

BION, ALPHA-FUNCTION AND THE UNCONSCIOUS MIND

NICOLA ABEL-HIRSCH

This paper will identify why and how Bion's ideas about dream-work and alpha-function evolved, and the profound implications of this development for what he calls 'practical psychoanalysis'. Andre Green interestingly comments that for Bion the 'model of the dream' was unusually more important than the 'model of the baby'; and I will consider in particular the question of 'models', and their relation to the making of the accurate observations of unconscious functioning we need to underpin our analytic work. It is hoped the paper will contribute to the clinically relevant question of whether there is an important link between Bion's 'alpha-function' and mentalization theory.

KEY WORDS: ALPHA-FUNCTION, UNCONSCIOUS, BETA, THINKING,
DREAMING, FRUSTRATION, OMNISCIENCE

Bion gives the name 'alpha-function' to the 'change from something which is not thought at all to something which is thought' as in the following:

The poet Donne has written 'the blood spoke in her cheek ... as if her body thought'. This expresses exactly that intervening stage which in the Grid is portrayed on paper as a line separating beta elements from alpha elements ... *a situation of change from something which is not thought at all to something which is thought.* (*Brazilian Lectures*, Vol. 7, 1973, p. 44, emphasis added, in Bion, 2014)

In this paper I will consider various aspects of Bion's work on how thought becomes possible and some of the difficulties involved in this process. His work in this area has importantly contributed to current attention on the analyst's availability to what the patient has not been able to think themselves.

DIFFICULTIES THINKING AT ALL

Whilst Freud's patients suffered from excessive repression, Bion's psychotic patients had difficulties 'thinking' at all. In his paper 'On arrogance' (1958), given to the Paris IPA Congress, Bion notices that a patient is making a complaint and when he follows the complaint he comes to the view that the patient is complaining that he, Bion, through his thinking and verbal communication, is in fact experienced as refusing

ingress to the patient's projections. Bion makes what is a mutative shift in perspective, from focusing on the level of disturbance in the patient, to focusing on the analyst's capacity to take in the patient's projections and it lays the seed for his developing understanding of what he goes on to call alpha-function:

[I]n so far as I, as analyst, was insisting on verbal communication as a method of making the patient's problems explicit, I was felt to be directly attacking the patient's methods of communication. From this it became clear that when I was identified with the obstructive force, what I could not stand was the patient's methods of communication. In this phase my employment of verbal communication was felt by the patient to be a mutilating attack on his methods of communication. From this point onwards, it was only a matter of time to demonstrate that the patient's link with me was his ability to employ the mechanism of projective identification. That is to say, his relationship with me and his ability to profit by the association lay in the opportunity to split off parts of his psyche and project them into me.

On this depended a variety of procedures which were felt to ensure emotionally rewarding experiences such as, to mention two, the ability to put bad feelings in me and leave them there long enough for them to be modified by their sojourn in my psyche, and the ability to put good parts of himself into me, thereby feeling that he was dealing with an ideal object as a result. Associated with these experiences was a sense of being in contact with me, which I am inclined to believe is a primitive form of communication that provides a foundation on which, ultimately, verbal communication depends. (1958, p. 146)

Bion's recognition that allowing the patient's projection to 'sojourn in my psyche' could result in some modification of the patient's 'bad feelings' anticipated in his soon-to-arrive thoughts about the container, the contained and the relation between the two.

In his paper 'Attacks on linking' the following year, we find a further development of his nascent thoughts about alpha-function in his now well known model of a mother and infant, derived from his experience with the patient:

The analytic situation built up in my mind a sense of witnessing an extremely early scene. I felt that the patient had experienced in infancy a mother who dutifully responded to the infant's emotional displays. The dutiful response had in it an element of impatient 'I don't know what the matter is with the child.' My deduction was that in order to understand what the child wanted, the mother should have treated the infant's cry as more than a demand for her presence. From the infant's point of view she should have taken into her, and thus experienced, the fear that the child was dying. It was this fear that the child could not contain. He strove to split it off together with the part of the personality in which it lay and project it into the mother. An understanding mother is able to experience the feeling of dread,

that this baby was striving to deal with by projective identification, and yet retain a balanced outlook. (1959, pp. 312–13)

