the story. For it alone shows the human background and the human suffering, and only at that point can the doctor's therapy begin to operate. (Jung 1965: p.145)

As I have indicated in the earlier chapters, though not as fulsomely as a more inclusive survey of the literature would easily allow, the medical and psychiatric attitudes towards people with epilepsy remain at best ambivalent. This has been generally confirmed by my personal observations and the patients' reports over nearly a decade of clinical and research activity at epilepsy centres. It has been repeatedly noted that even neurologists and neuro-psychiatrists and analysts who write or lecture with apparent sympathetic insight into the patients greater psycho-somatic predicament, acknowledging intra-psychic complexities and major contributing familial and social factors, in actual practice resort immediately to drugs which may be recorded as having had no effect on the intensity or frequency of a given patient's seizures, and whose very side-effects further handicap. Even neurologists whose own research clearly identifies the limitations of drug therapy continue to reflexively prescribe and are not very receptive to an alternative approach. "Epileptics take too much time," is a complaint not infrequently heard.

Accompanying this urgency to both maintain control and send the patients quickly on their way through the transaction of medication, may be a patronizing or even outright hostile manner. This certainly protects the authority figure from any attempt by the patient to relate a more comprehensive report on their overall, psychical and contextual, predicament, to tell the story, the "whole cloth" upon which the epileptic symptom describes its idiosyncratic pattern.

This rejection of the patient as a total person has been often enough said to characterize "Establishment Medicine" (cf. especially Thomas Szasz, Ronald Laing and, specifically within neurology, Oliver Sacks), and has even this convincing rationale,

namely, that an "objective detachment" is essential for the optimal exercise of a professional skill.

In accordance with what Jung (1966: § 365) has called a fateful, instinctive disposition, one may see the major medical specializations as active identifications, to a greater or lesser degree, on the part of the practitioner. When that identification is system- or organspecific, so to speak (cardiology, for example), its effects may remain circumscribed; not so, however, when the work is psychiatric or analytic, or neurologic in especially certain sub-specializations within that field.

Particularly Jung has emphasized in his studies on the transference the fact of both parties to the analytic encounter being consciously or unconsciously utterly present. It is therefore the analyst's peculiar task to acknowledge their own necessity (*ananke*) in this interactive process, the mutual contingency of opportunity and responsibility. "The analyst is not just working for his patient but for himself as well and for his soul..." (Jung 1966: § 449).

I wish further to emphasize the importance of this assumption to any analytic arrangement into which epileptic phenomena, such as have been here described, are introduced.

* * * * *

The analysand with temporal lobe epilepsy brings to the analyst not just a selection of positive or negative resonances which, for all their intensity, may be considered relative, but a disturbance in the very primary existential ground common to all humans.

The same psycho-somatic structures and processes which in the person with epilepsy are unstable are, in the analyst, essentially the very ones which will be experiencing and affectively interpreting the material presented.

In this situation above all, then, does the analyst's state of being and degree of self-awareness determine the method; or, as Jung says: "...as I am, so will I proceed" (1966: § 543). The psychological symptoms of both analysand and analyst are, in this sense, secondary expressions, individually and autobiographically derived, but expressing less than the complete story for either one.

As indicated by Williams and Lennox above, commotion in the temporal lobes and its consequences are a matter of degree; we are none of us fully excluded from the possibility of an "epileptic" incident. Just the advent of television, photo-copy and word-processing machines, speedy travel past trees and buildings between which sunlight flickers brightly, acoustic extremes, etc., have created a new population of "epileptics" which in an earlier time would never have achieved that classification. On the other hand, sensations long identified as epileptic, the most commonly known being déjà-vu, déjà-entendu, déjà-vécu,[31] are routinely experienced by many who would not regard themselves or be considered by others as so classified.

For that matter, who has not felt the isolated, otherwise inexplicable episode also of "cosmic" terror or ineffable desolation, those sudden drenching intimations of mortality which, only in their repetition, can define the "condition" of temporal lobe epilepsy?

> ...what (the analyst) brings to the encounter, the so-called counter-transference, is actually prior to transference.
> (Hillman 1972, 109)

So, whilst specialists in other fields may be able to effectively "objectively distance" themselves from the presenting problems of their patients - or at least convince themselves of this detachment with minimal consequences to the well-being of the patient - and in the more usual analytic situation the transference/counter-

[31]Déjà-vu: having already seen an object or a situation; déjà-entendu: having already heard something; déjà-vécu: having already lived through a situation.

transference may be delimited in the traditional ways by identifiable mutual projections (a procedure already perilous enough!), in the specific analytic encounter under discussion here a certain archaic, both-way Einfühlung, let us say a transferential atmosphere, is quickly and disconcertingly constellated.

Like Aura herself, something is suddenly in the air.

* * * * *

If the knowledge we have at this time about the function of the limbic system is correct so far as it goes (cf. above), it is the main processing centre for somato-sensory data which go to form the individual's experience of self and is linked with the emotions attendant upon these experiences.

The reported images arising out of one person's epileptic disturbance may register as a kind of after-shock in the very ground, then, of the other person's psycho-somatic being. Here it re-differentiates itself into images congruent to that other person's own experience of self or not-self and who (cf. above) "may feel it is he and not the patient who is becoming odd."

Hence one can understand more easily the usual imperative to medicate such a weird phenomenon out of the therapeutic field, or simply to be quickly rid of the patient who becomes thereby, as the poet Howard Moss says in an essay on Keats, "the guilty vehicle of [one's own] uneasiness."

> I don't mind dying; I just don't want to be there when it happens.
> (patient quoting Woody Allen)

When the presenting symptom - the subjective actuality, it must always be emphasized - is the sensation of imminent death, when the patient is there when it happens, not just once but over and over again, the analyst is called upon within such an encompassing, mutually permeating transferential atmosphere, to elucidate the epileptic analysand's suffering out of his/her own suffering, out of the shared

predicament from which the individual biographical *peripeteia* is enacted - shared, that is, through the limbic conjunction of fear and pathos.

*   *   *   *   *

By way of approach to a consideration of this transferential atmosphere in differential diagnosis, epileptics are positively distinguished from schizophrenics by their warmth, appropriate affect, and especially their capacity to relate to others. On the negative side, conjuring up Jung's et al., delineation of the so-called epileptic character, are references to the "stickiness", the "adhesive personality", the emotional intensity, perseveration, and hyper-religiosity of the epileptic.

Offering here certain impressions from my own experience, I would say that in temporal lobe epilepsy patients who have not been strongly medicated, one does find a profound capacity for differentiated emotion and, whatever the form it might take, also what appears to be a corroboration for Jung's hypothesis of a "religious instinct". This latter would seem appropriately activated as a means of defining, and thus of enduring, the voluminous and direct knowledge of the mortal and transcendental - in the older language, "theophanic encounters" - which may accompany epileptic activity in the limbic system. Here too, one finds a congruence with the shamanic and Dionysian imperatives.[32]

As for the historically notorious "over-relatedness", to employ a modern euphemism, I should note that my own aim, after all, has been to establish a strong rapport with my research patients which would facilitate the discussion of extraordinary experiences. Also, their usual receptiveness, once the confidentiality of the sessions and my non-judgemental acceptance were confirmed, could have logically

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[32]"It must not be forgotten that in Athens the tragedy was a religious ceremony, enacted not so much on the boards as in the souls of the spectators. Stage and audience were enveloped in an extrapoetic atmosphere: religion." (Ortega y Gasset quoted by Kerényi 1976, p.317)

followed from the obvious relief they felt that someone actually wanted to discuss with them, in depth and over many months, the very complicated, puzzling, and often frightening but occasionally ecstatic phenomena which they experienced. The majority said they had never had the opportunity before, or were inhibited or otherwise shamed lest they be diagnosed as crazy, previous neuro-psychiatric investigators having sought only enough data to establish the form, but not the content, of their condition.

My conclusion is that a person with temporal lobe epilepsy brings to the analytic encounter a tremendous capacity for emotion and a comparable need to articulate these emotions in a secure context. Further, I believe that the cosmic and theophanic, the archetypal quality, of epileptic images and sensations, reasonably asks for a strong mooring in the inter-personal and a multi-dimensional framework for interpretation of these powerful phenomena.

Jung's own animadversions on epilepsy to the contrary notwithstanding, Jungian/Archetypal Psychology seems eminently appropriate for facilitating this, assuming as it does the existence and integrity of both reaches on the psycho-somatic, spiritual-instinctual spectrum and, at the same time, the active, dialectical participation of the analyst in the analytical process.

