

**A Study of Transference Phenomena in the Light of Jung's Psychoid
Concept**

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Abstract

This research constitutes an investigation of unconscious interaction between patient and analyst in situations where psyche and soma are in relation. The literature is extensive, but not coherent, and there exists a need for an overall mapping of the field. The project aims to establish a conceptual topography, grounded in Jung's psychoid concept, since this applies to a deeply unconscious realm that is neither physiological nor psychological but that partakes of both.

A methodology based on the conceptual research of Dreher (2000) is employed, including: a historical study tracing the evolution of Jung's ideas, from their biological origins in the work of Driesch (1903) and Bleuler (1929), through Jung's own self-investigation in his *Red Book* work, to his subsequent theoretical conceptualisations, to establish a public definition for the psychoid concept; and an empirical study, based on expert interviews, to interrogate this definition. The empirical study employs a methodological instrument, developed for this research, for identifying clinicians' private theories relating to psycho-physical experience. Such instrument comprises the process notes for a single session, in which the psychic fact and the physical fact are combined, and a set of discussion vertices, derived from Sandler (1983), Canestri (2006) and Tuckett (2008), for guiding the interview. The empirical data, constituting the transcripts of the interviews, not the process notes, is analysed using grounded theory.

Comparisons from psychoanalysis are employed at all stages of both studies.

The results demonstrate that the psychoid concept is valid and clinically useful. The empirical study establishes that clinicians support contrasting views of the transference, namely a symmetrical and mutual transference and an asymmetrical and hierarchical transference, the former being consistent with Jung's psychoid concept. Unexpectedly, not only Jungians but also some psychoanalysts conceptualised a symmetrical transference, albeit employing different terminology. This adds Popperian weight to the research results.

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Chapter 1

Introduction

Setting the scene

The present project is a clinical one, in that it constitutes an investigation of unconscious interactions between patient and analyst involving psyche and soma in relation. It addresses a very particular aspect of the body-mind problem, as experienced in the analytic consulting room, and hence embraces not merely a philosophical or theoretical position but also most especially an empirical one.

The project is based in clinical experience: not merely in a single analytic case; and not just in personal analytic practice, although the project stems from personal clinical work as a starting point. Such clinical origin drew attention to certain embodied phenomena, taken by the analyst to reflect the state of the analytic process, and has guided but is not the focus of the project, generating at the outset of the research the hypothesis that phenomena, combining experiences of body and mind in sensation at a psychic level, arise and are communicated to the analyst during periods of regression by the patient to states where issues concerning separation and bodily integrity are at the forefront.

A literature study has highlighted a Babel of theories, as well as a lack of clinical description, language and elaboration, and has thus shown firstly that the area is not well delineated and secondly that it is difficult to establish a conceptual terrain. At the same time, there has been increasing interest in psychoanalytic circles, in recent years, on the role played by the body in psychoanalysis, whether in terms of the

physical presence of the analyst and their embodied response to the patient or in terms of the ways in which the patient perceives and employs their own body in communications with the analyst, as evidenced by a proliferation of publications and conferences addressing this topic from a wide variety of angles. In all of these instances, a common issue is the question, how are we to think about and understand embodiment in psychoanalysis, the talking cure? There is, therefore, a manifest need for a mapping of the area and for specifying a conceptual terrain, and this is what the present thesis aims to do. To achieve this, a methodological instrument suited to the research has had to be devised.

There is a long history to the issue of the relationship of mind and body, reaching in the clinical arena back to the beginnings of psychoanalysis and beyond, and the present project selects and tracks a single conceptual strand in the clinical debate, employing primarily a form of conceptual research as proposed by Dreher (2000), having a historical aspect and an empirical aspect. Jung's psychoid concept is selected as the focus, as a theoretical position relating to an ultimately unknowable area that is neither psychological nor physiological but that entrains aspects of both.

Accordingly, the historical conceptual research is grounded in Jung's psychoid concept, and traces the origination and evolution of the concept to show how a present day understanding has developed. The research locates the origins of the concept in the work on *Das Psychoid* of the biologist and neo-vitalist Hans Driesch (1903) around the turn of the nineteenth and twentieth centuries, and follows the development of this early thinking into *Die Psychoide* of Eugen Bleuler (1925), director of the Burghölzli from 1898 to 1927. Jung's adoption and extension of the ideas of both thinkers are set in the context of his own oeuvre and his relationship with the psychoanalytic movement. Trends in his own professional development, and

comparisons from the work of other psychoanalytic sources, serve to clarify and refine a resultant definition for the psychoid concept, according to Jung. Elaboration and refinement of this definition is achieved by reviewing subsequent developments by the post-Jungians having a bearing on the psychoid concept, and by comparison with a parallel development by Bion of his proto-mental concept, in order to arrive at a contemporary definition. In this way, the thesis attempts to establish what was in Jung's mind when he conceived and formulated his psychoid concept, and to arrive at a set of characteristics to be anticipated in clinical manifestations of psychoid processes.

This historical work does not confine itself, as Dreher would, to a narrow tracing of variations in the meaning of the psychoid concept, but also acknowledges influences on the thinking of Jung and his followers from other sources, and employs a comparative approach based on ideas from other psychoanalysts, most notably Freud and Bion. Comparisons are made continually. Thus, the project may be seen not merely as conceptual research but also as comparative contextual research.

Apart from the inherent historical interest of such approach, the advantages of a comparative contextual model are the ensuing tightening of definitions, something that is especially pertinent given the allusive style of writing adopted by Jung increasingly, following his *Red Book* work, in direct contrast to his scientific style in his early work on the Word Association Tests. Rowland (2005, ix) observes that all of Jung's works after World War II "are devoted to finding a form of psychic healing that would avert the acting out of the apocalyptic myth", and so he experimented with "kinds of writing in which the word has the power to heal through appeal to more than rational understanding". Thus, he came to a style combining aesthetic and scientific forms in a manner, described by Rowland (*ibid.*, 2-3) as a "literary playing

with metaphors”, that seeks not merely to describe the psyche but also to “enact and perform it”. Jung’s terminology is also constantly in flux, as can be seen from the fact that, whilst he employs the word ‘psychoid’ in 28 passages in the Collected Works, he refers inter alia to a psychoid *reflex-instinctual state* (1947/1954, par. 385), a psychoid *system* (e.g. 1947/1954, par. 382), psychoid *processes* (e.g. 1947/1954, par. 380), psychoid *functions* (1947/1954, par. 382), a psychoid *factor* (e.g. 1947/1954, par. 417), a psychoid *unconscious* (e.g. 1955/1956, par. 787), and a psychoid *archetype* (1958, pars. 849/51), as well as describing the archetype as having a psychoid *nature* (e.g. 1958, par. 852), a psychoid *property* (1952, par. 947), a psychoid *form* (1945/1954, par. 350) and a psychoid *essence* (1958, par. 854). Accordingly, every contextual aid to the development of a precise definition for the concept is to be appreciated, whilst at the same time acknowledging that the ultimate unknowability of the psychoid unconscious, according to Jung, limits what can be said about it.

Having acquired a current definition for the psychoid concept from the historical study, the empirical aspect of the project develops a contemporary view, by means of expert interviews as proposed by Dreher. Here again, it has been necessary to devise a suitable methodology. Whilst Dreher describes the use of semi-structured interviews of analysts by analysts to elaborate the meaning and modes of employ of a concept, this approach to interviewing was felt likely to yield consciously constrained theoretical accounts, and hence to be too limiting for the present task. Rather, what has been sought in this project is a more unconscious formulation, such as arises in case discussion in response to clinical material through free association. Therefore, an interview design was formulated based on the process notes for a single session, actually the one that prompted early thoughts of the present research, and

interviewees were asked to describe their *own* way of understanding and approaching the session, as well as their free associations in the face of the example given. The interviews were recorded, and the transcripts subsequently analysed by grounded theory techniques. It is to be emphasised that the transcripts, and not the process notes, constitute the data, and that grounded theory was selected in order to extract the personal models or theories of the interviewees, both conscious and unconscious, and to generate a set of parameters that could then be compared with the definition previously derived from the historical study for the psychoid concept. The psychoid concept was thereby interrogated, by evaluating whether the contemporary views obtained from the empirical study matched the historical definition.

Furthermore, a comparative approach was again adopted, by selecting interviewees both from psychoanalysis and from analytical psychology. Since psychoid phenomena are a Jungian conceptualisation and are acknowledged in the language of analytical psychology, it was to be anticipated that the analytical psychologists would be more likely to generate accounts consistent with the historical psychoid definition. By contrast, such phenomena are not recognised in the vocabulary of psychoanalysis, and therefore a finding of congruent phenomena, regardless of terminology, from any of the psychoanalysts would lend significantly greater weight to the validity of Jung's psychoid concept. Very surprisingly, some of the psychoanalysts did indeed also produce similar results, effectively providing unexpected confirmation of Jung's psychoid concept, in the manner proposed by the philosophy of science of Popper.

Consequently, the thesis has employed a methodology based generally on Dreher's conceptual research, but modified to suit the present project by:

- (i) Importing a contextual dimension to the historical study, from the history of ideas in twentieth century and from psychoanalysis generally.
- (ii) Interrogating rather than elaborating the selected psychoid concept in the empirical study, by undertaking clinical interviews and extracting theory from them, using grounded theory, and only subsequently assessing whether the extracted theory matches the psychoid concept as derived from the historical study.
- (iii) Supplementing the entire conceptual study, both historical and empirical, with comparative elements to clarify, push and refine the definitions derived from the basic analysis.

Bifurcations

The trajectory taken by the research work, and the manner in which at each stage the current position influenced the ongoing course of the project is of interest.

Having selected Jung's psychoid concept as the focus for the study, the work began with a review of Jung's writings on the subject, his main publications being *On the Nature of the Psyche* (1947/1954) and *Synchronicity: An Acausal Connecting Principle* (1952). Hans Driesch (1903) is acknowledged in the former, and a footnote directs the reader to *Die "Seele" als Elementarer Naturfaktor* for an early vitalist account of the psychoid. Following the initial review of Jung's own works, the conceptual line was traced back to its origins in the biological thinking and vitalist ideas of both Hans Driesch and Eugen Bleuler. The former published his accounts of *Das Psychoid* from 1903, and likewise gave lectures, most notably the Gifford Lectures, in both English and German on his experimental research that formed the basis for his psychoid concept defining body and mind as a unity (Driesch,

1907/1908). The latter also published in both languages, starting with his *Die Psychoide als Prinzip der Organischen Entwicklung* (Bleuler, 1925). Accordingly, a direct trajectory could be developed from these beginnings to Jung's writings in *On the Nature of the Psyche*, and could be set in the context of ideas current in psychoanalysis during the same period.

As discussed in this thesis, and as evidenced by their correspondence, Jung first mentions the psychoid to Freud in their famous 1907 meeting as a suitable designation for the unconscious, presumably, given the timing, referring to the biological ideas of Driesch (McGuire, 1991, 58). Based on this biological foundation, he goes on to develop a vitalistic understanding of the concept, as described in *On the Nature of the Psyche* to embrace a unified or monistic view of body and mind, designated 'bodymind' herein. The evolution of the psychoid concept took place in two phases: namely an initial phase, dating from this 1907 reference, grounded in biology and vitalism and addressing the relationship of body and mind; and a later phase, dating from 1937, associated with quantum physics and addressing the relationship of mind and matter. Thus, Jung's mature work links the psychoid concept with synchronicity, his earliest recorded discussions of synchronicity arising in his *Dream Seminars*, when he developed a line of thinking from internal and external events that 'synchronize', to the notion of 'synchronism' in Eastern forms of thinking, to his invention of the term 'synchronicity' to cover coinciding but unconnected events (Jung, 1928-1930). Subsequently, Jung began his collaboration with the Nobel prize winning physicist, Wolfgang Pauli, who suggested in 1937 that "modern physics offers a symbolic representation of psychic processes" (Meier, 2001, 19); and in 1947/8 in letters to Jung, and an unpublished essay, giving rise to two lectures to the Zurich Psychological Club on Kepler, that "background

physics” is of an archetypal nature affording both psychological interpretation and a basis in modern physics (ibid., 32-35, 180). Thus, together they conceived a basis for the psychoid concept in quantum physics, as described in *Synchronicity: An Acausal Connecting Principle*, covering a panpsychic view of mind and matter generally.

At this point, it became apparent that Jung’s account of the psychoid is derived from biology insofar as it concerns a monistic view of the body-mind issue, and from physics insofar as it concerns a panpsychic view of the matter-mind issue, and that chronologically he moved from the former to the latter. More especially, this move took him from a vitalistic base, wherein the origins of consciousness are embedded in living, organic matter, to an *unus mundus* embracing mind and inorganic as well as organic matter. Although he presented his later ideas on the psychoid concept as an extension of his earlier ones, he did not offer an explanation for the traverse from the field of biology, applicable to his earlier thinking on the psyche-soma, to the field of physics, covering his later ideas on synchronicity. Actually, once he adopted his later thinking, he then applied it *ex post facto* to his understanding of the relation between body and mind, but he still omits an explanation for applying a principle from physics to a biological issue.