DIFFICULTIES THINKING AT ALL: BION'S OWN THINKING

It seems likely that Bion went through a self-analysis, possibly not dissimilar in importance to him, to Freud's self-analysis – in the working out of his theory of thinking. The American psychoanalyst Larry Brown, in a recent paper, has drawn attention to the fact that at the same time as Bion's work on alpha-function he was himself beginning to write about the traumatic experiences he'd had in the first world war as a 19 year old: 'Bion felt sick. He wanted to think . . . He wanted to think . . . He tried to think' (Bion, 1997, p. 254). Brown comments: 'This "bombardment" by sensory fragments reduced Bion to vomiting in order to evacuate the sensory overload and must also have taught him, in retrospect, how the desperate mind madly discharges experience that cannot be abstracted' (Brown, 2012, p. 1200). Brown suggests that Bion's marriage to Francesca Bion as well as his clinical work with psychotic patients in the 1950s contributed significantly to his understanding of the kind of relationship with another person that is required to be able to 'think under fire'.

'DREAMING'

In the late 1950s, and as a part of his evolving concept of alpha-function, Bion looked more closely at dreaming. In his personal notes (*Cogitations*, 1992) we see his gradual departure from Freud's theory of dreaming (dreams as the protector of sleep, wish fulfilment) to Bion's ideas about the function of dreams in the 'digestion' and 'suffering' (making personal) of emotional experiences. In early 1960 he draws a distinction between Freud's dream-work and what he calls dream-work-a (the capacity to dream rests on the ability of dream-work-a to transform into a-elements that may be linked in a dream narrative) This was then replaced by simply 'alpha-function'. He tends also to use alpha-function and 'dreaming' somewhat interchangeably (from Brown, 2012).

Bion describes the function of the dream as a mental digestive process. More surprisingly, he proposes 'dreaming' is going on when we are awake as well as when we are asleep: 'Freud says Aristotle states that a dream is the way the mind works in sleep: I say it is the way it works when awake' (1992, p. 43). The idea of our 'dreaming' whilst awake has been picked up in the analytic world and we now hear for example of the analyst 'dreaming the patient's dream'. Why, however, might Bion not have talked in terms of 'waking alpha-function' and 'sleeping alpha-function', rather than stating that dreaming goes on all the time?

ALPHA-FUNCTION AND THE DIFFERENTIATION OF CONSCIOUS AND UNCONSCIOUS

With his concept of alpha-function, Bion introduces a new understanding of how the unconscious comes into being. In his view the process – named alpha-function – is constantly bringing about the differentiation of the conscious and unconscious

aspects of the mind. In Chapter 7 of *Learning from Experience*, Bion gives the following key example – the reader may be reminded that Freud's main chapter on dreaming was also a Chapter 7!:

A man talking to a friend converts the sense impressions of this emotional experience into alpha-elements, thus becoming capable of dream thoughts and therefore of undisturbed consciousness of the facts whether the facts are the events in which he participates or his feelings about those events or both. He is able to remain 'asleep' or unconscious of certain elements that cannot penetrate the barrier presented by his 'dream'. Thanks to the 'dream' he can continue uninterruptedly to be awake, that is, awake to the fact that he is talking to his friend, but asleep to elements which, if they could penetrate the barrier of his 'dreams', would lead to domination of his mind by what are ordinarily unconscious ideas and emotions.

The dream makes a barrier against mental phenomena which might overwhelm the patient's awareness that he is talking to a friend, and, at the same time, makes it impossible for awareness that he is talking to a friend to overwhelm his phantasies ...

To sum up: the 'dream', together with the alphafunction,¹ which makes dream possible, is central to the operation of consciousness and unconsciousness, on which ordered thought depends. (Bion, 1962a, pp. 15–16)

Bion is suggesting 'dreaming' whilst awake allows us to be 'asleep' to unconscious elements that would disrupt our conscious mind. This kind of possible echoing of Freud's thought (dreams protect sleep) is not uncommon in Bion's work. I wonder too whether Bion may be implicitly drawing our attention to the similarity between our capacity to notice selective facts when awake and the extraordinary capacity of dreams to do likewise – our capacity to select and condense information in a personalized way that happens both in night dreams and in our capacity to grasp the 'selected fact' in waking. Bion goes on:

In this theory the ability to 'dream' preserves the personality from what is virtually a psychotic state. It therefore helps to explain the tenacity with which the dream, as represented in classical theory, defends itself against the attempt to make the unconscious conscious. Such an attempt must appear indistinguishable from destruction of the capacity to dream in so far as that capacity is related to differentiating conscious from unconscious and maintaining the difference so established. (1962a, p. 16)

The interpretation of night dreams as a method by which the unconscious is made conscious is an employment in reverse, of what is in nature the machinery that is employed in the transformation of the conscious into material suitable for storage in the unconscious.