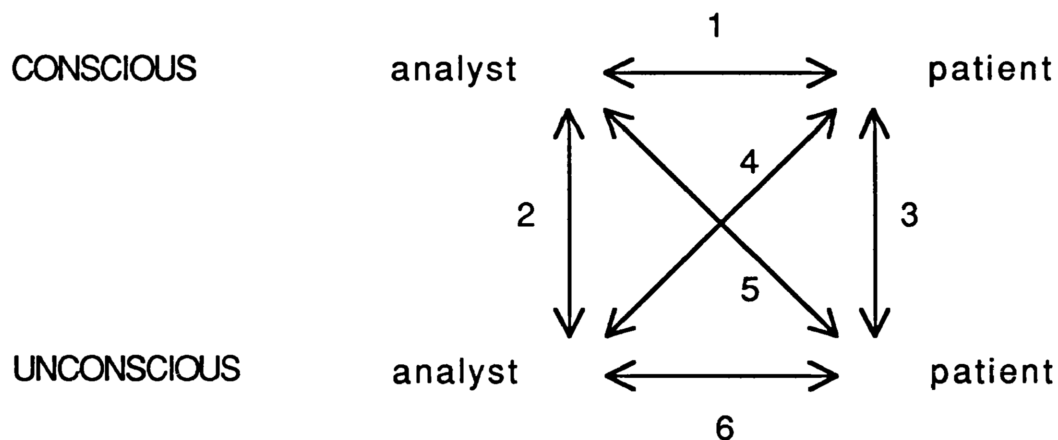
These various factors taken into consideration, and again with emphasis on the characteristic presenting motif of imminent death, a strong transferential context is, therefore, a primary given.

A psychotherapeutic perspective with specific application to people with temporal lobe epilepsy does well, for the sake of both participants, to acknowledge this from the outset and to work with it, rather than ignoring it, suppressing its affect with medication, or maintaining an authoritative - with automatic reference to the "epileptic character" - diagnostically pathologizing and ultimately self-defensive position against it.

In the following chapter, I should like to consider this transferential phenomenon and how it has seemed, drawing on my experience and that of the epileptic analysands themselves, to provide a crucial variation on the transference model provided by Jung.

XII. The Transferential Context

In Jung's essay "The Psychology of the Transference" (in: Jung 1966), he presents a diagram illustrating the psychological relationship between the alchemical adept and his *soror mystica*, which has been adapted to convey the relationship between the analyst and analysand as follows:



> The double-headed arrows indicate a two-way communication and relatedness. (1) refers to the treatment alliance. (2) reflects the fact that, in analysis, the analyst both draws on his own unconscious for an understanding of his patient and also encounters whatever it is that has made him a wounded healer.His own analysis will have made its impact here. (3) represents the patients initial state of awareness of his problems, interrupted by his resistance and his devotion to his persona. (4) and (5) indicated the impact of the analytical relationship upon the unconscious life of each participant, in intermingling of personalities which will lead each to some kind of confrontation with the possibility of personal change. (6) proposes a direct communication between the unconscious of the analyst and that of the patient. This last hypothesis underpins various ideas about counter-transference.... (Samuels et al. 1986: p.20)

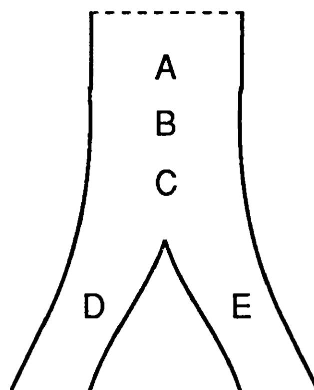
The following diagrams offer variations of emphasis on the paradigm above. The paradigm itself is never contested in the course of laying out the crucial variations from it which the epileptic phenomena introduce into the transferential atmosphere.

To recapitulate points from earlier chapters, one might say that the task facing the analyst in such an arrangement consists, first of all, in accepting the need for a seeming "over-relatedness" and "circumstantiality" of self-report by the analysand and, above all, the surprising fears stirred within oneself; and then secondly, to promote those "border-crossings" in the analysand which serve to revive fundamental anima qualities: the ability to make and endure connections to one's own unconscious (in this epileptic instance, the experience of impending death); and the ability to pursue imaginal work with, and interactions between, inner figures, so as to regain the ensould connection to life, "our individualized becoming" (Hillman 1985, p.15) - and indeed, to the individualized un-becoming in the aporetic aura.

The epileptic analysand projects that very archetype, the connectedness to life, from a deprivation deep enough to be called existential, initially requiring of the analyst the capacity to live for both, by holding death for both, as it were.

The tensions the analyst feels are due to the convergence within him/herself of these ultimate opposites: the projected insistence for life, and the constellated substratum for death.

The following diagrams attempt to track this convergent pattern.



A, B, and C show the initial phases which occur in any case; D shows the panicked (let us call it) "medical/psychiatric" reaction, whilst E shows the alternative "adequate" reaction of the analyst.

Correlating these phases with Samuel's ("S") steps, and in the most rudimentary psychodynamic terms:

Figure A (Step 3/S) pictures the patient's experience of mortal fear from the unconscious, and Figure A (Step 2/S) pictures the similar experience of primal fear constellated in the analyst.

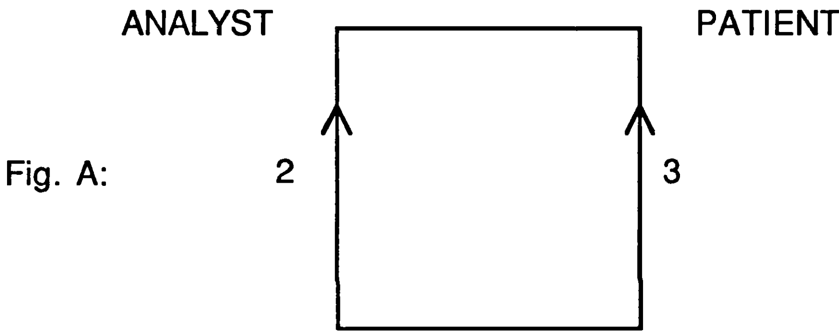


Figure B (Step 6/S) shows the consequent "direct communication" between the unconscious of both parties, with the resulting reinforcement of primal fear in the unconscious of each party (double arrows).

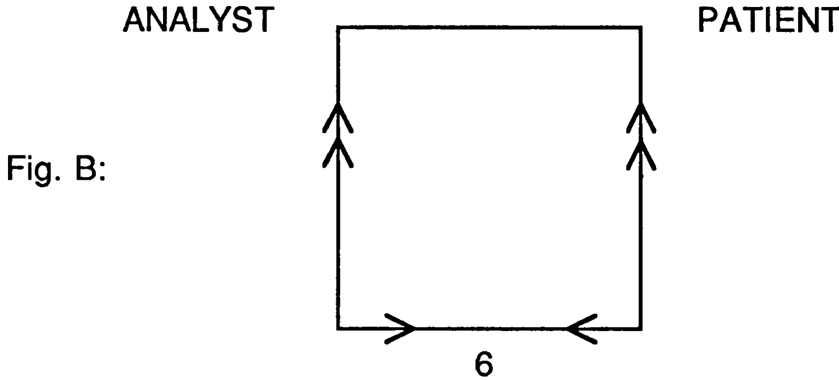
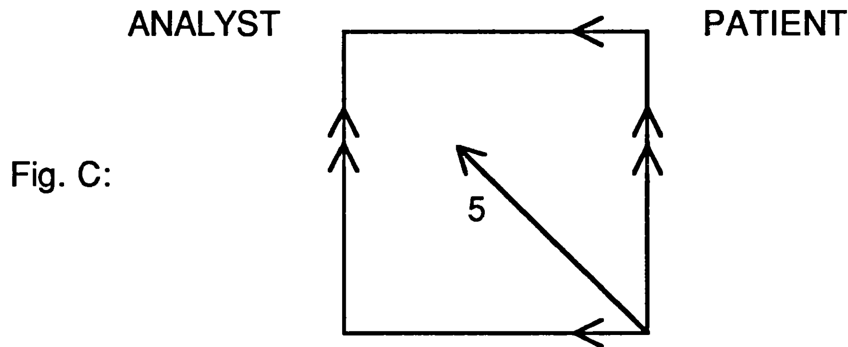


Figure C (Step 5/S) corresponds to the unconscious requirement for "over-relatedness" - that is, in the sense just used above, for life itself. (Samuel's Step 5 in-

cludes a corresponding counter-move from the analyst, which may not appear in this peculiarly weighted situation).[33]

In Figure C, we reach the strongly convergent picture which I have already suggested, an "attack", as it were, on the analyst by the opposites of life and death, experienced as coming from both within and (apparently) from without.



Were the analyst to react defensively under the pressure of this convergence, he/she would be adopting the "medical/psychiatric" attitude recorded so often in the past and present literature and clinical settings.

This reaction may be considered a "flight or fight response" (Figure D). In this reaction, medical conscious claims (Step 1/S) and unconscious (hostile/defensive) rejection (Step 4/S) are sent towards the patient.