It was also apparent that Jung’s earlier understandings of the psychoid and his later understandings of synchronicity are conceptually different. The former is considered as a teleological ordering factor immanent as potential in the stuff of the organism and creating an emergent dynamic by which the life process of the organism unfolds, as discussed in detail in Chapters 4 and 5. The latter, by contrast, is considered as a form of knowledge or meaning arising when two or more events that are not causally related nonetheless have a meaningful connection. The latter may arguably

supervene on the former, but not underpin it, whereas the former may be usefully investigated without reference to the latter.

As is apparent from the literature discussed in Chapter 2, this same separation occurs also in the post-Jungian community, both theoretical and most especially clinical. Writers, such as Dieckmann (1974, 1976, 1980), Clark (1996, 2006), Merchant (2006) and Stevens (1995), focus primarily on the biological approach to a monistic bodymind, whilst others, such as Fordham (1957, 1962), Aziz (1990, 2007), Von Franz (1992), Zabriskie (1995), Bright (1997), Meier (2001), Main (2004, 2007), Gieser (2005), Hogenson (2005), Cambray (2002, 2004, 2009), Colman (2011), Haule (2011), Giegerich (2012), Atmanspacher (2013, 2014), and Connolly (2015) focus on an *unus mundus* embracing mind and matter, synchronicity, the occurrences of meaningful coincidences, their unknowability, and their associations with quantum physics. There is truly a proliferation of published work in this second arena, including a somewhat nebulous PhD thesis (Cadigan, 2007).

Accordingly, a conceptual bifurcation exists, both originally in Jung's work and contemporaneously in the post-Jungian community. For a thorough understanding, it was clear that the biological conceptualisation of the psychoid must be explored first, before the conceptualisation linked with synchronicity and physics could be addressed, and that conflation of both would add an extra layer of complexity to an already complicated study, especially in view of the voluminous quantity of research and publication in the field of synchronicity.

The present thesis therefore focuses on one branch only, namely the earlier biological origination of the psychoid, and on the effects of these vitalistic roots on an understanding of the psychoid concept. The later branch relating to synchronicity is

omitted, for reasons of focus and the reasons given above. This also means that the thesis addresses primarily the forwards trajectory in Jung's thinking rather than the *ex post facto* reasoning, although it will be apparent in the empirical strand that some interviewees at least partially espouse this later viewpoint.

This was the first and most significant bifurcation that arose in the evolution of the project, and it resulted in discarding one possible trajectory in the research. However, others more relevant *within* the subject of the research followed, and were practically useful in setting up a differentiating function, and these were incorporated into the research methodology.

In particular, the data analysis in the empirical strand yielded an interesting bifurcation, in that two different models of the transference were located and isolated, namely a symmetrical model and an asymmetrical model¹, and were primarily but not completely aligned respectively with the different interviewee groupings of analytical psychologists and psychoanalysts. The symmetrical model pre-supposes a symmetrical field of unconscious interaction between patient and analyst during a session, whereas the asymmetrical model assumes that such field is weighted in the direction from the patient to the analyst. Analysts operating with a symmetrical model consider that patient and analyst contribute equally to an undifferentiated field of unconscious interaction. Of course, the fact that the analyst has had a training analysis, and is therefore better able to process and discriminate his own material, means that there is inequality in the analytic dyad at a personal and more conscious level, but nevertheless the unconscious field may be described as symmetrical. Analysts operating with an asymmetrical model consider the field between patient

¹ The concept of bi-logical structures, including forms of symmetrical and asymmetrical logic, according to Matte-Blanco (1988) is acknowledged but, as discussed in Chapter 9, is differentiated from the present work.

and analyst to be unequal and hierarchical, and for them the focus is on the patient and the patient's unconscious, the patient being seen as projecting onto or into the analyst, and the analyst whilst seeking to discriminate out their own material before making interpretations nonetheless viewing the dynamic primarily as being generated by the patient.

This particular bifurcation has been central in shaping the results of the empirical study, and in fact yielded the powerful and unexpected result mentioned above. Firstly, the analytical psychologists not only supported the symmetrical model, but they also linked it with the psychoid concept, and demonstrated in their conceptualisations the embeddedness of the psychoid concept in current practise. The psychoanalysts, for whom there was a significantly lower probability of support for a similar conceptualisation, albeit employing alternative terminology, surprisingly produced powerful validating evidence for it. Thus, this test in fact yielded an unexpected Popperian confirmation of the psychoid concept. This is the primary finding of the present research.

A further bifurcation manifested itself in the empirical strand as a result of these comparisons, namely that between a teleological organising function representing normal development through life, and a chaotic fragmentation associated with psychosis, respectively associated in the empirical study with the symmetrical and asymmetrical fields of unconscious interaction. In the historical study, it became apparent that while Jung does acknowledge dissociation in his clinical work, and of course dementia praecox or schizophrenia in his early works, nonetheless he was generally more interested in the teleological view and individuation. This carried over into the empirical study, in which by and large the analytical psychologists

conveyed more interest in questions of organisation and emergence, while the psychoanalysts focused more on questions of splitting and schizoid states.

This thesis argues therefore as a secondary finding that there are lacunae in Jung's ideas insofar as clinical applications are concerned, and that his account of his psychoid concept, whilst offering a foundation for understanding the purposiveness of individuation, lacks the detail for supporting clinical work in borderline states. To address these lacunae, reference may be had to Bion for comparison, firstly because of a strong similarity between his proto-mental concept and Jung's psychoid concept in terms of understandings of the relationship between body and mind, and next because Bion focuses with his concept on psychotic functioning. Contextually, the experiential influences informing both concepts, as opposed to the theoretical ones, can be traced to WW1, and the difference of focus between the two concepts may at least partially be understood in terms of the utterly different war experiences of the two men.

One point needs addressing here. Neither of the two concepts, psychoid and proto-mental, occupies a central place in the overall published work of their respective author. However, there is evidence, as shown in this thesis, that both concepts are increasingly becoming seen as clinically significant, and are actually of fundamental importance.

Apart from these main bifurcations, others of a more minor nature also arose during the course of the project, and were likewise adopted into the methodology, as follows: instinctive and spiritual understandings of the archetype; developmental and archetypal experience; an organising function and chaotic confusion; concrete behaviour and symbolic capacity; and the individual and the group. Whilst the initial

bifurcation of body-mind and mind-matter required a definitive choice for practical reasons of research capacity, the later ones presented themselves as differentiating aspects of the research work, to be evaluated and discussed in each instance, as aids to clarification and definition, appearing first in the historical strand of the research and later in varying guises in the empirical strand.

Chapters

This thesis presents the research in eleven chapters, starting with the present one setting the context of the project and outlining its trajectory.

Chapter 2 describes the methodology employed in this project, in the form of conceptual research, based on Dreher, including both a historical strand setting the psychoid concept in an historical context, and an empirical strand involving interviews with practising clinicians for interrogating the psychoid concept. A critique of Dreher's approach sets the scene for an account of the present methodological model, wherein the historical strand follows the history of ideas, referring generally to primary neo-vitalist sources and Jung to generate a public definition of Jung's psychoid concept, and the empirical strand is based on individual interviews with 12 clinicians, and a small group discussion with 6 discussants, in order to elicit the private theories of the participants, thereby to interrogate Jung's psychoid concept. An instrument designed for these interviews is described with reference to Canestri (2006) and Tuckett (2008).

Chapter 3 is a review of the literature relating to embodiment in the consulting room, giving a brief account of the main published theories and clinical cases in analytical psychology and psychoanalysis. This review exposes a complete lack of theoretical unity, and both linguistic and descriptive conceptual confusion, in such accounts, and

demonstrates the need for an over-arching concept, such as the psychoid, addressing body and mind in clinical work.

Chapter 4 introduces the detailed historical strand of the research, by tracing the biological origins and vitalistic development of Jung's psychoid concept, based on the work of Driesch and Bleuler, set in the context of early debates between analytical psychology and psychoanalysis, which distinguish Jung's basic methodological approach to psychoanalysis from that of Freud. This provides a backdrop to Jung's account of the psychoid in *On the Nature of the Psyche*, to yield an initial public definition for the psychoid concept (1947/1954).

Chapter 5 considers the psychoid concept in certain research contexts, including Jung's own self-experimentation and his initial theoretical conceptualisations foreshadowing the concept. Early texts, including *The Red Book*, and two papers published, respectively, in 1916 and 1928 are reviewed for this purpose. A concurrent collective experiment by Jung with the aid of his contemporaries and analysands is brought in by reference to biographical accounts. This background provides an hermeneutic context for his psychoid concept, yielding additional vitalistic understandings of the same, and further verification is afforded in later clinical research by The Berlin Group. This account will demonstrate that two key themes arose from such experimental researches, relating respectively to the notions of:

- (i) A dialectic of undifferentiation/differentiation as aspects of individuation
- (ii) The transference

and that both themes are pertinent to a contemporary understanding of Jung's psychoid concept. This results in a refined definition of the characteristics of the psychoid, as a product of the historical strand of the present research.

Chapter 6 compares Jung's psychoid concept with Bion's proto-mental concept, considering common influences on the thinking of the two men and noting that their concepts have aspects in common in an underlying psychosomatic matrix. Starting from Bion's wartime experience and his work at the Tavistock Clinic, the development of *his* ideas is traced, in the light of his group work, and later conceptual shift into individual psychoanalysis with respect to the nature of psychosis, projective mechanisms, and identification. The question whether the conceptual development of his proto-mental concept extends also into his notion of alpha and beta functioning is contemplated, noting the assertions of some psychoanalysts, e.g. Grotstein (2007), to this effect. A public definition of Bion's proto-mental concept thus generated is compared with the public definition of Jung's psychoid concept from the previous chapter, in order to clarify the ambit of the psychoid concept.

Chapter 7 introduces the empirical strand of the research, starting with a review of the question of the relationship between theory and practice, by reference to the literature on the nature of implicit or private theories of the analyst at work. This leads into an account of the interview process employed in the project, including the selection of interviewees, the management of the interviews themselves, and an example of the use of grounded theory for the data analysis of one interview subject. This example demonstrates the manner in which the empirical work yields (a) emergent metaphors and private theory for each interviewee, and (b) conceptualisations of the interviewee relating to embodiment in analysis. It also shows the relation of the same with public theory.

Chapters 8 and 9 cover the overall results of the data analysis, relating these respectively back to the two themes mentioned in Chapter 5.

More especially, Chapter 8 addresses the question of ‘analytic method’ according to the private theories of the various interviewees, considering key themes of the method as contemplated by the different interviewees, with respect to a dialectic between unconscious and conscious processes, for comparison with Jung’s notion of undifferentiation and differentiation underpinning the individuation process. This commences an evaluation of the extent to which the various private theories of the interviewees conform with Jung’s psychoid concept, whether or not employing congruent language, and it is argued here that the initial results validate the notion of a dialectic between undifferentiation and differentiation, according to Jung, and in all cases validate a notion of individuation, according to Jung, and thus support certain aspects of Jung’s psychoid concept.

Chapter 9 isolates the transference models according to the private theories of the various interviewees, noting two key views emerging from the interviews, namely the contrasting notions of a symmetrical and mutual transference field and an asymmetrical and hierarchical transference field. The chapter classifies the findings into:

- (i) Those that envisage a symmetrical field consistent with the psychoid concept, mainly from Jungian interviewees who have applied and moulded the psychoid concept in their own practices.
- (ii) Those of certain of the psychoanalysts who conceive aspects of their clinical work similarly, whilst yet employing different language and a different theoretical base.

- (iii) Those that envisage an asymmetrical transference field based around the notion of projective identification, in contrast or conflict with the psychoid concept, mainly from certain psychoanalysts.

Some interviewees combine features from both symmetrical and asymmetrical viewpoints, and these results are highlighted, in order to demonstrate the ways in which clinicians may in their private lived theories combine elements from different public theories, even to the point of introducing internal inconsistencies. It is argued that these combinations and the associated inconsistencies are interesting and relevant, because they demonstrate that notions of symmetry alone, leading to Jung's psychoid concept, are not sufficient to describe certain clinical situations. This chapter concludes that a pre-mental undifferentiated state arises in bodymind work in the analytic consulting room, which is characterised in the approaches of both psychoanalysts and Jungian analysts by a symmetrical transference field. For the Jungians, this leads to Jung's psychoid concept.