Bion also raises the possibility that night dreams may be a consequence of 'awake dreaming' not having fully processed the emotional experiences present: 'I wonder if

dreams, i.e. the actual emotional experiences, are not the emotional experiences I do not have, or cannot allow myself to have, during wakefulness' (1992, p. 149).

THE MODEL OF THE DREAM AND THE MODEL OF THE BABY

Andre Green remarks that for Bion 'the model of the dream is more important than the model of the baby' (1992, p. 587). Bion's work has been of seminal importance in drawing attention to the importance of the model of the baby and mother's reverie in the development of the mind. I referred at the beginning of the paper to his recognition of the patient's need to project 'unthought' experiences into the mind of the analyst and his reference to the importance of maternal reverie for the regulation and development of an infant's mind. What does Andre Green then mean? One factor is I think the question of whether we have overextended our use of the object relations model to the point that we believe an object to be necessary for all psychic activity – losing completely Freud's attention to principles of self-regulation, including the place of dreams in this. We might overlook the fact that Bion is also of the view that the individual's constitution plays a significant part in their development – including their inborn capacity to bear frustration and through this be able to 'dream' their own experience.

ON THE BEARING OF FRUSTRATION: MODIFICATION OR EVASION

An infant endowed with marked capacity for toleration of frustration might survive the ordeal of a mother incapable of reverie and therefore incapable of supplying its mental needs. At the other extreme an infant markedly incapable of tolerating frustration cannot survive without breakdown even the experience of projective identification with a mother capable of reverie; nothing less than unceasing breast feeding would serve and that is not possible through lack of appetite if for no other reason. (Bion, 1962a, p. 37)

In Bion's view we make a 'choice' between modification and evasion and this affects not just what happens in the moment but *the whole way the mind develops* either into an organ that is more for thinking, or one that is more for evacuating. This is important to notice because the 'unthought' (beta element) is not only raw experience yet to be processed, but can also be highly sophisticated manipulations produced by a mind that has become expert at 'regulating' itself by evacuation. Bion gives an example of what he calls the 'purposiveness of the unthought'. He notes that he had found himself considering interpretations that were in fact 'accusatory, or, alternatively, laudatory as if far-fetched with intent to reassure the patient of his goodness in the teeth of the evidence' and reaches a conclusion both 'unexpected and surprising' that the beta screen (evacuative manipulations) 'has a quality enabling it to evoke the kind of response the patient desires, or, alternatively, a response from the analyst which is heavily charged with counter-transference' (1962a, pp. 22–3).

Bion also throws into question an assumption we might make that all the visual images in dreams are by nature symbolic, when he suggests that dreams can also be

vehicles of evacuation rather than modification: ‘not for purposes of digestion mentally – only as receptacles to contain, to imprison the idea or feeling and then to eject it. In that case the visual image itself is used as the target for projective identification’ (1992, p. 66). As with his example of the patient who evoked actions (accusations, laudatory denials) from the analyst rather than thoughts, the dreams in this example are receptacles that ‘do’ something to the content (imprison, eject) rather than ‘mentally digest’/ think about the emotional experience pressing in on the mind through the dream.

Shortly before the above note was written, Bion had observed the different effect that projective identification for the purpose of communication can have, as opposed to projective identification for the purpose of evacuation, the former being experienced as an ‘invitation’, the latter as ‘an intrusion into him to which he feels he is passively to submit’ (10 August 1959, in Bion, 1992, pp. 64–5). In the latter case the analyst’s capacity to think has been deadened.

Related to the above differentiation between modification and evacuation, the South American analyst P.C. Sandler (1997) has described how a-elements can be transformed back into b-elements – he calls this anti alpha-function. The beta-elements so created can masquerade as intelligible sense data and often pass unnoticed as true beta-elements. ‘They are primarily imitative deeds, words, behaviours and actions tainted with ego and superego traces with the interference of secondary process, especially rational thinking that may be regarded as originating from anti alpha-function . . .’ (p. 49). Clinically, a lack of resonance, depth, associations, being stuck with manifest content, are good pointers to a move from the symbolic to concretization (beta activity). Sandler shows clinically how this retreat from symbolic functioning can be in order to evade painful depressive-position experience.