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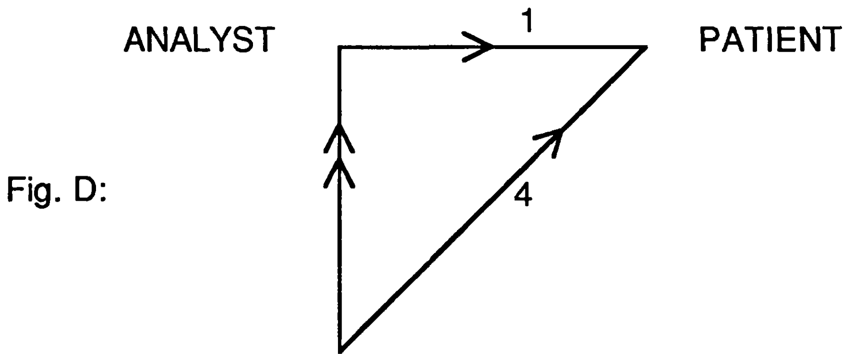
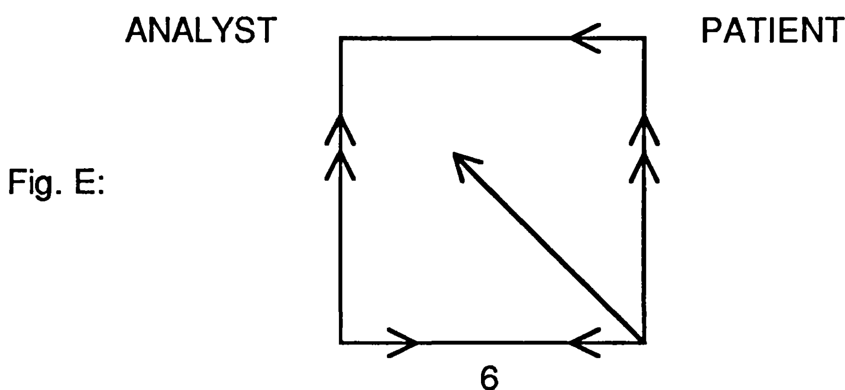
[33]But of course it is not unknown in the counter-transference situation as such, when the analyst's own relationship to the unconscious is moribund, and the analysand is designated an "anima" or even, let us introduce the term, "ani-man" type, whose overtly or subtly imposed responsibility within the analysis is to "give meaning" to the analyst's life. Whatever expression it may take within any given analytic relationship, the fantasy that the analysand is somehow the carrier, the redeemer, of life itself for the analyst is not sufficiently acknowledged.



The arrows (⇑) here in Figure D from the analyst's own unconscious remain doubled to suggest that the typical fantasy of "epileptic violence" is constellated chiefly in reaction to the fear of one's own psycho-somatic death. In this negative outcome, the intense personal fear is of course projected onto the patient, who is perceived as a potential "attacker" who must be "defended against" by medication, psychopathologizing, and hasty rejection.

By contrast, the "adequate" reaction in the analyst not seized by this "fight/flight" response allows the convergence to occur, and carries it.

Figure E (Step 6/S) showing an unconscious relationship to the patient, might be said to welcome the patient's need to project an intense feeling connection at the anima level.



Now, I shall attempt to tie this transferential variant schematic within the models of tragic experience and perspective, parenting, and imaginal work which have been my focus within this paper.

The tragic emotions of *phobos* - in Walter Kaufmann's (1968) phrase, the experience of being "deeply shaken" - dominates Figure A in the schema.

The "happy outcome" in Figure E shows *eleos* (which Kaufmann prefers to translate as "ruth" rather than "pity") functioning constructively in the analyst, to contain the primal *phobos* of both parties. We need to remind ourselves that the "happy outcome" <u>is</u> a firm possibility in tragedy and its elements being at all contradicted; it does not imply a vaudevillian incumbancy to "always leave'em laughing!"

Such is the broad outline of the initial process.

As for the patient's ongoing experience of these emotions, one might summarize the earlier observations by saying that the patient/analysand can experience *phobos* cathartically (Kaufmann felicitously translates Aristotle's *catharsis* here as "liberation", thereby bringing into relief the aspect of Dionysos as "The Loosener"), only if he/she can move back and forth between, or hold in simultaneity, the elements of dramatic paradox, being thereby not only acted passively upon, but also acted before, through, and with, as both actor and spectator. (Let us keep in mind that in the Greek root of the word "theory", we have contemplation, speculation, sight, spectator; one who consults an oracle or performs a religious rite).

This can occur only if the analyst can parent the patients imaginal work with his/her (the patient's) inner figures, a work that trains the relationship function itself. The function of "working" with aura and dream images is to give an interior venue for the anima. Her vivifying role can come to life.

(A theme implied throughout my proposal here, but developed elsewhere, is the identity - utilizing this model of tragic drama's "happy outcome" - of vivified anima with redeemed Aura).

In sum, the patient's overall process slowly reverses the psychodynamic which had converged on the analyst, by (1) incorporating a theoretical perspective (the tragic model), by (2) taking the analyst's mothering function into him/herself (completing Aura's parentage), and by (3) acquiring the active receptivity afforded by ego-anima dialogue (imaginal inner work).

Within the epileptic symptoms, or problematic, resides then a resolution which the terms of this mythology articulate in the language of divine and archaic personifications. The parents "behind" the analyst as the carrier of the epileptic analysand's projections are *Poros* ("way", "resource") and *Penia* ("poverty"), mythological figures with abstract names. An explicit treatment of their relationship helps greatly to account for the transference informed by the temporal lobe epileptic predicament.

* * * * *

> The gods feasted when Aphrodite was born. Resource, drunk, went out into the garden; there poverty seduced him, and in time gave birth to Eros. Eros takes after both is parents; restlessly seeking, acquiring, losing, dying, reviving. (Plato: Symposium)[34]

On *eros* as the mythological equivalent of what the "happy outcome" requires, this account of the birth of Eros (offered only by Plato) shows how the patient's need calls out for a parental response and *mimesis* in the analyst. As the myth presents it, the parental aspect corresponds to what is transformed in the "happy outcome". This change is a leit-motif in the self-reports of persons with temporal lobe epilepsy.

The Eros-connection is, first of all, perceived as a strong need by the analysand to "over-relate". Secondly, this connection becomes actual when the analyst functions

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[34]Dover, K., ed., Cambridge University Press (1980).

in attunement with the archetypal parental expectations of the analysand, and is not overwhelmed by fear of the need whilst to some degree meeting it.

In the subjective experience of the analysand, the background parentage of the Eros-connection may be felt something like the following:

Poros becomes present to the a-poretic need for a "way"; and *Penia* ("poverty") both authenticates the extremity of this same need and provides the "means", i.e., the imperative.

The close relation of "way" and "means" in epileptic transference appropriately is a *coniunctio*, on the background or mythological plane. And in Plato's setting for the myth in his *Symposium*, the anima or linking function in the successful transferential context is nicely emphasized:

> I learned about Eros from Diotima, who explained that he is neither beautiful nor ugly, neither good nor bad, neither immortal nor mortal, but an intermediary between the human and divine worlds.

Turning to the analyst's counter-transference feelings, in the successful relationship, the analyst typically feels strong presences constellated in the manner of these parental identities, indeed a strong *coniunctio* for the analyst as well. In sum, the aporetic turn takes its way through the erotic *coniunctio* into parenting *Poros*, indeed "the way through", the encounter with the Hades-Dionysos synonymy under the aspect of death.

In plainer terms, the feelings constellated in the analyst are, on the *Poros* side, the "way" taken by the epileptic aporetic "turn" (cf. Ketchum above) which, over the shoulder of Dionysos in his Hades aspect, looks towards the experience of death and, from the *Penia* side, towards the resources or inner wealth called upon to supply the analysand's experienced need or poverty.

Both are *Ploutos* aspects, bound to Hades and the dark pull downward - thus the problematic always felt even in the successful analytic relationship.

Therefore, the analyst's conscious awareness of his/her own death is both threat and thesaurus (treasury), and so the key in the distillation of the transferential atmosphere into the proper working substance.

The insistency attributed to epileptic relatedness seems an attempt to make up for the inadequate connection for the person with temporal lobe epilepsy to his/her own unconscious. This insistence is equivalent, then, to the projection upon the analyst, as stated before, of life itself.

Neurology does suggest a basis for a developing problematic of epileptic insistency. Trimble (1986) reports that "an epileptic focus in the limbic system brings about enhanced affective associations leading to a functional 'hyperconnection' and a 'suffusion' of experience with emotional colouration" (85).

But the often forwarded epileptic "hypergraphia"[35] and its vocal equivalent of "perseveration" and "circumstantiality" which constitute the insistent attempts to describe the ineffable to oneself and to others, need not become obstacles for the ana-

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[35]"[In] a summary of the clinical data on hypergraphia as reported in the literature.... Certain conclusions may be reached, although clearly the number of studies is small and the conclusions tentative. First, there is a tendency to show that patients with temporal lobe epilepsy have higher scores on rating scales for hypergraphia than do those with generalized epilepsy, and that when patients with temporal lobe epilepsy are compared with other neurological disorders, this still holds. In some, but not all, studies clearly significant differences have been reported. It would seem to be more related to mediobasal temporal lobe foci of the non-dominant hemisphere, and occurs more frequently with patients with temporal lobe epilepsy than with psychiatric conditions. The features of the writing are often of an obsessive, compulsive nature and several patients discuss the 'compulsion' to write" (p.82). "The suggestion that there may be a syndrome...which is composed of hypergraphia, a tendency to elation and hyperreligiosity, hyposexuality and déjà-vu experiences, which probably interlinks with disturbance of function in the non-dominant temporal lobe - is the emerging hypothesis in this review."
(Trimble 1986: p.83)

lyst in a negative counter-transference reaction. Instead, they become, in the *Ploutos*, worthy and not merely time-consuming. They become worth-while.