Chapter 10 compares the empirical findings and the previously established historical findings, and demonstrates that Jung's notion of a psychoid concept holds valid in present day clinical work. Further, by comparing and contrasting the different conceptual models from the empirical strand, noting the bifurcations between them and highlighting the distinctions, it is argued that the findings from psychoanalysis fill in lacunae in the Jungian approach. In this respect, the views of two interviewees (S3(AP) and S10(PA)) are noted specifically, since they elaborate respectively on Jung's psychoid concept and Bion's proto-mental concept in ways that are implied but not clearly evidenced in the primary sources in the published literature. This integration, thus, both yields and validates a current understanding of the psychoid

concept as a main finding, with an acknowledgement of the value of Bion's proto-mental concept as a further finding.

Chapter 11 then evaluates the research, its findings, its benefits and its limitations. Finally, this chapter reviews the ambit of the research, and proposes avenues for further research.

Summary

Accordingly, and significantly, this thesis demonstrates the validity and clinical usefulness of Jung's psychoid concept today, seen as a deeply unknowable aspect of the unconscious, manifest in the transference by a symmetrical field, an emergent dynamic, and in the countertransference by phenomena combining body and mind in sensation at a psychic level, often during periods of regression by the patient to primitive states of mind. Not only does the thesis show that the concept is valid and of relevance to the Jungian practitioner, which might be expected given their familiarity with Jung's work, but that amongst the psychoanalysts there are those who also conceive their work in a similar way. Therefore, most importantly, this thesis demonstrates the significance today of the psychoid concept both theoretically and clinically.

Further, as a secondary finding, the research demonstrates the need for additional conceptual clarification in the arena of psychotic processes, and shows that this may be obtained from Bion's proto-mental concept and his detailed elaboration of the clinical conditions arising in relation to patients in these primitive states of mind.

Chapter 2

Methodology

Introduction

The methodology employed in this project is a conceptual research in the field of psychoanalysis², as proposed by Dreher (2000). The present chapter first reviews Dreher's account, and then describes the methodology in the light of her ideas.

According to Dreher, conceptual research has for its aim the systematic clarification of analytic concepts, by tracing their origin and history, as well as their current use. She proposes that a conceptual study may employ a number of strands, including, for example:

- (i) An investigation of the historical context of a concept's origins.
- (ii) A comparison of the history of the concept viewed against changes in psychoanalytic theory.
- (iii) A study of the current use of the concept in clinical practice.
- (iv) A critical discussion and formulation of proposed further/different uses for the concept.

Steps 1 and 2 reconstruct the past in order to trace modifications of the original concept, and identify ambiguities that have arisen in the course of its evolution.

Historical and archival research, especially when based on primary data and sources,

² It is to be noted that in this thesis, for simplicity, the term *psychoanalysis* is employed to refer both to the field of psychoanalysis as conceived by Freud and to the field of analytical psychology as conceived by Jung, except where a specific distinction is made.

may be employed for this purpose, in order to elicit information concerning the origination and development of a psychoanalytic concept. Re-formulations of concepts obtained thus may then assist in clarifying their public meanings, as contained in the general literature and as thereby discussed and expanded within the psychoanalytic community. In the course of this process, researchers can pick up and highlight deviations in a concept from a practically useful trajectory, as well as inconsistencies in its application.

Step 3 constructs a present day picture of the clinical application of the concept, in order to demonstrate how it is actually being used clinically as opposed to theoretically, and requires an empirical research technique, such as expert interviews with practising clinicians. This may throw into relief potential further deviations or directions of change, and permit timely clarification. Step 4 then sifts the previous elaborations to develop a practically useful contemporary definition of the concept.

As Dreher thus makes plain, conceptual research involves tracing and establishing not only the various formulations of a concept in the public domain, but also the current applications of the same concept in clinical practice. The importance of this is that developments in the actual use of the concept may thereby be integrated into present day psychoanalytic knowledge, in order “to formulate its basic scientific concepts with increased precision, and progressively so to modify them that they become serviceable and consistent over a wide area” (Freud, 1915, 117-8). Essentially, Dreher is arguing for increased discrimination of psychoanalytic concepts, both for enhancing clinical understanding and for advancing theoretical knowledge.

She gives two examples, namely the Hampstead Index Project for the clarification of Freudian psychoanalytic concepts undertaken from early 1950s to 1970s at the

Hampstead Clinic, and the Trauma Project conducted by a research team of psychoanalysts (of whom Dreher was one) at the Sigmund Freud Institute in Frankfurt in 1980s into the concept of *psychic trauma*. These examples inform the present project, and will therefore be discussed by way of illustration.

Hampstead Index Project

The Hampstead Index Project was initiated by Anna Freud and her followers in the Freudian Group in the early 1950s, after the ‘Controversial Discussions’ and following the division of the British Psychoanalytical Society into three sections, and was directed by Joseph Sandler from 1956 to the 1970s.

It was not designed as a research project, but rather as an attempt to create a comprehensive system of classification from case material recorded by clinic therapists, who were expected to document their daily analytic work by means of weekly reports of the phenomena observed and two-monthly summaries of the course of treatment. An Index Working Group of therapists and supervisors was created and given the task of: first breaking the material from fifty cases down into units of observation or clinically relevant episodes and noting the dynamics, such as resistance, defence etc.; and then constructing categories, using a mixture of concepts influenced by Anna Freud and literary research, as a basis for classification. Because of over-determination of the material, a cross referencing system had also to be devised.

The selection of units of observation and the assignment of categories turned out to be more complex than initially envisaged, and later stages of the classification often involved re-consideration of the earlier clinical observations and then re-adaptation of the subsequent theoretical frames of reference. Frequently, gaps in understanding

arose, and questions concerning concepts could not be answered, and these were recorded in 'problem charts' for later consideration. As a result, it was decided eventually to set up, in addition to the Index Group, a Concept Group, whose task was the clarification of concepts.

The outcome was a classification of data under two main headings, namely *General case material* including background and biographical information, and *psychoanalytic material* including clinical categories and sub-categories. A fully indexed case took the form of a set of Index cards, each containing one main category plus the respective sub-categories and cross-references, plus a clinical vignette illustrating the category, and page referencing to the original case report. An additional set of cards contained the 'problem charts', highlighting gaps and queries relating to certain of the concepts.

By a process of evolution, the Hampstead Project thus came to acquire the characteristics of conceptual research, involving as it did a multi-stage procedure including the collection of empirical case data, the systematic analysis of such data in co-operation with the treatment analyst into units of observation, categories and sub-categories, the production of problem charts, group discussion reflecting on both indexing and concepts, and constant re-workings of each step of the analysis and conceptual classification. The group aspect of the discourse, according to Dreher, was crucial as critical reflection for achieving consensus, or at least a full elaboration of dissenting views.

Over time, the Concept Group took on a role in formulating the historical reconstruction of Freudian concepts. Surveys of the relevant literature were put together, and manuals were compiled to provide comprehensive definitions. This

revealed a continual necessity both for re-indexing parts of the case material and for re-working the definitions of the concepts in the manuals, in order to achieve conceptual precision.

As Dreher notes, the Hampstead Project focused on multiple key concepts in the Freudian lexicon. One thing it did not take into account was the relationship between theory and practice, and thus there was no reflection on the way that concepts are actually employed in the consulting room. This issue was specifically addressed in the Trauma Project.

Trauma Project

The Trauma Project originated in the early 1980s under the instigation of Joseph Sandler, and was conducted by a team of six psychoanalysts meeting twice weekly and working in co-operation with him. By contrast with the Hampstead Project, the Trauma Project was designed as a research project from the outset, having as its aim an examination of the scope of one single analytic concept, namely *psychic trauma*, which was selected for its historical significance, and for the fact that it had multiple clinical meanings attached to it (Dreher, 2000, 127). At the time, Sandler's reflections³ on conceptual change attributed flexible dimensions of meaning to psychoanalytic concepts, with conceptual expansion taking place in the context of clinical experience. He envisaged practitioners developing subjective meaning spaces for concepts on a case by case basis, at first implicitly in the sense that this would be outside their conscious awareness⁴. Differentiation of the dimensions of these subjective meaning spaces to render them explicit would then enable psychoanalytic

³ Later published as Sandler, J. (1983).

⁴ Throughout the present chapter, the term 'implicit' is employed in a general sense to mean: not wholly consciously developed, being half-formed or even initially unconscious, and thus not elaborated. In a later chapter, a more detailed discussion of the question of implicit theories is undertaken.

concepts to be delineated more completely and with greater precision in all their complexity. Such conceptual extensions could thus be absorbed into acknowledged theoretical understandings, and deviations highlighted for consideration.

In this context, a three-phase research model was designed, including:

- (i) A general literature analysis;
- (ii) Interviews of psychoanalysts by psychoanalysts;
- (iii) Discussion and evaluation in the project group.

In phase I, the research team elaborated the public meanings for the concept, by reviewing the concept of trauma in different theoretical models, including Freud's original account, the notion of trauma in infant development, the impact of trauma on psychic structure, the link between external events and unconscious fantasy, and cases of extreme traumatisation in war. The result was a complex and confused picture. The data collection of phase II took the form of ten semi-structured interviews by members of the research team, in which interviewees were asked, without specifying any delimitation of the term trauma, to give a spontaneous presentation of three terminated trauma cases. Each interview gradually progressed from a case-oriented discussion to a concept-oriented one, by creating a dialogue with the interviewee around the history and dynamics associated with the specific reported trauma, and seeking their reflections on the conceptualisations that they voiced, thereby encouraging developing theorisation. Transcripts of the interviews were produced, and were then discussed in detail and evaluated in the regular group meetings in phase III, with the aid of theoretical understandings already reached from the literature analysis. In these discussions, the group first identified those statements that were part of the officially recognised versions of the trauma concept, and then

they focused on conceptual extensions that were not explicit but could be deduced. In this way, they worked towards identifying the implicit assumptions and conceptualisations of the interviewed analyst, and to establish how the subjective meaning space of each analyst relating to the concept of trauma was structured in all its complexity.

As Dreher (2000, 141) observes, interviews of psychoanalysts by psychoanalysts “allowed researchers to track down ‘half-formed notions and beliefs’ (implicit conceptualisation processes) relating to the trauma concept, and to encourage the reporting analyst to voice more explicit reflections”. Emergence was thus an important factor, since:

[W]hile practising analysts let their clinical behaviour be guided by their implicit assumptions, their use of concepts only becomes manifest to them ... in all its relevant aspects once it is put into words.

... In the interviews themselves, explicit statements and hidden implicit assumptions were, of course, closely connected. (Ibid., 141-2)

Similarly to the uncovering of unconscious material in the psychoanalytic process, the researchers found that implicit material was brought to light by the research process, and a more differentiated view of the concept could be determined. Dreher (ibid., 166) suggests that an important aspect of this project was the teamwork that enabled the group to achieve a systematic and comprehensive clarification of the trauma concept.

Her account of the Trauma Project highlights the way in which implicit assumptions guide the clinical behaviour of the analyst, until these are made consciously explicit, and highlights too how different dimensions of meaning may be associated subjectively with any particular concept. For trauma, for example, the dimensions of meaning crystallised into characteristics attributed under the headings: the traumatic

situation, whether event or fantasy, the consequences of trauma including intrapsychic changes both immediate and long-term, the pre-disposition for trauma, and the treatment approach for trauma patients, as well as the interplay between these various categories. It was noted that, both in the literature and in the interviews, the term trauma tended to be used in an undifferentiated way without discriminating between these various meaning dimensions, and that the research project discriminated different aspects of the concept and increased the conceptual clarity significantly.

This lack of linguistic clarity is one of the factors indicating a significant need generally for conceptual research in psychoanalysis, and more specifically in the field of this project. And, the Trauma Project was designed as a pilot study offering a methodological approach for doing such research.

Some conceptual reflections

Dreher does not specifically relate these two examples to the methodological steps outlined at the beginning of this chapter, but we may assume in each case that the literature review constitutes Steps 1 and 2 providing an understanding of the historical origins (here the Freudian origins) of the concept and charting the course of its subsequent development. In the Hampstead Project, the literature review and history were narrowly focused on the conceptual views of Anna Freud and the Freudian Group emerging from the 'Controversial Discussions', although the project covered a range of key psychoanalytic concepts. By contrast, in the Trauma Project, the literature review was drawn widely across different fields of psychological trauma but only one concept was considered.

The empirical strand of Step 3 differed considerably in each case. In the Hampstead Project, case reports, closely linked with primary data in the form of process notes, were systematically broken down into units of observation, these units were systematically sorted into categories and sub-categories for classification, conceptual ambiguities were systematically recorded in problem charts, and, significantly, a hermeneutic circle of conceptual reflection and feedback involving continual re-division of the case reports into revised units of observation and re-assignment of the updated units into new categories and sub-categories, all contributed to a formulation of the current use of the concepts in clinical practice. Step 4 involving critical discussion and evaluation took place during this process on an ongoing basis.