Before ending this section I want also to refer to what Bion calls ‘enforced splitting’. One characteristic of an alpha-element is its aliveness, in contrast to the inanimate or deadened nature of beta-elements. If aliveness is unbearable (i.e. because of envy or guilt) it can be replaced, Bion suggests, by a split off inanimate materiality:

The patient’s reactions to material comfort are shown by his reactions to the material comforts, the couch or other amenities, of the consulting room. Why must he have more and more of such ‘comforts’? Part of the answer lies in the splitting that was intended, by effecting a separation of material from psychical comforts, as an escape from fear of envy, either his own or another’s . . .

Envy aroused by a breast that provides love, understanding, experience and wisdom, poses a problem that is solved by destruction of alpha-function. This makes breast and infant appear inanimate with consequent guiltiness, fear of suicide and fear of murder, past, present and impending. The need for love, understanding and mental development is now deflected, since it cannot be satisfied, into the search for material comforts. Since the desires for material comforts are reinforced the craving for love remains unsatisfied and turns into overweening and misdirected greed . . .

This split, enforced by starvation and fear of death through starvation on the one hand, and by love and the fear of associated murderous envy and hate on

the other, produces a mental state in which the patient greedily pursues every form of material comfort; he is at once insatiable and implacable in his pursuit of satiation. Since this state originates in a need to be rid of the emotional complications of awareness of life, and a relationship with live objects, the patient appears to be incapable of gratitude or concern either for himself or others. (Bion, 1962a, pp. 10, 11)

A ‘HALFWAY HOUSE’ BETWEEN MODIFICATION AND EVACUATION MET WITH CLINICALLY: *THE ASSUMPTION OF OMNISCIENCE*

If intolerance of frustration is not so great as to activate the mechanisms of evasion and yet is too great to bear dominance of the reality principle, the personality develops omnipotence as a substitute for the mating of the pre-conception, or conception, with the negative realization. This involves the assumption of omniscience as a substitute for learning from experience by aid of thoughts and thinking. There is therefore no psychic activity to discriminate between true and false. Omniscience substitutes for the discrimination between true and false a dictatorial affirmation that one thing is morally right and the other wrong. The assumption of omniscience that denies reality ensures that the morality thus engendered is a function of psychosis. Discrimination between true and false is a function of the non-psychotic part of the personality and its factors. There is thus potentially a conflict between assertion of truth and assertion of moral ascendancy. The extremism of the one infects the other. (Bion, 1962b, p. 308)

Clinical Relevance

For some time with patient B, I interpreted what I understood to be his transference to a thoughtless object wanting only its own peace of mind. This, however, didn't deepen into 'learning from experience', and was repetitive. Was I experiencing – not the patient's transference – but something more hallucinatory and omniscient in which the patient was putting himself in a superior position in relation to me? Interpretations along these lines bore more fruit and interestingly enabled unusually companionable silences in which it seemed possible for him then to be with me rather than believing he must 'manage me'.

Shortly after what I describe above, I had an experience of hearing a noise from an adjacent room and 'all at once' understanding just how disturbing the patient found it. I emphasize the 'all at once' because that is how we mostly remember dreams – a dream or fragment of a dream is suddenly there. The patient himself then gradually began to have more experiences that he could be 'in' with me. On one occasion this involved his feelings of distaste towards me. The following day, however, he returned in a superior state of mind and declared that he knew of course that his distaste was of

my sexuality. The patient was no longer ‘in’ the experience, but was now omnisciently looking down on it. The difference between being ‘in’ an experience and asserting that one has no need of the experience and ‘knows’ already, can also be seen in the following quote in relation to dreaming: “I do not understand”, or, “do not know why”, or “do not know how”, etc. may be taken either as a *positive* statement of *inability* to dream, or a defiant assertion of a capacity for *not* dreaming’ (Bion, 1992, p. 37, emphasis in original).

THE DISCIPLINE OF MEMORY, DESIRE AND UNDERSTANDING

A key factor in the analyst’s alpha-function is the analytic template—theories—preconceptions—capacities to ‘recognize’ the patient’s unconscious material. How do we differentiate those things we know to exist from our psychoanalytic experience from those we bring into existence by our theorizing?

Something that I think was probably operating in Bion’s observations right from the beginning is honed and described in his later work. This is the observation of constant conjunctions.