XIII. Dramatic Structure in Dream and Epilepsy: Introduction to the Sample Aurae

In his essay "On the Nature of Dreams" (1948), Jung states that dreams usually exhibit a dramatic structure and are comprised of four phases: EXPOSITION, DEVELOPMENT, PERIPETEIA and LYSIS.

It has been the purpose of this essay to indicate from various perspectives the shared psycho-somatic ground of complex epileptic aurae and regular dreams, and thus to confirm a comparable psychotherapeutic interpretative approach.

The following aurae are considered therefore mainly according to their structure, as they were spontaneously narrated, and in relation to the individual's biographical data. I do not attempt here a full psychological interpretation, but with the included biographies I hope to provide a context sufficient to illustrate the relevance of the aura content.

I have selected two particular aurae to show variations on the classic format of tragic action; also, they may be seen as genuinely aporetic in accordance with the term as it is explicated by Ziegler and Ketchum, discussed above.

The first aura I take up (Case "A") is structurally incomplete, and seems to confirm the view of Jung (and cf. Ziegler) with regard to dream structure, that the absence of *lysis* is "catastrophic". Its climax is a sense of absolute knowledge without issue, leaving the structure truncated. The other aura (Case "B") modifies this model, however. It is no less abrupt, yet its climax collapses into a *lysis*. Its structure is

somewhat problematic, but it nevertheless shows the possibility for a development favourable to life, a possibility subsequently validated.

XIV. Aura Sample Case "A", Biographical Notes and Aura Analysis

A. Aura

I get this sense of walking down past the Conservatory of Music and someone calls my name out and asks "What about it?" and another voice, rather more low-pitched, says "Yes, what about it?" This voice is rather stern and insinuating. Sometimes they say "Will you join us?" instead. Then I hear the flute music, and I am overwhelmed by a sense of pathos, because it's like dying. I'd have to say it is death, the utter inexpressible pathos of it. I can't explain the feeling any more clearly than that, but in the moment it is absolute, it's an absolute feeling, it's an absolute knowledge. Of my death. Of other people's. It's not fear, which I suppose sounds rather odd. It's pathos. Or if you know that article by Hillman, perhaps it's closer to say it's "pothos". Well, that would figure! But it's definitely not fear. What I may have afterwards, like now, talking about it, is a fear of coming to that moment again.

B. Biographical Notes: Case "A"

"A" was a R-handed scientist aged 38 at the time of this aura, married and a father. At 17, he had undergone care for a depression over the loss of his first love, receiving at that time a diagnosis of temporal lobe epilepsy. He and this girl had both played flute at a Conservatory of Music and in fact "A" had never declared himself

directly to her, only admiring from a distance. He referred to her, not entirely ironically, as his "lost anima", and wondered if he had never actually fully recovered from this "loss of soul".

"A" had one convulsion as a child, and some variant of the aura reported her had persisted since the romantic crisis. An average student until that time, "A" determined to "forget himself in science", and forthwith attained a full scholarship, moving directly upon graduation into a university faculty position. At no time had either his educational or professional work been interrupted by his psychosomatic situation.

He was internationally known, and at an early age achieved distinction in his specialization. Along with his many academic and research activities, "A" held positions in scientific societies in his own and related fields, and also had found himself serving to great effect as an informal psychologist to troubled undergraduates.

"A's" always exceedingly vivid dreams inevitably featured wanderings in outer space, and much inter-galactic adventuring to redeem an anima figure, whose reward might be presented as union through her with death; "A's" dream-self would resist this final consummation through flight in the dream perhaps into a different time-dimension, or by awakening himself out of the predicament.

Referring to the self-relativizing process which commenced upon acquaintance with the Jungian amplificatory perspective, "A" reflected upon his life-long "profound sense of tragedy, loss and sadness associated with the beauty of nature and of music, plus an overwhelming sense of mystical significance which was very hard to articulate in any intelligible way.

> ...(also pertaining to the longing for a mystical union with the Feminine)... The effect on all this of my timely encounter with Jung was quite extraordinary. I still recall the sense of absolute amazement as I started to read his... *Symbols of Transformation*, then *Archetypes of the Collective Unconscious*...It was like reading an account of my own internal life written by someone who had a profound insight into my deepest thoughts and emo-

tions. For the first time in my life I realized that my fantasies and emotions need not be viewed as a unique product of my mind but could be seen instead as an example of a well-documented, and universal, set of perceptions/reactions to life; in particular there was a genuine sense in which the mystical woman linked with the depths of reality. The concept of an "archetype" was one with which I resonated both intellectually and emotionally and, with its aid, I found I could at last impose a meaningful and coherent structure on all my experiences. The acquisition of this ability to bring "order out of chaos" was undoubtedly the most significant thing that had ever happened to me and constituted a "life-saving" event at that time. The vital ingredient in this respect was my invocation of Jung's ideas on the collective unconscious to make a far better distinction between the "objective" and "subjective" modes of my perception of the world/reality....

C. Aura Analysis

I get this sense of walking down
past the Conservatory of Music

In this opening statement of place, "A" as-it-were recalls himself to the site of the encounter with his first and final love, his "lost anima". With reference to the biography, it is apparent that this experience has imprinted itself through its profound psychological charge. This may exemplify a variation on von Üxküll's (1909) interesting idea of "Anfallsfang", whereby the impressions of the first ictal surround will be incorporated into subsequent seizures. This phenomenon of "Anfallsfang" emphasizes the total milieu experienced by the person, both internal and external, at the onset of the initial seizure associated with aura (Wieser 1982); and here is a case in which the aura itself constitutes the entirety of the seizure which does not propagate. Though "A" reported one childhood convulsion, his illness career truly commenced with this later devastating romantic crisis which occurred at the Conservatory of Music, and its atmosphere has informed all subsequent - though never again convulsive - epileptic events. Both the fixation in morbidity, and the totalism of "Anfallsfang" recollection, converge in the very meaning of the aura-setting: "Conservatory of Music".

> ...and someone calls my name out and
> asks "What about it?" and another
> voice, rather more low-pitched, says
> "Yes, what about it?" This voice is
> rather more stern and insinuating.
> Sometimes they say "Will you join us?"
> instead.

Here the protagonists are identified and the initial situation of the aura-ego set forth, establishing altogether the EXPOSITION.

In his discussion on voices heard in dreams, Jung (1940) suggests that such a dream voice constitutes "an important and even definitive spokesman of the unconscious," and that it is "a product of the more complete personality of which the dreamer's conscious self is a part."

I would say that these aura voices are comparable, and I would also stress that they, like dream voices, are to be distinguished from the invasive persecutory voices associated with paranoid schizophrenia (Hall 1977).

In this instance, nearly 25 years after the traumatizing experience, perhaps they speak for the residual aspects of "A's" psyche which challenge his mortal seduction by the anima element expressed in the aura by the flute music:

> Then I hear the flute music

Here is the DEVELOPMENT, the situation becomes complicated and a tension develops. The presence of "A's" lost love is conveyed only by the music she made long ago; "the song is gone," as the old popular lyric went, "but the melody lingers on."

> And I am overwhelmed by the sense
> of pathos, because it's like dying.
> I'd have to say it <u>is</u> death, the
> utter inexpressible pathos of it.

With this decisive change, the PERIPETEIA is reached, the aura-ego experiences APORIA and the aura ends without a resolving LYSIS.

Instead, there follows a commentary on the PERIPETEIA very nearly as long as the aura itself; "A's" dominant thinking function takes over and reinstates the morbid condition occasioned by the flute music. As I have suggested, everything conspires to rest in a "conservatory" state, and now the dominant function tunes in to the anima "enchantment" and "makes music" in its mode.

The enigmatic challenges "What about it?" and "Will you join us?" receive a deficient response in this commentary, with "A" providing a substitute, rational, "answer" to what have been insistently presented as psycho-dramatic questions. He remains in relation to this specific aura the intellectual critic, rather than either a spectator emphatically engaged with the drama, or by joining as-it-were the players in this "living theatre". He stands behind his own pathos (pity) and fear at a remove, by turning these into the issue of repetition, or a kind of forward, however fearful, nostalgia of "coming to that moment again." He does not go into the drama and allow himself to be worked by its immediacy. Rather, he lingers in the spell of the aura's disembodied referent and of its likely return.