Although grounded theory had not by that time been discovered, its discovery being attributed to Glaser & Strauss (1967), nevertheless the techniques of breaking data down into units, extracting categories, and cross-referencing them to formulate theory, together with repeated feedback steps to clarify and refine the previous results are remarkably similar to the grounded theory techniques of coding, organising the results by forming clusters of codes and relationships between them, and developing conceptual categories and generating theory from them.

In the Trauma Project, semi-structured interviews by experts (practising analysts) supplied the empirical data furnishing the material both for studying current applications of the trauma concept (Step 3) and for evaluating further directions of development for such concept (Step 4). The interviews were designed to start from case presentation, and move towards theory. The discussions by the research group combining both Step 3 and Step 4 are noted generally above, but a precise methodology for generating their eventual formulations is not disclosed by Dreher.

One point that she makes, however, in both cases, is the value of teamwork for this kind of research. Apart from the fact that individual research must necessarily have more limited aims, she argues that group work avoids the possibility of personal bias inadvertently distorting the research process or the results. Teamwork is more likely to ensure that important clues are not overlooked, and the discourse between members of a research group can be expected to resolve conflicts and lead to a coherent result more effectively.

Present research

This project concerns embodiment in psychoanalysis, and, accordingly, starting from a Jungian base, begins with Jung's psychoid concept, since it is through this concept that he brings body and mind into relationship in a deeply unconscious set of processes immanent in the underlying matrix of the organism. Thus, the present work constitutes a conceptual research into the psychoid concept.

In this project, Dreher's model is followed, including both historical and empirical conceptual studies of the psychoid concept, but with some modifications to her schema to adapt it to the present area of study. One such departure is to incorporate an extra strand in the empirical aspect of the study, in order to interrogate the value and validity of the psychoid concept, as well as elaborating its contemporary meaning.

By contrast with Dreher, this project is a piece of individual research, since it is not practical within the confines of a PhD to undertake the kind of group work described with reference to the Hampstead Project and the Trauma Project. Nonetheless, it is believed that useful results can still be obtained, as discussed below.

1. Historical Study

Having regard to Dreher's Steps 1 and 2 set out in the introduction, this thesis commences with a general literature review addressing the question of the body in the consulting room, in terms both of embodiment in the analysand in the analytic work and of embodiment in the analyst in the countertransference. Such review covers the main published psychoanalytic theories and clinical cases pertaining to this area, and demonstrates that it is not a well delineated area, since there is a lack of description, lack of common language and lack of theoretical unity on the subject of embodiment in analysis. It is therefore difficult to establish a conceptual terrain for the area, especially for the notion of 'embodied' countertransference, and there exists a need for an overall mapping of the field. This wide historical study serves to set the context for the specific focus of the project in the psychoid concept, by which a conceptual topography is delineated.

Employing a more focused historical literature study, the project then explores the origins and development of the psychoid concept in Jung's own thinking in an attempt to ascertain what was going on in his mind when he envisaged the concept. Commencing from primary sources in the work of the neo-vitalist and biologist Hans Driesch, who initially conceived and developed the term *psychoid*, and of Eugen Bleuler, former Director of the Burghölzli Asylum, who later extended and adapted the term, the evolution of the concept from its first biological origins is traced. Jung's development of his own theory is then reviewed, first tracing in the literature his specific references to, and accounts of, the psychoid over a period of more than forty years, and then filling in the theoretical background with related ideas from some of his intervening published work. Such specific study will continue into an

investigation of the subsequent public evolution and application of the psychoid concept in the post-Jungian community.

Based on the general literature review, contemporaneous comparisons from Freudian and post-Freudian psychoanalysis are brought in at every stage, both to set the context for, and to serve as a comparison with, the psychoid concept. In this respect, an additional comparison is brought in from a focused historical review of Bion's proto-mental concept, since this at least notionally shares some characteristics with Jung's psychoid concept. This historical study will yield a contemporary definition of the characteristics, or dimensions of meaning, of the psychoid concept derived from published sources.

The historical strand therefore combines both general and specific literature studies, and it reviews the wider history of the psychoid concept, both before and after it entered psychoanalytic thinking.

This is in contrast to the Hampstead Project, which is a focused historical psychoanalytic study confined to Freudian concepts, based on the writings of Freud and the records of the Controversial Discussions, and which addresses a number of psychoanalytic concepts. It is also in contrast to the Trauma Project, which started with a general review of the psychological literature on trauma and proceeded to an empirical study.

Although the general and two specific literature studies are all individually conducted, the comparative approach ensures that any personal bias cannot inadvertently hold sway, because constant and repeated comparisons serve to highlight contiguities and differences and to tighten definitions.

2. Empirical study

Next, the project comprises an empirical study, based on a series of individual expert interviews, and a small group discussion, with practising clinicians, as proposed generally by Dreher.

However, rather than elaborating the psychoid concept by focusing on it directly, as by structured or semi-structured interviews, it is interrogated, by seeking to discover, firstly, how the participating clinicians conceptualise a given embodied clinical event and whether unprompted they draw links with the psychoid concept. Secondly, their conceptualisations, as derived by data analysis of the transcripts of the interviews through grounded theory techniques, are evaluated to establish whether they are consistent with the psychoid formulation determined from the historical study. Again, comparisons of post-Freudian and post-Jungian psychoanalysts are made. In this way, the empirical study serves both to elaborate and to validate the psychoid concept.

In the Trauma Project, semi-structured interviews were employed to generate data, and interviewees were asked to present their own trauma cases and were guided from case discussion towards conceptual discussion. By guiding the interviewees thus, the focus is directed towards the concept, namely trauma, and the dynamics of all the different cases become subservient to the single concept.

This project differs in that all the interviewees discuss the same case, without imposing any conceptual focus, and may add their own clinical examples or theoretical observations for illustration. Where certain of the Jungians themselves bring in the psychoid concept, direct elaborations on the public dimensions of meaning already attributed to it can be determined. Otherwise, by seeking simply to

discover how different psychoanalysts from different affiliations conceptualise the same event, their theoretical positions are not in any way predetermined, but enable a situation to be reached where it is possible to enquire whether their conceptualisations match the public dimensions of meaning for the psychoid concept already determined from the historical strand of the research. This is what is meant by the assertion that the psychoid concept is interrogated to evaluate its validity and value.

a. Methodological instrument

To achieve this, it was necessary to develop a methodological instrument for the interviews. Such instrument includes a single set of process notes, and in addition a set of guidelines for discussion, in order to ensure that the interviews generated data and did not simply re-create a series of supervisions. The aim was to design guidelines that respect: The patient, the analytic work, and the interviewees, whilst at the same time both capturing the fluidity and subtlety of the analytic process and avoiding fragmenting the data, through breaking down complex information into sections and applying codes without holding and working with the whole in mind, as described by Hollway & Jefferson (2000, 68-70).

Assistance over the design of the guidelines was obtained from the work of Canestri (2006) and the EPF working party on theoretical issues, and Tuckett (2008) and the EPF working party on comparative clinical methods.

i. Canestri

The EPF working party on theoretical issues chaired by Canestri undertook a project designed to explore the relationship between clinical practice and theory. As Canestri (2006, 25) writes, the challenge was to locate a methodology that would help to

identify in clinical practice the implicit theories of the analyst at work, so that those of value could be integrated into future public theory. To this end, they conceived a map of the theories employed by the analyst in clinical work, comprising a set of six vectors, as follows:

- (i) A topographical vector, which takes into account influences from all of the conscious, the preconscious and the unconscious, in Freud's topographical model. This covers: common-sense psychological values; cultural values including those due to training affiliation; theoretical concepts borrowed from other psychoanalytic groups; assumptions linked with other fields, such as science, philosophy or language; the significance and use of metaphor; and dynamic meta-elements, such as uses of theory in ways that are counter-psychoanalytic and that indicate repression, resistance, and splitting within the analyst.
- (ii) A conceptual vector, which covers the influences of all of psychoanalytic knowledge, clinical attitudes, and conceptual models relating to elements, such as: theories of change; the selection of meaning; the transference; approaches to interpretation; the importance of the first dream; and the prioritisation of image or language in the interaction.
- (iii) An action vector relating to the analyst's actions in his relationship with his patient. This vector includes: his approach to listening in the session; his selection of clinical facts that help him give meaning to the patients' utterances; and factors that influence his formulation of something coherent for the patient, and his choice of wording for interpretation.

- (iv) An object relations of knowledge vector, which concerns the analyst's relationship with his theories, and with his own internal theoretical objects. Influences here may include his incorporation of, and his attitudes towards, the history of psychoanalysis, transgenerational training affiliations, and theory.
- (v) A coherence versus contradiction vector, which addresses the analyst's approach to the balance of coherence and contradiction within his own process and in his interactions with his patient, and his tolerances of contradiction. This vector refers to metaphor as a vehicle for carrying implicit knowledge whilst containing contradiction.
- (vi) A developmental vector, which concerns the analyst's attitude to developmental stages/phases, and his level of sophistication in his understanding of developmental models.

The working party conceived this map as a flexible instrument capable of adaptation and expansion as a methodological aid in analysing "the private, implicit and preconscious theories of the analyst at work", which instrument would lead from practice towards theory (ibid., 42).

Reflecting on these generalised vectors during the planning of the present project, it appeared that they could be adapted to suit the specific example of an embodied countertransference in a clinical session, and could thus furnish a framework for the discussion of associated case material. These vectors were therefore employed as a basis for the design of a set of discussion vertices for use in the present interviews.

ii. Tuckett

Further assistance was obtained from the work of the EPF working party on comparative clinical methods chaired by Tuckett (2008, 1), which set out to design a new method for “abstracting the models that lay, usually implicitly, behind the different ways of working” of different practitioners. They developed a two-step model, in which an individual clinician presents successive sessions from an analysis in a small group discussion with fellow psychoanalysts, and the group evaluates the clinical material by means of the following procedure:

- (i) Step 0 – the group engages in a free discussion of the material.
- (ii) Step 1 – the group reviews each intervention of the analyst and places it in one of six categories according to the function of the intervention (ibid., 136-7, Table 6.1).
- (iii) Step 2 – the group attempts to determine the approach of the presenting analyst with reference to five discussion dimensions or axes (ibid., 165, Table 6.4).

Step 0 allows the group to familiarise themselves with one another and with the material. Step 1 was conceived as a structural aid to help the group to focus on the presenting analyst and their approach, rather than the case material, since the purpose is to consider the model of the analyst and is thus to be distinguished from supervision. And, Step 2 was designed as a more conceptual instrument for abstracting the main elements or dimensions of analysis in the hands of a particular practitioner.

Step 2 employed a set of five discussion axes:

- (i) What's wrong?
- (ii) Listening to the unconscious.
- (iii) The analytic situation.
- (iv) How analysis works.
- (v) Furthering the process.

In fact, Tuckett (*ibid.*, 159-61) implies that the dimensions of Step 2 are informed by the vectors of Canestri, although this is not explicitly acknowledged.

The group work in Steps 0 to 2 occupied a period of approximately thirteen hours over a weekend. The aim was to elicit the presenter's explanatory working model of analysis, embracing the complex mix of beliefs and feelings, both explicit or conscious and implicit or pre-conscious, that the presenter has about the analytic process, i.e. what brings the patient to analysis, how analysis works to transform the patient's situation, what must be attended to in an analytic session, and what the analyst believes is the function of his or her interpretations.

Tuckett's method, although directed at locating explanatory models for analysis generally, rather than specific concepts, nonetheless offered some useful pointers for this project.

Firstly, the two-step method bases itself around a discussion of case material, in order to study the models of the analyst. It differentiates itself from standard case discussion and the closely associated task of supervision, but starts from a similar foundation of process notes. This demonstrated that case material and process notes could be discussed in different ways, respectively supervisory or research-oriented, according to the desired outcome.

For the present project, it was also interesting to compare Steps 1 and 2. Step 1 is a focused and structured tool as an aid to data analysis, but the requirement to allocate to each intervention by an analyst a number from 1 to 6 is cumbersome, potentially producing concrete thinking, and thus an impediment to free association and clinical understanding. This approach might potentially fragment the data, in the way that Hollway & Jefferson envisage, as mentioned above.

Step 2, as a more conceptual tool, provides axes for discussion rather than a rigorously structured framework, and could usefully aid free association and conceptualisation. Step 2, designed for discussion of the dimensions of analysis generally, could also usefully be adapted to a set of dimensions relating to a specific clinical event, namely that of sensory experience within the transference. Such a simplified model would also be suited to research by an individual researcher.

For this project, therefore, interview guidelines as a methodological instrument were designed by modifying the ‘vectors’ of Canestri, based on Tuckett and adapted to suit this specific project, as shown in Figure 1 below.