By a constant conjunction I mean that in certain circumstances you might notice that certain elements kept on turning up constantly conjoined; that you think, for example, that there is fur, claws, whiskers – and you bind the lot by saying ‘Cat’; the object of that being that once you have bound this constant conjunction you can then set about researching as superficially or as deeply as you choose, into what you mean by this term. It is rather different from the ordinary view – about the ordinary views which are held philosophically about abstraction. I am really suggesting that you start with the unknown, that you note a constant conjunction, that you bind it by a term which is vitally meaningless, and then proceed to investigate what you mean by that term, for the rest of your life if you are so inclined. (Bion, 1965, p. 7)

From the point of view of observation and research ‘on the couch’, the observation of a constant conjunction is made prior to the investigation of what it is. The difference between the two procedures is obviously never clear cut, but it does afford the possibility of making observations which are less theory driven.

Here is an example from Bion’s *Attention and Interpretation* (1970).

A Married/Unmarried Man

In the first place (working with discipline of memory, desire and understanding), the analyst will soon find that he appears to be ignorant of knowledge which he has hitherto regarded as the hallmark of scrupulous medical responsibility ... Thus an analyst may feel, to take a common example, that his married patient is unmarried; if so, it means that psychoanalytically his patient is unmarried: the emotional reality and the reality based on the supposition of the marriage contract are discrepant ...

In psycho-analysis such matters as the patient's marriage have to be considered deeply. Is an overt practising homosexual with several children and a wife with whom he has entered into the marriage contract married? (Bion, 1970, p. 49)

Comment: this is not unusual for us – we might expect to have seen that the patient's legal state did not match his emotional reality. We might then have begun to entertain ideas about why this should be. We are arguably prone at this stage to assume we know about people's unconscious or hidden motivations. Bion continues:

What matters is that to statements of a particular category (of the grid) the patient begins to add statements of a different category. The patient whose statements have at no time suggested to the analyst that he, the patient, is married, now, at a particular point in his analysis, introduces statements that indicate that he is; that is to say, he behaves in a way that makes the analyst regard his statements as belonging to new categories including column 6 (he is asserting that he has actually done something, resorted to the kind of statement that consists in actually doing something, e.g. getting married).

Now it is clear that if the psycho-analyst has allowed himself the unfettered play of memory, desire, and understanding, his pre-conceptions will be habitually saturated and his 'habits' will lead him to resort to instantaneous and well-practised saturation from 'meaning' rather than from O. (Bion, 1970, p. 50)

Bion's recommendation to work with discipline of memory, desire and understanding is importantly in order to observe, not the flux of moment to moment material, but constant conjunctions that could become observable if one could put aside 'the peculiarities that make us creatures of circumstance'. In the example I have given, Bion recommends putting aside the knowledge of a man's legal marriage (a circumstance) in order to observe when 'marriage' might come up in the material, and in relation to what other elements. The conjunction of elements is to be observed before its meaning is then enquired in to. This approach offers the possibility – highlighted in Hinchliffe's work *Research on the Couch* (2013) – of giving some degree of separation between an observation, and the 'transformation' of the material by the analyst.

CONCLUSION

I began with the change from something that 'is not thought at all to something which is thought', Donne's 'blood spoke in her cheek . . . as if her body thought'.

I spoke about difficulties thinking at all. Whilst Freud's patients suffered from excessive repression, Bion's psychotic patients had difficulties 'thinking' at all. Bion came to understand the patient's need to have their projections contained by the analyst, and came to the model of the mother and infant. The human mind is understood to develop through the mind of the other.

I referred to the likelihood that Bion went through a self-analysis, possibly not dissimilar in importance to him to Freud's self-analysis – in the working out of his theory of thinking.

I then went to his view that the mind also dreams when awake and that dreaming, derived from alpha-elements, brings about the differentiation between the conscious and unconscious mind. (The processing of experience includes being able to become unconscious of it.)

I asked what Andre Green might have meant when he said that for Bion 'the model of the dream is more important than the model of the baby'? Whether we might over-use our fruitful theory of object relations and what other factors there might be in 'dreaming' when awake and asleep? For Bion these include the capacity to bear frustration as an essential factor in alpha-function/dreaming and to some extent inborn.

Bion thought that a mind dominated by evacuation developed differently to one dominated by thinking and that in the former we find a purposiveness of the 'unthought' beta screen which can nudge the analyst also to action rather than thought – laudatory or critical speech rather than analytic thought.

I ended with the question of how we differentiate those things we know to exist from our psychoanalytic experience, from those we bring into existence by our theorizing. How is our analytic alpha-function to grasp – as dreams can – the significant facts?

NOTE

1. Bion uses both 'alpha-function' and 'alphafunction', the former version more frequently used.

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