Despite its somewhat self-mocking utilization by "A", the article he mentions by Hillman, "Pothos: The Nostalgia of the Puer Eternus" (1974), is in fact comprehensively relevant. Hillman defines pothos as the "specific erotic feeling of nostalgic desire" and, with reference to Plato, as a "yearning desire for a distant object," for an unattainable beloved or for death. Hillman notes that "pothos is the emotion equivalent to the experience of space as a spiritual phenomenon." This finds particular confirmation in "A's" determination to compensatorily "lose himself in science", where his academic/professional and not only his regular dreams are typically abstract or far-reaching in nature. "A's" identification of his anima figures in both dreams and aurae with death finds some consistency with the puer/hero constellation. Out of synchrony as "A's" fears may have been in relation to this particular imaginal drama, it is, after all, an incisive emotion, suggesting that a receptivity

to an imaginally amplificatory psychosomatic intervention could forestall the closing system of pathos. Indeed, this was subsequently indicated.

XV. Aura Sample Case "B", Biographical Notes and Aura Analysis

A. Aura

I may be just sitting in my room and suddenly I get that feeling again that something horrible is about to happen. It's as if I'm going to die. No, I can't even say "as if", it is something I know, that I'm dying, I get horribly cold and I can't move. And then I have the feeling there's someone there, and I look up and it's this woman, just standing there, very tall and long white drapes on, sort of Greek, and there are these two large dogs, like giant greyhounds, one on each side. That's all I remember, this helpless terror and the cold, somehow it's the same thing really, and she's just standing there, very beautiful, absolutely cold, just looking at me, and then I die.

B. Biographical Notes: Case "B"

At the time of this aura, "B" was a R-handed teacher aged 32, who had received a diagnosis of temporal lobe epilepsy at age 17 when she, with no prior symptoms, began having grand mal convulsions at intervals of one or every other week and which had persisted since then. Onset had coincided with rejection by her working-class family for her educational and professional aspirations; she had left home then to live on her own. Her father died soon after, with no reconciliation having been accomplished, and "B" was greatly saddened by this. Subsequent contact with her

mother had sometimes precipitated seizures. Convulsions also tended to follow repetitive dreams featuring a beautiful, cold - in felt emanations as well as demeanour - judgemental woman whom "B" called the Ice Queen and who was identified with the figure featured in this somewhat variable but otherwise recurrent aura.

The prodromal signs of "B's" seizures consisted of forced thoughts of coldness and then a progressive bodily sensation of "deathly cold". The aura usually featured this woman but not always; occasionally there were visions of only animals, and many times there had been just the transient sensation that the room itself had altered in a dimensional way, i.e., the room past and the room future, the walls themselves shifting and permeable. Common to them all, however, was the idea and the fact of a desolating, terrifying coldness.

At age 18, "B" began living with an energetic intelligent man who encouraged her in every way. "B" completed her studies with honours and had been a teacher for several years. She was secure and advancing in her profession, and the personal relationship was overall satisfying, however the pattern of her seizures had never modified.

For so far back as she could recall, "B" had had an assembly of imaginary playmates. This Ice Queen was one of the cast, but usually not in a fully participating way, rather standing aloofly back in silent judgement. "B" described her as very beautiful and with great hidden passion, but utterly frigid on the outside, capable of paralyzing all those around her with her chill. Another character was a young man, described as "full of life, irrepressible, magical." The mythology of these playmates knew no limitations of time or space; the interaction could occur simultaneously in all different dimensions. The Ice Queen and the young man were related to each other as brother and sister and also as lovers in another dimension, but this zone was somehow not currently accessible to "B's" active imaginings. "B" attributed

the prevailing epileptic "Ice Age" to their separation, i.e., to her own inability to include that dimension within which they were joined.

When "B" resumed her imaginings, eventually the Ice Queen warmed up, that is, became more vital, more human. Whereas the image had been resisting inclusion in the dramas, now she allowed herself to be, as it were, enacted; and the physical chill experienced by "B" which had previously accompanied, we can even say defined, this image, correspondingly subsided. In regular dreams and in the recurrent aurae, the same figure also changed, taking a more active and positive part. Also other female dream figures, such as family and friends, became less frightening and guilt inspiring. "B" also had a dream, or night-time epileptic vision, she was not sure which, wherein her dead father appeared at the foot of her bed; they talked through their differences and parted in peace. Eventually, in her day-time imaginings, "B" rediscovered the dimension wherein the Ice Queen and the young man were intimately related. During this process, "B's" convulsions became gradually less frequent and severe, and finally ceased.

These imaginings of "B's" might take anywhere from a few minutes to over an hour a day, depending on when she "got it right", i.e., until the characters got through some particular scene, or even until just one of them could find "the right word" or single gesture which would, as "B" said, "absolutely satisfy." An interrupted imagining left her agitated or feeling heavy and depressed, and she would feel the wish to bring on a convulsion just to "get clear" if she were denied the opportunity to work the imagining through "in the way it wanted."

If she gave up the imaginings, some of the old prodromal signs returned, especially the insistent thought of cold and the somatic sense of "freezing to death". After two convulsion-free years, "B" suffered two grand mal convulsions upon the death of her beloved man, and three convulsions a year later on the anniversary day of that loss. In the five years since, she had not had any more convulsions, though she re-

ported that if she did not set aside time at regular intervals for her imaginings, the old symptoms recurred, though at greatly diminished intensity; she "goes a bit ropey", there may be some minutes when she "freezes up" and cannot speak, though she has never lost awareness of herself or her surroundings during these brief episodes. "B" continued to advance professionally, and was increasingly intellectually, artistically, socially, and physically active. She had become rather expert at horseback riding, and she stated that the feeling of freedom and strength which this afforded her, had become one of the most important factors in her life. (cf. Illustrations section, p.10; with Aura leaning against the horse).

C. Aura Analysis

> I may be just sitting in my room and
> suddenly I get that feeling again that
> something horrible is about to happen.
> It's as if I'm going to die. No, I can't
> even say "as if", it is something I <u>know</u>,
> that I'm dying, I get horribly cold and
> I can't move.

In the recounting of this aura, reference to the room does not exactly qualify as a statement of place within the EXPOSITION, because it is not an element given as such by the aura itself. However, the venue in which the aura typically occurs is thus emphasized, and probably ought therefore to be noted, especially as "B's" frequent alternate aura has consisted solely of an experienced dimensional shifting of "the elastic room", where Dylan Thomas sets "the epileptic moment", and a strong image of a boundary situation is thereby presented. Otherwise, here in the EXPOSITION, the initial situation of the aura-ego is itself coincident with a literally as well as imaginally paralyzing APORIA.

> And then I have the feeling there's someone there...

A definite tension is expressed in the above DEVELOPMENT, which moves directly into the decisive change of the PERIPETEIA:

> ...and I look up and it's this woman, just standing
> there, very tall and long white drapes on, sort of
> Greek, and there are these two large dogs, like giant
> greyhounds, one on each side.

Commentary on the PERIPETEIA establishes the perseverating aporetic helplessness:

> That's all I remember, this helpless terror
> and the cold, somehow it's the same thing really,
> and she's just standing there, very beautiful,
> absolutely cold, just looking at me,...
>
> ...and then I die.

The classic immobility of fear is here resolved by the LYSIS of death as convulsion.

The feminine image in this aura is the very personification of APORIA, immobile and implacable in herself, paralyzing in her effect upon the aura-ego. With her iconic presentation and companion hounds, she is a death goddess, Artemis the Huntress.

However, an Olympian figure is a highly achieved development in the image of death. Not only does the doubled image of the attendant hounds portend contents approaching consciousness (Hall 1977), but Artemis herself is a duplex goddess, patroness of advent as well as demise.

Despite its silent rigor here, this is far from being a crude image; both bipolar and highly complex, the hieratic figure is saturated with implication and thus is primed for transformation.

"B" stresses the "look" of the female figure in this aura and in comparable repetitive regular dreams. But simultaneous to the goddess's aporetic check, is her faculty for

generative seeing; she precipitates the possibility for a new order of resolution to "B's" psycho-somatic dilemma.

In distinction to Case "A" related above, "B" has what one may have simply to define as the will to actively engage such an image, to enliven it with her devoted attention, and to be revived by it through the initiation of paradoxic APORIA and transformative death. Her appreciation of the symbolic meanings inspires her to enact physically and psychologically their transformative value, rather than to be passively acted upon by their unpotentiated weight.

Another important distinction may be made between the critical motif of the feminine common to the aurae of both "A" and "B". Hillman (1976: p.74) writes that the "...challenges of the anima and animus threaten even the life of the organism, because the core of these archetypal dominants is psychoid, that is, bound up with the physical life of the body through emotion." In this aura of "A's", the anima has yet to be even distilled from the air; she is bound to the feminine aspect of siren, whilst "A", unlike Odysseus, is not here bound to the sustaining mast of his more complete personality and is thus subject to her death call. "B's" determining feminine figure, however, though silent is highly articulated, her manifold presence accessible in accordance with Cedric Whitman's (1982) discussion that the appearance of a divinity broadens the mortal's vision, be it of power or knowledge.

I think "B's" immediate reaction demonstrates the truth of the biblical saying that the beginning of wisdom is fear; and this wisdom is that of the body that comes in connection with the divine.