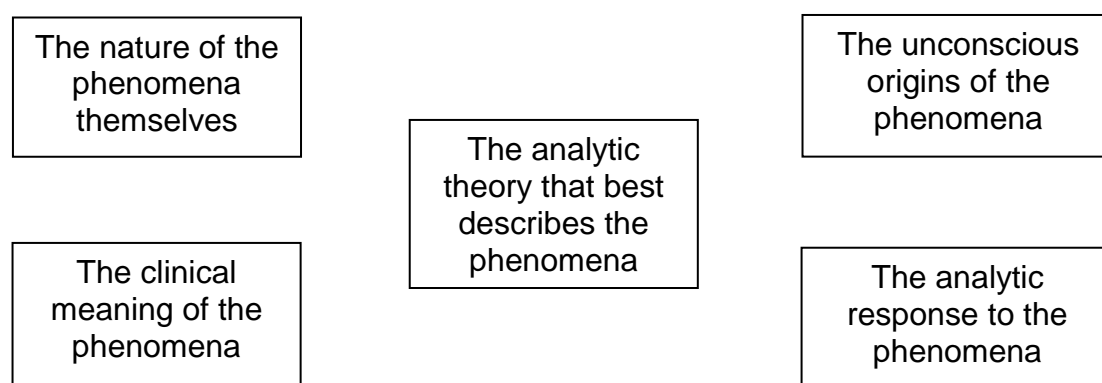


Figure 1

For the sake of comparison, the same vertices are shown in Appendix A, firstly in comparison with the vectors of Canestri, and secondly in comparison with the axes of Tuckett.

iii. Comment

The result is an interview approach, which is neither structured nor even semi-structured. The present methodological instrument, namely the process notes, in which an event is highlighted, and the set of discussion vertices, guide interviewees in a different way. The process notes assist the interviewee to enter a familiar frame of mind, a form of evenly suspended attention that normally attends on case discussion in supervision or group presentations of case material, and the discussion vertices guide the interviewee away from a supervisory attitude into a new arena, where they are describing their own way of thinking and working. Even if, in some cases, there may be a tendency to lapse into a supervisory attitude, in spite of the injunction to avoid this, firstly no real problem arises since such attitude also reveals the interviewee's own models, and secondly the interviewee may be guided back to the task at hand by the interviewer by referring them back to the discussion vertices.

This approach is in contrast to the basic model described by Dreher in relation to the Trauma Project, where the interviews of psychoanalysts by psychoanalysts were conducted on a semi-structured basis and where interviewees were asked to present their own trauma case material as a starting point and then to enter into a conceptual discussion around the trauma concept on the basis of their own cases.

It is believed that this approach will provide a better vehicle for 'free' conceptualisation than would be achieved by means of such semi-structured interviews, since it will bring the participants closer to the analytic process with all its

subtleties and ambiguities than could be achieved by carefully framed open questions, which would inevitably lead to a more cognitive attitude to the project.

It is true that there will still be limitations as to how close the participants can get to the analytic process, since they will have only one session to use as a springboard, rather than a series spaced over a period, and since the here and now requires also a history for detailed, nuanced, understanding. However, this may also be a plus, because they will be less tied to a particular clinical scenario and thereby more able freely to associate into their own ideas and practices.

b. Interviews

In order to obtain as wide a set of outcomes as possible, within the limitations of the project, an interviewee distribution was selected including senior clinicians from a range of training affiliations, theoretical backgrounds, geographical location and known personal bias, for 12 initial interviews, and a small group discussion with 6 discussants. There were equal numbers of analytical psychologists and psychoanalysts, in each case, of whom 10 were men and 8 were women. In the individual interviews, the numbers of men and women were 9 men, and 3 women, with 4 of the men and 2 of the women being analytical psychologists and 5 of the men and 1 of the women being psychoanalysts. In the group, 1 man and 2 women were analytical psychologists and 3 women were psychoanalysts. Amongst the interviewees, there were 5 medically qualified doctors, 2 of these being analytical psychologists and 3 of these being psychoanalysts. The group included no medically qualified members. The analytical psychologists practise in a variety of geographical locations, including UK, Australia, France and USA, and are members of 5 different societies, 2 of which are based in London. The psychoanalysts are all members of the

British Psychoanalytical Society (BPAS) in London, but from different theoretical orientations within the BPAS.

It might be argued that a more even balance of men and women could have been selected, for the sake of comparison. However, the general nature of the phenomena being investigated applies equally to both genders, and thus conceptualisations are more likely to be affected by training and theoretical bias or affiliation than by gender⁵.

The issue of affiliation needs some comment. With reference to the analytical psychologists, Samuels (1985) has envisaged the following schools in Analytical Psychology: Classical, developmental, and archetypal, depending on a respective bias in the three *theoretical* areas of definition of archetypal, concept of self, and development of personality, and a respective bias in the three *clinical* areas of analysis of transference-countertransference, emphasis on symbolic experiences of the self, and examination of highly differentiated imagery. All of these schools were represented in one degree or another in the interviewees. Only one individual interviewee and two members of the small group came from the Society of Analytical Psychology in London, with its generally acknowledged developmental or Kleinian bias, whilst the other Jungians came from groups in London and abroad with other approaches, whether respectively more classical, more archetypal or closer to the views of the post-Freudians. The three from abroad all came from different training organisations, and thus there was a varied and balanced theoretical distribution amongst the Jungians.

⁵ For this reason, and to avoid adding an extra and unnecessary layer of complexity, all interviewees are referred to herein as 'he'.

The psychoanalysts all came from the BPAS in London, which also has a significant Kleinian component, although in practice this accounts for only a proportion of the membership, since the majority of psychoanalysts trained at the BPAS identify themselves with one of three groupings, namely Contemporary Freudian, Independent and Kleinian. The interviewees were distributed accordingly, mainly describing themselves as aligned with the Independent or Kleinian groups, and therefore the psychoanalysts also represented a varied theoretical distribution. However, all being from London did imply that there would be a predominance of ideas aligned with a European way of thinking, and not that of North and South America, and that there could be an absence of interviewees designating themselves as relationists and field theorists, in accordance with such tradition. These points are further discussed in the chapters on the results of the research.

As for the question of medical qualification, an initial expectation was that the medically qualified practitioners might have more of a tendency to focus on symptoms and psycho-somatisation than their non-medically qualified counterparts, but this proved not to be the case.

Accordingly, the selected distribution of interviewees was expected to yield a sufficient range of differing viewpoints for the purposes of the project.

The interviews were all conducted under identical conditions. Each interview focused on the same set of process notes from the same single session of an intensive analysis, including highlighted a vignette describing a countertransference event in which the body and mind of the analyst are in relation. Each interview was limited to one hour. The focus group was conducted under the same parameters, with the

exception that the time allocated was an hour and a half. All the interviews were recorded, and transcripts produced.

In the interview process, the interviewees were asked to discuss the session *from their own perspective* and *not in a supervisory capacity*, guided by the vignette and by the discussion vertices for focusing the dialogue, whilst encouraging them also to associate away into their own examples. The interviewer said little, except occasionally to draw the interviewee back to the process notes and the discussion vertices or to interject a question seeking clarification. By this means, it was sought to elicit how the different analysts conceptualise the kind of event described in the vignette and thereby how they conceptualise embodiment in the countertransference.

It is to be noted that this is not single session research, nor is it case study research, but that the process notes and the discussion vertices are employed as a methodological instrument in an interview process.

The interviews all produced a quantity of data, since all but one of the interviewees once started had a great deal to say. After a few interviews thus, an attempt was made to rein in the process, by asking more direct questions to focus the outcome. However, it was then found that the interviews tended to collapse, the material was less rich, as well as being more consciously proscribed, and the conceptualisations were more concealed. Thereafter, accordingly, the original approach of going with the flow was resumed.

It quickly became clear that the individual interviewees were often just warming up towards the end of the allotted hour and mostly had much more to say on the designated topic. In an initial data analysis of the early transcripts, it was also discovered that some of their observations needed clarification. Therefore, a second

interview was requested as a follow through. The second interview was based entirely on the transcript of the first interview, and not on the process notes, in order to focus down, and not further open up, the enquiry.

A comment on chronology is in order here, because the interviews took place from August 2010 to July 2013 (with one further second interview occurring in February 2014), and were therefore complete before some of the literature mentioned in the literature review was available. The interviews are thus situated within the context of their timing.

All of the interviews were recorded and produced as transcripts as primary empirical data.

c. Data analysis

Having thereby obtained the primary data, the transcripts of the interviews were subsequently analysed using grounded theory techniques from the social sciences, in order to draw themes and patterns from the data, whereby to elicit the conceptualisations of the interviewees, and discover their theoretical and practical views concerning embodiment in the consulting room, and especially in the countertransference. An approach was chosen based primarily on the established technique of grounded theory, as described by Charmaz (2006), which is developed out of the original grounded theory of Glaser & Strauss (1967) aimed at generating theory out of data by means of systematic qualitative analysis.

The technique of grounded theory is well known in the social sciences as an instrument for data analysis, having the advantages that the approach is grounded in actual empirical data, allows the results to emerge from the data by means of the

grounded theory process, employs iterative feedback steps for repeated verification and validation of the emerging concepts, is adaptive in the face of unforeseen setbacks, and advances as the process evolves, thereby allowing the process to be continuously improved as it progresses. In grounded theory, therefore, the data rather than the researcher leads the outcome, the results emerge from the data, and continual refinement of the results assists the generation of uncontaminated results. This is very important, to avoid the risk of personal bias attributed by Dreher to individual research projects.

Apart from this, grounded theory, rather than any other analytic technique from the social sciences, was chosen for two reasons. Firstly, as already mentioned, the methodology is based on the model offered by Dreher, including the approach of the Hampstead Project with its hermeneutic circle of continual feedback and repeated re-evaluation of the different stages akin to grounded theory. Therefore, grounded theory was considered to be an appropriate technique for the present project. Secondly, grounded theory is the form of analysis generally chosen to elicit theory, as opposed to narrative, meaning, or subjective experience, and this empirical work seeks above all to locate the personal models, conceptualisations and theories of the interviewees, namely their private theories.

Succinctly, the elements lifted from Charmaz' method include: subjecting the collected data, namely the interview transcripts, to line-by-line coding and focused coding; making comparisons between coded interview transcripts of the same and different individuals, and feeding the results back into repeated coding steps; and writing memos during and after the coding process, highlighting categories that point towards conceptualisations of the interviewees relevant to the research theme.

Further iterations are introduced at this stage, feeding results back into more refined coding steps and generating and clustering new and more detailed categories.

In addition, at first a short while following, but later immediately after, each encounter and during the subsequent process of data analysis, field notes were made, recording reactions arising from the interview and the analysis (the researcher's countertransference to the research). This is a step proposed by Hollway & Jefferson (2000, 45), since "our feelings in and around the interview are of value for understanding the dynamics of the research relationship ... they are important to how the data are produced".

The purpose of these field notes is partially to add an additional level of understanding and reflexivity to the data analysis, since this aspect of the project involves participant observation, but also more significantly to address the researcher's own transference onto the research project and onto the interviewees. This important reflexive practice is discussed in Hollway & Jefferson (*ibid.*, 65), in terms of elaborating the initial data and avoiding distortion of the data analysis, and in Romanyshyn (2007), in terms of differentiation of the researcher from the research by making conscious the researcher's own complexes so that they do not contaminate the results. It will be appreciated that this step is of particular importance given Dreher's reservations about the risk of personal bias entering the results of individual research.

Where this differs from Charmaz, therefore, is in each case in making the field notes, in which are recorded the researcher's impressions, reactions and associations arising out of the interviews, in relation to the interviewees, and arising out of the data analysis process, paying attention to the unconscious inter-subjective interview dynamics in the interview relationship. These field notes have been used primarily to

differentiate out the researcher's own material, but occasionally also to elaborate understandings of an interviewee's emerging implicit theory.

The conceptualisations of each interviewee have thus been extracted from the transcripts, and a chart of the different conceptual characteristics obtained overall from the complete set of interviews has been compiled. These results are compared in order to classify the different viewpoints of the interviewees. In particular, it has been possible: to elaborate the psychoid concept directly from the results obtained from the interviews of those Jungians who have brought in this concept; to evaluate whether the views of all of the Jungians are consonant with the public definitions for the psychoid concept; and to establish whether any of the psychoanalysts have produced conceptualisations contiguous with those of certain of the Jungians, albeit employing different theoretical models and terminology.

3. Evaluation

The final step of the conceptual study is the critical review and formulation constituting Step 4 proposed by Dreher, as mentioned above.

In this review, the project firstly brings together the historical study and the direct accounts of the psychoid concept emerging from the empirical study, in an initial elaboration of the concept. Next, the empirical categories elicited from the data analysis are critiqued, in a form of interrogation of the psychoid concept. This involves reflecting on the internal coherence or otherwise of the models of the respective interviewees.