As indicated in the accompanying biographical notes, "B" was eventually able to, so to say, warm and stretch through her imaginal exertions the psychological and somatic definitions of herself. In meeting the generative "look", with the fear and trembling which it as an image of the living deity called for, she aligned herself with the "goddess pattern" which Bolen (1984) states enables a woman to seek her

own goals on terrain of her own choosing, in accordance here with the active independence of the Artemis archetype. The boundaries proved indeed to be elastic, and she learned both more fully and more variously to inhabit her psycho-somatic space; she was not lost on either side of its limits.

By contrast, "A's" disembodied aura motif and the oneiric cosmic forays could suggest that he was either passively adrift in his imaginal swoon or locked into it in a kind of ecstatic adversity, perhaps guided by his dominant intellectual function. But over eight-years follow-up, it became clear that "A" was steadily, through faithfully engaging his imaginal realities by amplification and the maintaining of dream and aura journals, rounding the turn of *aporia*. His emphatic availability to his troubled students, the relief from social isolation which the travel phobia was imposing, and the *morbistic* deepening and ironizing of his attitude towards his own historical psychosomatic predicament, all contributed to the revelation of the experience of meaning on the mundane, human level. As noted earlier, (p.93, cf. Ketchum), with *aporia* comes awareness of one's unknowing, and consequent upon this awareness is the metaphysical turning point. The variety of our individual unknowings is probably infinite, one cannot demand any consistency in what constitutes the imaginal fact of *aporia* nor attempt as therapists to impose criteria for the nature of its turn. What "A" achieved was at least a certain essential knowledge, namely, of his own mortality

> ...The mortal no
> Has its emptiness and tragic expirations.
> The tragedy, however, may have begun,
> Again, in the imagination's new beginning,
> In the yes...
>
> (Wallace Stevens)

*   *   *   *   *

XVI. Concluding Remarks

In conclusion, I have presented a comparative review of aura and dream phenomenology, and have tried to demonstrate by consideration of two examples of complex temporal lobe epileptic aurae their mutual psychological and structural relation with regular dreams.

It is suggested that the structure which significant complex aurae may present is that of classical Greek tragedy, with which Jung has correlated the structure of dreams as follows: Exposition, Development, Peripeteia, and Lysis. The association between epileptic phenomena and the shamanistic and Dionysiac antecedents of which Greek tragedy is composed is synopsized.

It is further shown that aurae and dreams apparently arise from the same organic foundation, and likewise make available to consciousness images from the personal and archetypal layers of the psyche. The biographical contexts in which these aurae occurred illustrates how they, like regular dreams, provide a direct access to the individual's historical and current psycho-somatic economy.

The aura of imminent death, considered diagnostic for temporal lobe epilepsy, is categorized according to Alfred Ziegler's appellative "aporetic", and this term and its psychical equivalent are discussed in the context of tragic form, the individual experience (the analyst's as well as the analysand's), and the problematic transferential context. A variant on Jung's model for the transference is described.

Subject, then, to an informed and receptive attitude on the parts of both analyst and the analysand with temporal lobe epilepsy, I have tried to establish that the interpretation of aura content for psychotherapeutic purposes is valid.

Indications mainly in the earlier literature before our own heroic age of medication, review of the mythic dominants informing the aura phenomena within the mutual

contingencies of individual psychology and neurological event, my own analytic work with people with temporal lobe epilepsy and, most critically, the extensive and long-term reports of these people themselves, together confirm the possibility that the psycho-somatic complex, thus approached, may be comprehended and its elements integrated.

It is my experience that aura analysis along with dream analysis can lead to a significant reduction in the frequency and intensity of seizures and, in some cases, reduction or even cessation of actually further handicapping medications.

(It must be emphasized, however, that <u>any changes in medication must be made very gradually</u>. Abrupt reduction in drug level can provoke convulsion).

Thus, despite Neurology's inability so far to confidently assign specific causes to specific effects in these very complicated matters, it is proposed that the findings of Neurology over a long period and Jung's amplificatory and dialectic approach to Psychology, have converged in a fundamental compatibility within this particular psycho-somatic predicament.

* * * * *

XVII. Appendix

A. Case "C"

"C" was a R-handed, 38-years-old, part-timed employed mother of 2, with a diagnosis of temporal lobe epilepsy, who wanted to discuss what she felt might be the psychological factors contributing to her frequent grand mal convulsions. Her variously altered medications over the years had never seemed to significantly relieve the frequency or intensity of her seizures, and she preferred at this time to explore other means of relief before raising the dosage and increasing the side-effects which herself found more of a nuisance than the epilepsy itself.

"C" had not had much formal education, but she had an obviously high natural intelligence, a rollicking good humour, and already a lot of insight into her personal and family circumstances and the relation of her seizure patterns to stresses in these areas. "C's" seizures had begun with no prior symptoms at age 18, coinciding with the end of a romance, and she had been experiencing grand mal convulsions several times per month since then.

"C" had immediately and fully recovered from the elaborated aura (footnoted on p.90) about which neither she nor her family was alarmed, indeed amused and very interested. This epileptic event, carried through, as-it-were, by a religious format in which she confessed her "sin" and received not only forgiveness but instruction to proceed with her own life, had an extraordinary redeeming effect on her. She had no full convulsions during the next six months, only the occasional "funny feeling"; her medications were minimal, and her mood steady and good. She began a secretarial course, yoga lessons to reduce stress, and got out more on her own, even finally loosening the bind to her mother who had hitherto demanded daily telephoned reports, and she felt she was holding her own against the mother's threats and blame which were revealed as underlying the previously exaggerated concern about "C's" well-being.

Within the year, however, an overall increase in family tensions, which "C" insightfully attributed to her improvement and greater independence and the shifts in the family dynamics resulting from that, prompted her ruefully humourous remark that perhaps if she could have "just a little epilepsy" things would go back to "normal". Two years after our last communication, the records reported diagnosis of an affective disorder, reclusiveness, and convulsions occurring approximately every ten days.

B. Tables[36]

a. Subject "A":

No.	Stimulus-word	Response	Time	Recall
1.	head	body	6	
2.	green	grass	8	
3.	water	ocean	7	
4.	sing	sweet	9	
5.	dead	body	8	
6.	long	tree	12	short
7.	ship	wreck	7	ocean
8.	make	bench	19	
9.	woman	anima	15	
10.	friendly	person	19	
11.	bake	pie	12	strong
12.	ask	question	11	
13.	cold	ice	9	
14.	course	race	9	
15.	dance	floor	16	
16.	village	green	9	
17.	pond	village	10	
18.	sick	king	12	healthy
19.	pride	prejudice	11	folly
20.	bring	and buy	11	
21.	ink	well	7	
22.	angry	furious	12	
23.	needle	Isle of Wight	19	
24.	swim	ocean	9	
25.	go	come	9	
26.	blue	sky	11	
27.	lamp	light	14	shade
28.	carry	basket	16	bag
29.	bread	and butter	10	
30.	rich	uncle	10	poor
31.	tree	life	11	
32.	jump	high	9	
33.	pity	pathos	7	
34.	yellow	coward	11	
35.	street	Montmartre	14	lamp
36.	bury	dead	7	
37.	salt	pepper	10	
38.	new	old	11	
39.	habit	fixed	12	
40.	pray	god	7	
41.	money	wealth	8	
42.	silly	stupid	7	
43.	book	learning	9	knowledge

[36]These experiments were evaluated according to Jung's classification schema (1905: § 111-3). Reaction-times are given in tenths of seconds.

No.	Stimulus-word	Response	Time	Recall
44.	despise	folly	14	foolish
45.	finger	hand	9	
46.	jolly	merry	9	
47.	bird	woman	16	
48.	walk	garden	12	
48a.	black	night	15	
49.	paper	book	9	
50.	wicked	Satan	9	devil
51.	frog	pond	22	
52.	try	strive	11	
53.	hunger	thirst	9	
54.	white	completion	11	
55.	child	sad	14	
56.	speak	knowledge	11	
57.	pencil	write	10	
58.	sad	pathetic	9	child
59.	plum	pipes or depths as in plum	10	
60.	marry	woman	8	
61.	home	child	9	
62.	nasty	mother-in-law	14	
63.	glass	water	9	
64.	fight	battle	9	hit
65.	wool	sheep	6	
65a.	cry	pain	8	
66.	big	strong	6	
67.	carrot	garden	10	
68.	give	present	6	
69.	doctor	(brand name of drug for Subject's illness)	50	
70.	frosty	cold	16	
71.	flower	garden	8	
72.	beat	hit	8	
73.	box	match	12	
74.	old	decay	9	
75.	family	home	9	
76.	wait	too much	8	
77.	cow	milk	8	
78.	name	(the Subject's own)	16	
79.	luck	fortunate	16	
80.	say	speak	9	word
81.	table	chair	9	
82.	naughty	child	9	
83.	brother	sister	8	
84.	afraid	foolish	10	
85.	love	woman	10	
86.	chair	table	8	
87.	worry	fear	16	
88.	kiss	woman	11	
89.	bride	marry	9	
90.	clean	wash	10	
91.	bag	carry	7	
92.	choice	pleasure	11	
93.	bed	sleep	9	
94.	pleased	happy	9	
95.	happy	pleased	9	