Two main areas of conceptualisation have been defined in the data analysis, according to two different structural understandings of the transference, namely

symmetrical and asymmetrical⁶, defined and discussed in Chapters 9 to 11. These two different viewpoints are then compared and contrasted, in order to consider the extent to which they are respectively mutually exclusive or complementary. A comparison is also made of these two viewpoints with the characteristics for the psychoid concept obtained from the published literature, as it has been defined through the historical study. This comparison yields a contemporary set of elements associated with the psychoid concept, corresponding with one of the two structural understandings of the transference and derived both from the historical study and from the empirical study. The comparison of the two structural models for the transference will also serve to validate the psychoid concept.

Accordingly, the present methodology, designed specifically for this project, generates not only a conceptual analysis of the psychoid concept from its historical origination in the work of Hans Driesch and its public evolution through to the present day and current clinical usage, but also the empirical strand quite separately validates the psychoid concept. This is an important distinction from Dreher, who seeks only to look at the currency of a concept and not in addition to validate the same.

⁶ These understandings are to be distinguished from Matte-Blanco (1988) and his concept of bi-logical structures, including forms of symmetrical and asymmetrical logic, as discussed in Chapter 9.

Chapter 3

Literature review

Introduction

This chapter sets the context for the present project, by offering a survey of the literature pertaining to the field of embodiment in psychoanalysis, including analytical psychology. This is no mean task, since the literature is diverse, and both the terminology employed and the theoretical understandings offered are legion, demonstrating the need for an overall mapping of such conceptual landscape, and hence for this research.

The chapter begins with a history of different theoretical attitudes towards the relationship of body and mind, exposing the diversity of theories available. Some clinical examples will also be introduced, indicating that the clinical literature is not allied with the theoretical literature. This will form the main focus of the chapter and set the general context for the project.

In the Jungian field, certain studies will be mentioned, showing that Jung started a rigorous and fertile tradition of research in the arena where body and mind are in relation. There will follow an account of the literature pertaining to the psychoid concept, which is the central conceptual terrain of this thesis, differentiating between Jung's early ideas on the psychoid and his later ones on synchronicity. Such account will demonstrate that no single coherent account or definition of the psychoid concept exists, and will segregate the project from the study of synchronicity.

An extremely interesting aspect of the present project has been the proliferation of literature since the outset of this project. A search through the PEP web in March 2007 yielded just 13 hits for the term ‘psychoid’, including: a 1907 reference to the Jung-Freud letters (McGuire, 1991); two papers by Freud (1923, 1925) dismissing the term ‘psychoid’ as merely philosophical; and one by Reich (1927) reviewing a 1925 paper by Bleuler, as discussed in Chapter 4. Just over a year later, the PEP web yielded 20 hits, and in September 2014 the same source produced 185 hits. This last figure is largely due to the fact that in the intervening period the *Journal of Analytic Psychology* had been added to the list of Journals covered by PEP, but even taking this into account there are still many more recent papers referring to the psychoid concept than earlier ones. For example, in September 2014, the period of more than 100 years to 1999 yields 97 citations, while the period of just 14 years from 2000-2014 yields 88 citations.

Taking Bion’s proto-mental concept as a search comparison, since, as discussed in Chapter 6, this is the psychoanalytic concept most resembling Jung’s psychoid concept, the comparable PEP results for the term ‘proto-mental’ are respectively 73 and 162.

Clearly, in both cases, there is a surge of interest in recent years.

This combination of confusion surrounding, and professional interest in, the clinical relation of body and mind amply justifies the present research.

In the following, a number of different themes will be isolated, in each case highlighting the main strands, for the purposes of situating the project amongst them, and delineating the field of the research. Key references only will be included, it

being appreciated that the number and range of publications is too great to cover exhaustively.

History of the soma in psychoanalysis

1. Freud and Jung

In the early days of psychoanalysis, Freud and Jung, both coming from a medical tradition, conceptualised psychoanalysis as embracing mind *and* body. Freud (1950[1895]), in his *Project for a Scientific Psychology* concerning the environment's impact on the human organism and the organism's reaction to it, attempted to represent mental phenomena in terms of physiological processes. The pioneering work of Freud and Breuer (1892-1895), in their *Studies on Hysteria*, traced a link between a precipitating psychic trauma and sensory memory and experience, attributing a mechanism to hysteria involving repression of unwanted ideas of a sexual nature, coupled with conversion of the accompanying affect into somatic symptoms. Later, Freud wrote, "the ego is first and foremost a bodily ego" (1923, 26).

For his part, Jung (1902, par. 11) in his inaugural dissertation for his medical degree quoted Krafft-Ebing's account of hysterical delirium, that "hallucinations of all the senses are not uncommon. The most frequent and most important are delusions of sight, smell and touch"⁷. By the time of his meeting with Freud, in March 1907, he was borrowing freely from Freud's work on hysteria, and treating cases with conversion symptomatology involving a wide variety of sensory phenomena (Jung, 1905, 1908).

⁷ 1895, 498-9

Concurrently, his major scientific study on the Word Association Tests (WATs) demonstrated, through the use of a galvanometer whose electrodes were placed in skin contact with the hands and feet of his subjects, that a physical reaction, namely an accumulation of sweat associated with the sympathetic nervous system, accompanies the manifestation of an affect laden association of ideas (Jung, 1907/1908, pars. 1046/9).

His next key work on the relation of mind and body was his theory of psychological types, representing the manner by which individuals apprehend the world, respectively, through two attitudes, namely introversion and extraversion, and four approaches to consciousness, namely the functions of thinking, feeling, sensation, and intuition (Jung, 1923). To the functions, he ascribed a physiological base, and a psychic component controlled by the ego.

Subsequently, he formulated ideas concerning the archetype as such, seen as an *a priori*, a pre-existent form or possibility immanent in the substance of the human organism, linking instinct and spirit, and his psychoid concept covering the interdependence of body and mind, as discussed below and in Chapters 3 and 4.

2. Post-Freudians and post-Jungians

Various post-Freudians and post-Jungians have elaborated on this early start. On the Freudian side, followers, such as Dunbar (1935), Reich (1945)⁸, Alexander (1950), Ferenczi (1955) and Deutsch (1959), contemplated notions of libido, hysterical conversion and somatisation, all treating patients with somatic presentations.

Shapiro (1996) traces the development of embodiment in psychoanalysis, starting from Freud's body ego and conversion hysteria, through Reich and Ferenczi and their

⁸ Reich was an early follower until the end of the 1920s.

attempts to analyse somatic experience in the consulting room, the research of Stern (1985) and Beebe and Lachmann (1988) into early infant development and their work on cross-modal perception and mutual regulation, to Damasio (1994).

On the Jungian side, a number of research traditions have emerged.

Jung's WATs were ground breaking advances at the time, and have spawned studies both clinical and theoretical. Schoenfeld (1962) describes the use of the WAT to demonstrate scientific credibility for psychoanalysis. Rapaport, Gill and Schafer (1946) have applied the WAT in a clinical study, while Sutherland & Gill (1970) and Rosen et al (1991) have undertaken studies based on extensions of the WAT, Sutherland & Gill's Word Association Sentence, seeking sentences in response to stimulus words, being employed at the Tavistock Clinic. Shin et al (2005) have studied implicit learning, by testing two groups of subjects, one on the basis of words relating to, and one on the basis of words not relating to, active complexes, as determined from the WAT. And, Petchkovsky et al (2013) have performed the WAT under fMRI conditions to record fMRI responses.

Jacobi (1959), Stevens (1990), and Knox (2003) have all researched Jung's theory of the archetypes. Knox observes that Jung offers four different models, as: biological entities hardwired into the genes for instructing mind and body; organising mental frameworks of an abstract nature; core meanings containing representational content; and metaphysical entities that are independent of the body. Scholarly accounts by Progoff (1953, 1959) and Gray (1996) review the social applications of Jung's ideas on the archetypes.

Stone (2006) has undertaken a research study of embodied forms of countertransference, referring to Dieckmann (1974), McLaughlin (1975), Samuels

(1985), Field (1989), Schwartz-Salant (1989), McDougall (1989) and Spiegelman (1996).

Jung's practice of active imagination, by which archetypal ideas are explored through creative physical expression, has also engendered a fertile post-Jungian tradition, as described, for example, by Cwik (1991, 2011), Davidson (1966), Dieckmann (1971), Fordham (1955, 1977), Swan (2000, 2008, 2011), and Schaverien (2005, 2007). The process of active imagination also forms the theoretical foundation for Sandplay Therapy (Friedman & Mitchell, 1994), for Jungian art therapy (Schaverien, 1991), and for the Jungian practice of drama and movement therapy (cf Chodorow (1991), Whitehouse (1979) and The Sesame Approach taught at The Central School of Speech and Drama, London (Lindkvist, 1998)).

More generally, Sassenfeld (2008) offers a review of approaches to the body in analytical psychology, citing *inter alia* Sidoli (1993) and Redfearn (2000) on psychosomatic disturbances, Samuels (1985), Redfearn (2000) and Cambray (2001) on somatic countertransference, Chodorow (1999) and Greene (2001) on body and mind as a monism, and Chodorow (1999) on active imagination.

Some specific theoretical areas developed both by the post-Freudians and by the post-Jungians are detailed below.

a. Winnicott

Winnicott (1949, 1966, 1970) contemplates the mind and its relation to psyche-soma based on the development of the individual from the outset of psychosomatic existence. In the beginning, he writes, psyche and soma are not distinguished from one another, and the environmental provision or holding by the mother determines the

mental health of the individual (1949). Good-enough maternal handling, physically and emotionally, at the start of life assists the infant to develop a sense of his self being centred in his body, which may be described as “the psyche indwelling in the soma” (Winnicott, 1970, 264). Providing that the continuity of being of the individual is not disturbed, the psyche-soma proceeds along a process of growing mutual inter-relation, in which the psyche develops an imaginative elaboration of somatic functioning, and the body is felt by the individual to form the core of the imaginative self (Winnicott, 1949, 244). Abram (1996) describes this as body-mind integration. Graduated failure of adaptation by the mother produces healthy mental activity in the infant, but certain, more drastic, kinds of failure lead to mind-body splits and pathological mental functioning, for example, false-self functioning, confusional states, or psychosomatic symptoms.

b. Klein

Klein (1932) conceived a notion of unconscious phantasy, based on primitive sensory forms of infantile experience and the mother’s breast as the primary object. She saw the body as the source of such phantasy, wherein early conflicts between the life and death drives are played out, phantasies of forceful entry into the mother’s body by projective identification, in order to attack and control her, bringing persecuting anxieties of retaliation. As Isaacs (1948) elaborates, the infant’s earliest phantasies are presented in a somato-sensual mode, first as bodily sensations and then as motor action, making specific use of the body as a primitive pre-verbal language.

Developments on Klein’s work led in various directions. A number of authors, including Bick (1964, 1968), Anzieu (1989), and Gaddini (1969), address infantile states of mind; and various writers, among them Bion (1940, 1961), Meltzer (1986),

Lombardi (2002, 2008), Ferrari (2004) and Bleger (2013), evolve the psychoanalytic thinking of Klein into new theoretical avenues. A further strand concerns the work of Tustin (1972, 1986) on autism.

c. Infant development

Based on systemic studies of infants, from infant observation introduced into the training of the Institute of Psychoanalysis in 1960, Bick (1968, 484) formulated ideas concerning the experience of the skin in early object relations, conceiving the skin as a boundary between “parts of the psyche not as yet differentiated from parts of the body” and the external object. A primitive binding together of these personality parts, through introjection of the object, establishes a psychic skin as a container for the nascent self. Her work is extended by Anzieu (1989) into the notion of a skin ego providing a containing, unifying envelope for the self, a protective barrier for the psyche, and a surface and filter for early sense traces and communications. Both noted that early disturbances lead to various forms of pathology, including autism, schizophrenia and psycho-somatic symptoms.

Gaddini (1969, 63) describes an attitude towards the object involving primitive perception through the soma, developing in accordance with a functional model from physical “imitation in order to perceive”, as in the infant echoing her mother’s smile and thus having within her own body an experience of mother’s smile, into psychic “imitation in order to be”, as in the infant having an hallucinatory image, in the absence of the mother, of being fused with the mother as an extension of herself and thereby holding onto the absent mother and gaining comfort. According to Gaddini, these processes occur in the first months of the infant’s life. Normally, they lead to

the development of ego capacity, but frustrations of an oral nature tend to promote physical, rather than psychic, imitative manifestations, and pathological disturbances.