No.	Stimulus-word	Response	Time	Recall
96.	shut	door	7	
97.	wound	hurt	9	
98.	evil	devil	8	
99.	door	shut	9	
100.	insult	offend	10	
100a.	red	knife	9	book

Median of the Reaction-time (in tenth of seconds): 11

Probable Mean of the Reaction-time (in tenth of seconds): 9

GROUPING: TOTAL = 36

3 6R 22 25 37 38 42 46 3QR 32 52 53 58 a66 72 80 83 86 87 90 94 97 100 *** 16 35 67 71 *** 1 3 23 35 45 67 71 *** 18R 30R 38

PREDICATIVE RELATIONSHIP: TOTAL = 56

2 5 10 18 26 30 34 39 43 a48 50 50R 58R 62 82 *** 7 8 11 12 14 15 24 27 28 36 43 48 55 57 58R 59 60 64 66 68 77 88 89 93 96 97 99 a100 *** 15 21 23 24 28 28R 48 51 67 71 76 93 *** 98

CAUSAL RELATIONSHIP: TOTAL = 10

4 13 27 28 66 74 80R 87 93 97

CO-EXISTENCE: TOTAL = 19

1 23 27 29 37 45 51 63 65 67 71 73 75 77 78 81 83 86 98

IDENTITY: TOTAL = 19

22 33 41 42 46 47? 52 58 64R a66 70 72 80 87 90 92 94 95 97

LINGUISTIC MOTOR-FORMS: TOTAL = 23

6R 20 29 30 30R 31 36 83 *** 12 19 45 48 *** 7 14 15 16 17 21 27 27R 43 71 73

WORD COMPLETION: SOUND: RHYME: TOTAL = 0

PERSEVERATIVE REPETITION OF STIMULUS WORD AS REACTION WORD: TOTAL = 0

REPETITION OF REACTION WORD: TOTAL = 5

body (1,5)
woman (47, 60, 85, 88)
child (61, 82)
garden (48, 67)
Satan/Devil (50, 98)

INDIRECT: TOTAL = 2

59 18

FAILURES: REPETITIONS: TOTAL = 0

EGOCENTRIC REACTIONS: TOTAL = 4

9 35 69 78

MEANINGLESS: TOTAL = 1

54

PERSEVERATION: TOTAL = 4

14 17 95 99

SAME GRAMMATICAL FORM: TOTAL = 52

1 3 4 7 14 15 19 20 21 22 23 25 29 31 33 35 37 38 41 42 45 46 47 49 51 52 53 58 61 63 65 a66 67 69 70 71 72 73 75 77 78 80 81 83 86 88 90 94 95 97 98 100

SAME NUMBER OF SYLLABLES: TOTAL = 73

1 3 4 5 6 7 8 10 11 13 14 15 18 21 25 26 6R 7R 11R 27R 28R 31 32 33 34 36 38 39 40 42 35R 44R 46 47 48 a48 50 50R 51 52 53 55 58R 59 60 61 63 64R 65 66 a66 67 71 72 73 77 80 81 83 84 85 88 90 93 94 95 96 97 98 99 100 a100 a100R

CONSONANCE: TOTAL = 16

18 25 27 28 28R 51 52 58 63 67 70 81 85 91 93 98

ALLITERATION: TOTAL = 9

2 4 19 20 27 29 33 42 59

SAME ENDING: TOTAL = 2

83 98

b. Subject "B":

No.	Stimulus-word	Response	Time	Recall
1.	head	toes	6	
2.	green	blue	4	
3.	water	mustard	8	soft
4.	sing	sun	7	bird
5.	dead	living	9	deep
6.	long	many	9	shot
7.	ship	sun	10	
8.	make	sew	11	
9.	woman	child	8	
10.	friendly	cut	10	deep
11.	bake	sing	9	
12.	ask	thank-you	11	plead
13.	cold	even	15	frosty
14.	course	joy	9	long
15.	dance	joy	9	
16.	village	hairy	10	
17.	pond	stick	13	green
18.	sick	queer	16	green
19.	pride	sick	14	wrong
20.	bring	take	16	give
21.	ink	write	10	
22.	angry	speak	11	hate
23.	needle	thread	8	
24.	swim	soft	11	long
25.	go	many	21	come
26.	blue	yellow	11	green
27.	lamp	light	9	
28.	carry	grow	11	
29.	bread	eat	9	
30.	rich	sudden	11	not
31.	tree	soft	11	
32.	jump	land	11	

No.	Stimulus-word	Response	Time	Recall
33.	pity	soft	12	never
34.	yellow	never	9	green
35.	street	car	9	
36.	bury	deep	16	
37.	salt	grow	9	
38.	new	clean	12	
39.	habit	present	9	never
40.	pray	silent	9	
41.	money	wealth	9	
42.	silly	mad	8	
43.	book	read	6	
44.	despise	hate	6	
45.	finger	thumb	8	
46.	jolly	gay	10	happy
47.	bird	cry	8	song
48.	walk	sit	15	long
49.	paper	crunch	11	
50.	wicked	black	8	
51.	frog	green	8	
52.	try	recommend	10	
53.	hunger	fight	14	
54.	white	coloured	10	
55.	child	desperate	11	never
56.	speak	reason	12	agree
57.	pencil	spoken	13	say
58.	sad	not	9	often
59.	plum	cherries	11	
60.	marry	yes	11	
61.	home	cry	16	break
62.	nasty	yes	11	hurt
63.	glass	see	14	
64.	fight	broken	9	purple
65.	wool	cover	9	
66.	big	heavy	9	large
67.	carrot	sudden	11	
68.	give	modern	8	now
69.	doctor	help	8	
70.	frosty	cold	11	
71.	flower	blue	8	heavy
72.	beat	yellow	8	
73.	box	purple	16	
74.	old	crying	11	
75.	family	hand	8	
76.	wait	need	6	
77.	cow	field	10	
78.	name	(the Subject's own)	11	
79.	luck	no	9	
80.	say	agree	8	
81.	table	laid	9	
82.	naughty	child	8	
83.	brother	love	12	
84.	afraid	dark	8	
85.	love	depth	11	deep
86.	chair	avoid	11	sit
87.	worry	often	11	always
88.	kiss	mouth	58	

No.	Stimulus-word	Response	Time	Recall
89.	bride	white	11	yes
90.	clean	blood	11	
91.	bag	open	21	
92.	choice	reason	8	
93.	bed	sleep	9	
94.	pleased	hurt	9	happy
95.	happy	lump	9	white
96.	shut	scrape	9	
97.	wound	open	8	
98.	evil	blood	9	hate
99.	door	many	10	
100.	insult	hurt	8	wound

Median of the Reaction-time (in tenth of seconds): 12

Probable Mean of the Reaction-time (in tenth of seconds): 10

GROUPING: TOTAL = 85

1 2 5 6R 8 9 12R 13R 20 22R 23 25R 26 26R 27 29 32 33 34R 35 38 40 41 42 43 44 45 46R 47 47R 48 49 50 51 52 54 59 61R 62 63 65 66 66R 68R 69 70 74 74R 76R 77 78 79 81 82 83 84 86R 87 88 89 91 92 94R 96 97 98 98R 100 100R

- *** I- *** 1 2 5 6R 20 25R 26 26R 34R 54 94

PREDICATIVE RELATIONSHIP: TOTAL = 42

3R 4R 5R 17R 19 19R 33 51 55 58 58R 64 71 81 82 84 *** 4R 15 21 27 29 43 47 49 83 86 86R 88 90 93 *** K 17 21 27 29 35 36 40 43 63 77 93 *** 27

CAUSAL RELATIONSHIP: TOTAL = 4

32 47R 53 63

CO-EXISTENCE: TOTAL = 28

1 3 9 12 18R 21 23 27 29 32 35 40 41 43 45 47R 49 50 63 77 81 82 83 86R 88 93 98R

IDENTITY: TOTAL = 11

12 13 20R 46 66 66R 70 76R 78 94R

LINGUISTIC MOTOR-FORMS: TOTAL = 5

1 40 54 *** - *** 27 35 *** - *** -

WORD COMPLETION: SOUND: RHYME: TOTAL = 1

89

PERSEVERATIVE REPETITION OF STIMULUS WORD AS REACTION

WORD: TOTAL = 0

REPETITION OF REACTION WORD: TOTAL = 11

soft (24, 31, 33)
joy (14, 15)
grow (28, 37)
blue (2, 71)
many (6, 25, 99)
yellow (26, 72)
sudden (30, 67)
cry/crying (47, 61, 74)
yes (60, 62)
deep/depth (36, 85)
blood (90, 98)