A more recent account of imitation is the research on *mirror-touch synaesthesia* by Banissey and Ward (2007a, 31), describing how synaesthetic touch, in the form of tactile sensations that are phenomenologically akin to actual touch, arises in response to the witnessing of physical touch.

d. Autism

Next, the work of Tustin⁹ (1972, 1986) conceptualises autism as an arrest at a sensation-dominated, pre-thinking stage of psychological development, arising in response to a traumatic awareness in infancy of separateness from the mother. Such infantile catastrophe institutes a profound split in the personality and leads to an experience that Bion described as ‘nameless dread’, in which anxiety of loss of self-cohesiveness prevails. Fearing to leak away, such individuals resort to auto-sensuousness by employing autistic objects and autistic shapes. The former constitute physical items, like toy cars, capable of giving hard edge sensations, and the latter comprise subjective, abstract elements, like intensities and temporal patterns, serving to pattern emerging sensation experiences in a psycho-biological arena, foreshadowing a primitive notion of boundedness and the first creation of mental organisation. Meltzer (1975) describes such object use as adhesive identification, wherein a defensive adherence to the surface of the object through imitation seeks to allay anxieties of disintegration.

⁹ Trained at the Tavistock Clinic from 1950-1953 under the guidance of Bowlby and Bick, and analysed by Bion, Tustin spent a year following qualification working with autistic children at the James Jackson Research and Treatment Center.

Following Tustin, Ogden (1989) proposes the concept of an autistic-contiguous position to represent a primitive organisation forming an integral part of normal development. In this mode, experiences of sensation are the principal media for the creation of psychological meaning, and pre-symbolic connections between sensory impressions come to form bounded surfaces (*ibid.*, 128). The nature of anxiety linked with this position concerns disruptions in sensory boundedness, and fears of dissolving away into boundless space. Attempts to sustain a cohesive surface involve imitation as a way of holding onto the object by carrying the influence of the other on the skin surface. The other thus becomes a second skin to contain such anxiety and foster development of a 'locus of self' (*ibid.*, 136).

Mitrani (1995) also writes of unmentalised experience comprising sense data, perceived as concrete objects in the psyche and as bodily states, which can neither be brought to mind nor repressed. Such experience may be conceived as a lacuna in the mind, an area frozen and left barren, which has failed to attain mental representation but is covered over by sophisticated defenses and compensatory structures. She attributes these states to privation in the earliest post-natal environment.

e. Bion

Bion (1940, 1961), as discussed in Chapter 5, brought experience of working with shell shock during WWII to his group work, and conceived a proto-mental arena covering events lying between the psychic fact and the physical fact. After analysis with Klein, he went on to apply Klein's notion of projective identification to his developing ideas, according to which beta elements, constituting the infant's raw sensory experience, are transmitted to the mother by projective identification for

containment and processing through her reverie, namely alpha function, to make them manageable for the infant (Bion, 1962, 1963).

Meltzer (1986, 36), reviewing Bion's contribution to a model of the mind in which mental functioning develops out of somatic functioning, situates "psycho-somatic phenomena outside the sphere of symbol formation and thought". Referring to *Experiences in Groups*, he sees the proto-mental apparatus as implying that at a primitive level the ego construes emotional experiences as bodily states and reacts to them in a bodily fashion (ibid., p. 35). Bion's later writings propose that undigested beta elements are dealt with as accretions of stimuli suitable only for evacuation, resulting *both* in the loss of the capacity for creating meaning *and* in the generation of meaninglessness in the form of hallucinatory activity (1962, 1963, 1965). To introduce meaning, the analyst must help to elevate these processes into the realm of symbol formation through alpha function by doing the patient's dreaming for him.

The Symingtons (1966, xvi, 35) suggest that Bion's proto-mental system foreshadows his later ideas on beta elements, and Grotstein (2007, 192, 258) also views his proto-mental phenomena as the direct forerunners of his later concepts of beta elements and 'O', the thing-in-itself. Torres (2008) has researched the value of Bion's proto-mental system as a bio-psychoanalytic-social model, and has demonstrated both a direct connection between social interaction and the mind-body balance, and the current value of the proto-mental concept in the understanding of forms of illness that seem to be determined by stressful social conditions.

f. Post-Kleinians

A number of post-Kleinians focus on the primacy of the body.

Contrary to Klein's view of the breast as the object for the infant, Ferrari (2004) considers the body to be the main object of the mind and its primary reality. He designates as 'the concrete original object' the unity composed of "a mental apparatus that has a capacity for perception and notation, and a physical body, and the sparse sensations that come from it", with emotions forming a bridge between the corporeal and the psychic (ibid., 41). The external relationship with the mother then assists the infant with the task of converting the emotional turmoil into thought.

Lombardi (2002, 363) builds on the work of Bion and Ferrari, focusing on an area of clinical experience involving "events lying between the bodily and the psychic fact", arising when primitive, archaic areas of mentalisation are encountered. His premise is that the body is the first and founding entity upon which identity is based, and that certain patients have lost the continuity between the physical and emotional nuclei of identity, due to failures of the early infantile environment. For them, the sensory-emotional dimension is either excluded or so predominant that it presents a dramatic obstacle to communication, and analytic work on their relationship with corporeity, and with the sensory and emotional events that stem from it, is needed, during which the analyst may have to withstand intense countertransference bodily hallucinations.

Another approach, based on Klein, is Bleger (2013), who postulates a third position, the glischro-caric position, preceding both the paranoid-schizoid position and the depressive position and arising in the earliest weeks of life, even in the intra-uterine stage. This is characterised by a primary undifferentiation, which is not actually a *state* of undifferentiation but a structure or organisation, including the subject and the subject's environment but not as distinct entities (ibid., 4-5). Bleger borrows the term 'participation' from Levy-Bruhl, pointing out that this places notions of projection and projective identification in doubt, since rather a form of fusion or symbiosis

operating in the area of the body and the external world applies (ibid., 35). In this position, deficits in a sense of reality are manifest, anxiety is massive, and primitive violent defenses may include psychosomatic illness and autism.

Grotstein (1997) contemplates body and mind as a unity, developed from the psychosoma of Winnicott and considered as a mindbody and a bodymind in dialectical relationship. Body and mind may be seen as part of a “Siamese twinship” (ibid., 205), always one but seeming to be two. Early developmental failures and traumas lead to disruptions in this dialectic, in ways described with respect to infant development, Kleinian notions of projective identification and Bion’s beta elements, and lead thence to illness, psychosomatic disorders, and distortions of body image.

g. Post-Traumatic Stress Disorder (PTSD)

A number of authors, such as Schore (1994, 2002) and Varvin (2003, 2007) have addressed PTSD, the modern equivalent of shell shock. Schore, looking at PTSD from a neuroscience perspective, notes disturbances of psycho-biological regulation in the face of trauma, with dissociation as a defense against overwhelming affect. Varvin, based on research with victims of political trauma and terrorism, discusses the psychic and somatic symptoms of trauma, due to insufficiently symbolised and mentalised experience. With the aid of clinical examples, he shows how the analyst must deal with complex mental survival strategies, withstanding prolonged periods of disorganisation and impingements on the bodily level in the countertransference.

h. Paris School of Psychosomatics

The Paris School, comprising a group of French psychoanalysts, found their ideas on Freudian theory, contemplating two perspectives towards psychosomatics as to

whether symptoms are a product of psychic conflict and its underlying phantasies, or psychic deficiency and a lack of conceptual capacity. In the former, the life and death drives come into opposition, and the tension thus created produces the symptom as a point of fixation, where disorganised and concrete thinking take over. In the latter, an undeveloped ego or lack of ego integration manifests in a lack of a capacity to symbolise (Bronstein, 2011, 180).

In an alternative approach, somatization is contemplated as a chain of psychic occurrences promoting the development of a somatic disorder, two modalities being envisaged, namely via regression or via an unbinding of the drives (Smadja, 2011, 226-7). In the first case, somatisation occurs through regression to early primitive states, for example due to overload, and, in the second, narcissistic loss generates a state of 'instinctual defusion' modifying the psychosomatic equilibrium of the subject (ibid., 227).

McDougall (1989) relates such psychosomatic functioning with early developmental failures, and inability to characterise psychic distress, as in alexithymia. Rosenfeld (2001) adds the possibility that islands of psychosis split off from the psyche may lodge in the body and thereby be encapsulated and concealed from the healthy parts of the personality. Aisenstein & Smadja (2010, 345) observe that the analyst working with the somatically ill patient may be subject to the fragmentation of his own body and the disappearance of his body image in the countertransference through identification.

i. Post-Jungians and psychosomatics

Amongst the Jungians, Kradin (1997, 2011, 2013), Ramos (2004) and Costello (2006) have all devoted considerable attention to psychosomatics. According to Kradin

(1997, 413), psychosomatic disorders, such as chronic fatigue syndrome and fibromyalgia, reflect disturbances of the ego-Self axis, and are a defence against, as well as an attempt at, individuation. He sees the psychosomatic symptom as symbolic in nature, encoded in the body rather than the psyche: the treatment of a psychosomatic patient thus requires careful attention to somatic sensations and affective oscillations in the transference-countertransference field, and to the imaginal. Driver (2005) links chronic fatigue syndrome with primal processes at the psychoid level of the unconscious.

Ramos also considers disease as a symbolic expression revealing a dysfunction along the ego-Self axis. She associates symptoms with Jung's complexes, each having a pattern of images and sensations rooted in the archetypes. Costello (2006, 23) contemplates the symptom both as a regression to disrupted infantile modes of functioning and as use of the body as a container for as yet undigested fragments of experience.

3. Clinical examples

As with the above theoretical examples, the range of clinical examples is extensive. Both psychoanalysts and Jungians discuss specific instances of sensory countertransference, including, amongst others, Jacobs (1973, 1993, 2001), Bady (1984), Field (1989), Lombardi (2002), Stone (2006), and Schaverien (2007).

Their examples have a number of common themes. They generally concern deeply regressed patients with dissociative tendencies and with whom countertransference experience is pronounced and uncomfortable, involving symptoms extending from physical tension, trembling, sexual arousal, drowsiness, and nausea, through to bodily mirroring in terms of posture and gesture, to sensory events in the form of images. In

some cases, the dynamic is described in terms of emergence, symbolism, and transformation and in some in terms of splitting/dissociation and defensive mechanisms.

The following examples start with bodily mirroring as described by two psychoanalysts.

Bady (1984), writing of a borderline patient with an angry rejecting mother, describes becoming a cold, withdrawn mother in the countertransference, and needing to cure herself to reach the patient. A turning point arose when she found that she was beginning sessions rocking gently back and forth in her seat, like an aunt of the patient who used to cradle her and rock her in her arms at night.

Jacobs (1993, 2001) has written a number of papers. In one, he offers a review of countertransference enactment, and suggests that bodily mirroring foreshadows the appearance of new themes in the transference (Jacobs, 2001, 660). In an example, he writes about a patient, who is describing watching an infant being roughly handled during a nappy change:

As he describes the scene in the nursery, [the patient's] right hand moves from his side to his abdomen and he begins to palpate that area. Then he grasps his belt buckle, entwines his fingers around it, and makes a tugging motion with it. Observing him, I feel myself making parallel movements ... I notice this and wonder about it. As I do I think of two swimmers engaged in the art of synchronised swimming, moving in perfect harmony, each mirroring the other. Then another image presents itself. I see [him] as a young child lying on a table, his abdomen tightly bound by gauze bandages. (1993, 12)

Jacobs realises that he is witnessing a piece of his patient's history, and that his patient is unconsciously recollecting an early bodily trauma. This proved to be a turning point.

The next example, from a Jungian, concerns countertransference symptoms. Stone (2006) describes an assessment with a new patient, and feeling a sharp pain in the top of his left arm. This repeated itself session after session, until one day the patient began describing her mother's rages during her childhood. He felt the pain increase sharply, while the patient recounted her mother pulling her dress off her shoulders, holding her by the right arm, and beating her left arm mercilessly with a hairbrush until blood flowed. After this session, he never experienced the pain again.

Now come two examples of hallucinations or visual images, one from a psychoanalyst, the other from a Jungian:

Lombardi (2002, 2003, 2008) writes on the difficulties of dealing with psychosis, Referring to his notion of a concrete original object, mentioned above, he suggests the use of theoretical models as an aid to the analyst in managing the intense countertransference experiences associated with "the patient's re-emerging bodily and sense experiences" (Lombardi, 2003, 848). He describes an analysis with an anorexic patient, for whom sensory and affective experiences were virtually absent (Lombardi, 2002). When the patient started to have bizarre hallucinations of solid masses hovering underneath the ceiling, and of swellings to his arms and legs, the analyst began to have countertransference hallucinations in the form of bodily sensations and images. Lombardi considered that these events represented an emerging experience of corporeity for the patient, which could be elaborated first on a basic level of physical sensation, such as hunger, and later lead to more symbolic representations. In this way, transformation could be facilitated.