INDIRECT: TOTAL = 2

*** - *** 4 *** 76R

FAILURES: REPETITIONS: TOTAL = 0

EGOCENTRIC REACTIONS: TOTAL = 1

78

MEANINGLESS: TOTAL = 20

6 7 10 11 13 14 16 25 28 31 34 37 55R 64R 67 68 72R 73 95 95R

PERSEVERATION: TOTAL = 13

17R 18R 33 37 57 57R 62 65 71 73 89R 15 72

SAME GRAMMATICAL FORM: TOTAL = 71

1 2 3 5 5R 6 6R 7 8 11 12R 14 14R 15 16 17 17R 18 18R 19 19R 20 20R 21 24 25R 26R 27 29 30R 31 32 33R 34 35 37 39 39R 43 46R 47 47R 48 48R 51 57 58 61 61R 63 66R 67 68R 76 77 79 85 85R 86R 87 87R 88 89 89R 90 93 94 96 98R 99

SAME NUMBER OF SYLLABLES: TOTAL = 72

1 2 3 4 4R 5R 6 6R 7 8 11 12R 14 14R 15 16 17 17R 18 18R 19 19R 20 20R 21 24 25R 26R 27 29 30R 31 32 33R 34 35 37 39 39R 43 46R 47 47R 48 48R 51 57 58 61 61R 63 66R 67 68R 76 77 79 85 85R 86R 87 87R 88 89 89R 90 93 94 96 98R 99

CONSONANCE: TOTAL = 29

4R 5R 12 13R 14 14R 19 20R 21 22R 25R 29 34 34R 38 56 65 70 72 75 75R 80 83 84 86 87 89 93 97

ALLITERATION: TOTAL = 6

4 5R 7 24 27 96

SAME ENDING: TOTAL = 0

c. Subject "C":

No.	Stimulus-word	Response	Time	Recall
1.	head	shoulder	18	
2.	green	white	19	
3.	water	tap	19	running
4.	sing	song	15	
5.	dead	buried	16	live
6.	long	short	10	
7.	ship	shore	16	
8.	make	believe	21	
9.	woman	man	15	
10.	friendly	nature	48	happy

No.	Stimulus-word	Response	Time	Recall
11.	bake	cake	15	
12.	ask	question	20	give
13.	cold	water	21	hot
14.	stock	cupboard	22	
15.	dance	sing	39	
16.	village	town	12	
17.	pond	water	25	lake
18.	sick	ill	9	
19.	pride	joy	16	
20.	bring	take	25	carry
21.	ink	pen	13	
22.	angry	mad	14	sad
23.	needle	pin	11	
24.	swim	drown	16	sink
25.	go	come	16	
26.	blue	red	12	white
27.	lamp	light	15	shade
28.	carry	cot	23	
29.	bread	butter	14	
30.	rich	poor	12	
31.	tree	plant	20	
32.	jump	leap	17	joy
33.	pity	shame	16	sad
34.	yellow	red	19	
35.	street	road	6	town
36.	bury	dead	15	
37.	salt	mustard	16	water
38.	new	old	14	
39.	habit	habit? smock	40	gown
40.	pray	reverent	26	worship
41.	money	rich	19	
42.	silly	daft	19	
43.	book	cover	15	
44.	despise	hate	15	
45.	finger	thumb	15	
46.	jolly	happy	18	
47.	bird	fowl	20	pray
48.	walk	stroll	24	
49.	paper	newspaper	15	
50.	wicked	hate	12	evil
51.	frog	pond	21	leap
52.	try	error	35	again
53.	hunger	pains	12	
54.	white	black	13	
55.	child	infant	26	
56.	speak	talk	12	
57.	pencil	paper	12	
58.	sad	happy	14	
59.	plum	fruit	17	
60.	marry	happy	36	togetherness
61.	home	abode	30	base
62.	nasty	hateful	40	sad
63.	glass	drink	16	house
64.	fight	hate	13	
65.	wool	cardigan	14	
66.	big	small	16	

No.	Stimulus-word	Response	Time	Recall
67.	carrot	vegetable	36	
68.	give	take	14	
69.	doctor	nurse	16	
70.	frosty	snow	23	
71.	flower	growing	20	plant
72.	beat	drum	16	
73.	box	carton	21	fight
74.	old	elderly	28	young
75.	family	gathering	29	together
76.	wait	stay	(68)	watch
77.	cow	goats	12	animals
78.	name	address	9	
79.	luck	horseshoe	12	
80.	say	speak	5	
81.	table	mat	15	
82.	naughty	nasty	22	bad
83.	brother	sister	11	
84.	afraid	scared	20	
85.	love	together	31	
86.	chair	table	15	
87.	worry	stress	42	sad
88.	kiss	cuddle	38	
89.	bride	groom	10	
90.	clean	healthy	15	
91.	bag	purse	18	
92.	choice	option	14	
93.	bed	sheets	12	
94.	pleased	happy	6	
95.	happy	pleased	6	
96.	shut	close	10	door
97.	wound	hurt	6	
98.	evil	bad	6	
99.	door	open	12	shut
100.	insult	affliction	9	swear

Median of the Reaction-time (in tenth of seconds): 16

Probable Mean of the Reaction-time (in tenth of seconds): 18.6

GROUPING: TOTAL = 107

1 2 3 3R 4 5 7 10R 11 14 15 16 17R 18 19 20R 21 22 22R 23 24R

26 26R 29 31 32 33 34 35 36 37 40 40R 42 44 45 46 47 48 50 50R

54 55 56 57 61 61R 62 64 69 70 72 73 73R 74 75R 76 77 80 81 82

78 82R 83 84 85 86 87 88 89 90 91 92 94 96 96R 97 98 99 99R 100R

*** 39 <u>39R</u> 49 *** 17 35 47 59 67 77 93 100 *** 6 9 <u>13R</u> 20 24 25 30 38 58 66 68 <u>74R</u>

<u>PREDICATIVE RELATIONSHIP:</u> <u>TOTAL = 20</u>

<u>3R</u> 10 13 41 70 *** 4 11 12 28 31 <u>32R</u> 36 52 <u>60R</u> 63 65 72 87 <u>96R</u> 99 <u>99R</u>

<u>CAUSAL RELATIONSHIP:</u> <u>TOTAL = 7</u>

4 5 32 53 60 <u>60R</u>

<u>CO-EXISTENCE:</u> <u>TOTAL = 34</u>

1 3 <u>3R</u> 4 5 9 11 12 19 21 23 27 <u>27R</u> 29 <u>32R</u> 36 37 42 45 51 <u>51R</u> 57 63 65 72 77 78 79 81 83 86 88 89 93

<u>IDENTITY:</u> <u>TOTAL = 21</u>

18 32 35 42 46 47 48 <u>50R</u> 55 56 73 74 76 80 <u>82R</u> 93 94 95 96 98

<u>LINGUISTIC MOTOR-FORMS:</u> <u>TOTAL = 28</u>

5 6 9 11 19 <u>24R</u> 25 29 36 54 57 68 <u>74R</u> 78 88 *** - *** 4 7 8 27 <u>27R</u> 43 53 <u>61R</u> 75 81 89 93

<u>WORD COMPLETION: SOUND: RHYME:</u> <u>TOTAL = 0</u>

<u>PERSEVERATIVE REPETITION OF STIMULUS WORD AS REACTION WORD:</u> <u>TOTAL = 1</u>

habit (39)

<u>REPETITION OF REACTION WORD:</u> <u>TOTAL = 3</u>

red (26, 34)
hate (44, 64)
happy (46, 58, 60, 94)

<u>INDIRECT:</u> <u>TOTAL = 5</u>

47R 60 60R 79 *** 52

FAILURES: REPETITIONS: TOTAL = 0

EGOCENTRIC REACTIONS: TOTAL = 0

MEANINGLESS: TOTAL = 0

PERSEVERATION: TOTAL = 1

95

SAME GRAMMATICAL FORM: TOTAL = 103

1 2 3 5 5R 6 7 9 10R 12R 13R 14 15 16 17 17R 18 19 20 20R 21 22 22R 23 24 24R 25 26R 27 27R 29 30 32 33 34 35 35R 37 37R 26 28 39 39R 40R 42 43 44 45 46 47 47R 48 49 50R 51 53 54 55 56 57 58 59 61 61R 62 62R 63 63R 64 65 67 69 73 73R 74 74R 75 76 76R 77 77R 78 79 80 82 82R 83 84 86 87 88 89 90 91 92 93 94 95 96 97 98 100 100R

SAME NUMBER OF SYLLABLES: TOTAL = 70

2 3 4 5 6 7 10 10R 11 12R 13R 15 17R 18 19 20 21 24 24R 25 26 27 27R 30 31 32 32R 35 35R 38 46 47 47R 48 51 51R 54 56 59 60 61R 62 63 63R 64 66 68 71 72 73R 74R 75 75R 76 77 80 82 83 86 89 91 93 94 96 96R 95 99R

CONSONANCE: TOTAL = 36

3 6 9 11 13R 18 22 22R 25 27R 34 37R 43 51 55 58 60 62R 70 74R 75 76 76R 77 78 81 82 82R 84 85 86 90 92 93 99

ALLITERATION: TOTAL = 10

4 7 24R 27 29 32R 57 76R 80 82

SAME ENDING: TOTAL = 2

11 83

XVIII. References

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