Schaverien (2007, 425-6) gives an example of a patient, who feared intimacy and who described a fantasy¹⁰ of being a tiny figure in front of an enormous woman. In an ensuing silence, Schaverien became aware of a distortion in her own perception, so that the room seemed to become a vast cavern containing two small individuals. The patient then recounted a series of images embodying an infant state. Reflecting on this sequence, Schaverien felt that the experience of altered spatial perception constituted a reciprocal countertransference in the face of the patient's regression, and deepened her own understanding, enabling them both to stay with previously unmanageable material. She designates such countertransference active imagination.

Other analysts give accounts of active imagination in the countertransference from a different angle. For example, Colman (2010) writes of a patient bringing stones to her sessions, and giving them to him at the end of the session to hold between sessions; and Geerken (2010) describes herself working clay during sessions with a difficult patient and modelling a sea-monster, and an owl. In both cases, the objects were employed creatively to assist the analysis.

The above examples represent the emergence in the countertransference of something symbolic and transformative. The next example, from a Jungian, concerns a different dynamic, where the dominant mechanism is splitting and dissociation, and the transference dynamic more defensive.

Field describes a dissociated patient, who resisted every attempt to reach her underlying instinctual and affective feelings towards a much loved father and murderously hated mother (1989, 514). He notes her effect on him as literally chilling, leaving him feeling anaesthetized and battling a constant sense of

¹⁰ The psychoanalysts' use of the term 'phantasy' refers to unconscious material; the Jungians' use of 'fantasy' refers to imaginal material.

drowsiness, as he fought to stay awake. Even the room seemed chilled on a warm day, so that he imagined dying of hyperthermia and switched on the electric fire. He considered this experience to be a function of split-off and uncontainable infantile parts of the patient's psyche, associated with an intrusive mother imago, which she would project forcibly into him and need him to suffer without retaliation.

These examples are representative of the clinical literature on the relation of body and mind. Further such examples may also be found, for instance: Eshel (2001) writes about the analyst's experience of falling asleep in a patient's sessions, giving an account of the analytic literature on the subject; Vermote (2003) describes experiencing pain and sleepiness in a patient's session; and Tersing (2005) describes a session with a patient fearing abandonment, in which he experiences a desperate need for a bowel movement to the point of nearly abandoning the patient by leaving the session, which he links with Ogden's autistic contiguous position and Bion's contact-barrier. Ogden (2003) describes memory at a sensation level in the countertransference; and Quinodoz (2003, 1481) describes the need to listen to bodily manifestations and phantasies in a session to hear the patient's pre-verbal communications, with an example of feeling completely bound in her chair, which proved to echo a body memory of the patient. Finally, Pollak (2009, 499-500) gives an account of chaotic organisation in a patient needing a body-container, and an accompanying countertransference involving postural alteration, feelings of unwanted bodily contact, and spatial disorientation.

These examples describe behaviour, physical symptoms, and sensory images, attributed to the countertransference and allied either with defence or transformation, all of a persistent and long drawn out nature, and all needing to be withstood until a turning point is reached. Although, in some cases, theoretical observations are

offered, they are sparse and no unified or comprehensive theoretical underpinning is provided, again demonstrating the need for this project to ground such clinical manifestations.

4. Summary

The above description demonstrates the complexity and diversity of theoretical approaches applied to embodiment in the consulting room, even when starting from a common foundation. Further, the different theories address an equally wide range of conditions, starting in the early days of psychoanalysis with dissociation, as conceived by Freud and Jung in relation to hysteria and dementia praecox. Subsequently, further disorders have been identified, with respect to: infant development in the work of Bick, Anzieu and Gaddini; autism as described by Tustin; primitive states of mind as discussed by Winnicott, Klein and Bion; shell shock, as diagnosed during World War II, now known as Post Traumatic Stress Syndrome (PTSD); and psychosomatics according to the Paris Group and certain Jungians. Within each of these traditions, a respective theoretical approach has evolved specific to the theoretical orientation of the practitioner and to the condition itself.

Further, the clinical descriptions, as indicated above, demonstrate a marked gap between the theoretical and clinical accounts of relations between body and mind in psychoanalysis.

Accordingly, no overarching theory of psyche and soma is available, and the clinician has no specific guidance on the matter in practice, apart from their own orientation. The need for an overall mapping of this field in the face of such background, and hence for the present investigation, is plain.

History of the psychoid concept

The psychoid concept, representing a deeply unknowable layer of the unconscious instantiating processes that are neither physiological nor psychological but that somehow partake of both, originated in the biological work of the neo-vitalist Hans Driesch (Jung, 1947/1954). One aspect of this concept, concerning a vitalist relation of body and mind, is thus founded in biology, and has given rise to an associated tradition of theory and practice. These origins are discussed in Chapter 4, and the corresponding post-Jungian tradition is discussed below and in Chapter 5.

Another aspect, concerning the relation of mind and matter, is rooted in physics, specifically Jung's work with the Nobel Prize winning laureate Wolfgang Pauli (Jung, 1952). This latter aspect pertains to synchronicity, which is discussed, for example by Fordham (1957, 1962), Dieckmann (1974, 1976, 1980), Aziz (1990, 2007), Von Franz (1992), Zabriskie (1995), Bright (1997), Meier (2001), Main (2004, 2007), Gieser (2005), Hogenson (2005), Cadigan (2007), Cambray (2002, 2004, 2009), Colman (2011), Giegerich (2012), Atmanspacher (2013, 2014), and Connolly (2015). Gieser (2005) and Haule (2011) both contemplate this issue.

Gieser (2005, 344) argues that Pauli believed in a unified science embracing psychology, physics and biology, and that Jung was influenced by his views on this. She notes Pauli's interest in evolution, his understanding that a "psychic factor in nature [...] has been present from the beginning in the building blocks of matter and life and [...] has evolved alongside and in interaction with them" (ibid., 306). And, she postulates mathematics as "a genuine symbolic description of reality", the means of expressing universal processes, and the link between Jung's archetypes, physics and the mysteries of biological life (ibid., 307, 310, 312).

Haule (2011, 77, 81), similarly, notes Pauli's view of a potential connection between physics, biology and parapsychology, and accordingly contemplates synchronicity as a cosmic principle. In support of this, he lifts five lines of argument from Jung's correspondence with Pauli, referring to: synchronistic phenomena as knowledge not mediated by the senses; the fact that the archetype's psychoid nature makes it transgressive, allowing it to assimilate the physical and the psychic; the archetype as psychic probability, allowing it to bridge the psychic and physical realms; synchronicity as the numinous moment; and synchronicity as a universal dimension of nature supplementing the classical triad of space, time and causality.

Whilst both appear to propose the required link between biology and physics, and hence a justification for Jung's traverse from one to the other, it is not clear that either has proved one, and therefore this question remains open. It is beyond the scope of this thesis to settle this question.

A study of synchronicity is not included within this project, for these and other reasons, as discussed in Chapter 1.

Consequently, the following account (and the remainder of the thesis) focuses on the biological tradition in the history of the psychoid concept, and contemplates its theoretical evolution.

1. Biological strand

The biological aspect was pursued theoretically by various post-Jungians, as follows.

a. Progoff

Working towards a doctoral dissertation on the social meaning of Jung's psychology, Progoff (1953) submitted a copy to the Bollingen Foundation. Jung (1977)

responded, emphasising the experimental, empirical nature of his work, and the fact that he saw individuation as a natural process. He referred to Levy-Bruhl's conception of *participation mystique* as the manner by which society contains the individual in a state still undifferentiated from others, and to individuation as the process of differentiating a piece of the archetype out of the *participation mystique* (ibid., 215-6).

Acknowledging Jung, Progoff (1959, 116-8) borrowed from the work of the biologist Edmund Sinnott, for whom the primary material of the life process is *protoplasm*, seen as a guiding principle inherent in every organism engendering 'psych-like'¹¹ activity and growth. This led Progoff to conceptualise a protoplasmic image directing the human organism, both individually and as a species, in its basic drive towards individual wholeness and the preservation of life, such imagery having two functions, namely to provide *in potentio* the instinctive spontaneous patterns of behaviour that represent the basic life tasks of the human organism, and to provide the underlying patterns by which he apprehends and gives life meaning. The former dramatise themselves in the way in which the individual chooses to live out his individual life; and the latter provide his source of creativity in the symbolic forms that emerge into consciousness.

b. Gray

Gray (1996) also addresses the social implications of analytical psychology, seeing the psychoid unconscious, where psyche and soma are undifferentiated, as the origin of the archetype as such.

¹¹ In a footnote, Progoff notes 'psych-like' means psychoid.

It is at the biological level of the human organism, he observed, that “we can best discover the roots of archetypal activity” (ibid., 17, 51). In early human development, psychoid processes gives rise to an archetypal psychic core, through a pairing of the innate biological element with the environmental encounters with the parents. These interactions feed back into the biological system and become the visual, affective, visceral and bodily foundation for the archetypal image (ibid., 62-3). In this way, the psyche of the infant first emerges, and then interacts with, both internal experience and the environment.

c. Stevens

An evolutionary view of archetypes, from Stevens (1995, 2006), considers that they were designed to solve problems implicit in the ancestral environment. He contemplates the evolutionary history of our species, relating the archetypes to universal patterns of behaviour. Noting that the psychoid aspect of the archetype acts as a bridge between psyche and matter, he observes that archetypes are made manifest through the body.

d. Merchant

Merchant (2006), making links with anthropology, proposes a developmental model of the archetype, according to which archetypal imagery is an emergent phenomenon, arising out of neural bio-structures laid down in early infancy as a result of developmental experience. He links this with the psychoid nature of the archetype.

These theoretical accounts supporting the biological base of Jung’s psychoid concept are supplemented by various clinical accounts, which shed light on the ways in which the psychoid concept is employed contemporaneously, including Jacobi (1959) and

Kalsched (1996) linking the concept to dissociation and early development, Gordon (1993) and Clark (1996, 2006) bringing in a vitalist view associated with early development and the transference, Redfearn (1973) considering archetypal images, and Proner (2005) making links between Jung's psychoid concept and Bion's proto-mental concept.

2. Dissociation

Jung (1902, par. 5) initially linked dissociation with hysteria, when body and mind co-operate to produce split-off somnambulisms¹². Subsequently, he wrote about the formation of a state of secondary consciousness, representing:

[A] personality component which has not been separated from ego-consciousness by mere accident, but which owes its separation to definite causes. Such a dissociation has two distinct aspects: in the one case [...] an originally conscious content [...] was repressed on account of its incompatible nature: in the other case, the secondary subject consists essentially in a process that never entered into consciousness because no possibilities exist there of apperceiving it. (1947/1954, par. 366)

Jacobi (1959), in a study of dissociation, makes a link with archetypal processes. She writes that the archetype as such is beyond apprehension, belonging to the underlying psychoid realm only as a structural factor and potentiality (*ibid.*, 119). Emerging from the psychoid background, the archetypes bring forth particular patterns, which are present from birth as certain aptitudes. Significantly, the archetype as such is present in the healthy and the sick alike. The content, with which the archetype when constellated becomes filled, may suffer a variety of fates, being assimilated to a greater or lesser degree. In the case of a healthy ego, the resulting disturbances can be resolved and integrated and employed as a catalyst for psychic development; the archetype is thus neutralised. In the case of a weak ego, the content is rejected by the

¹² Corresponding to complexes.

ego to become an autonomous splinter psyche, producing symptoms and hallucinations, as in psychosis. The determining factor is not the content of the archetypal image but the state of consciousness confronting it (ibid., 122).

Kalsched (1996) relates this with infant development, proposing that the infant world is composed of sensations of comfort and discomfort, interspersed by primitive affects that assail the vulnerable infant psyche like volcanic storms. The infant relies completely on his mother for mediation of their effect and, when mothering is satisfactory, the infant's experience is metabolised and gradually converted into an ego capable of containing such affects. Without mediation, the infant's psyche becomes overwhelmed and forms a 'total' defence to protect a fundamental aspect of his being. An internal agency steps in and dismembers the psyche in order to encapsulate and keep separate unmanageable experience. Kalsched observes that both extremes of the body-mind spectrum, i.e. the archetypal poles in the psychoid unconscious, tend to carry the dissociation in this case.

According to these sources, psychoid processes promote archetypal activity in the face of constellating events, and generate dissociative states when the ego of the individual becomes overwhelmed by archaic affects arising from the constellated material.

3. Development

The above post-Jungians all equate psychoid processes with development, as do a number of others:

Sidoli (2000, 52, 92) associates Jung's psychoid concept with early infancy. When there is a failure of maternal reverie, opposing archetypal forces of a

psychophysiological nature that are unmanageable for the young infant split the two poles of archetypal experience into body and psyche, and archaic bodily elements remain lodged in the body as symptoms and do not reach mental representation. She notes that these primitive elements often manifest in analysis as unintegrated psychotic pockets. Likewise, Redfearn (1973) links Jung's psychoid processes with the pre-reflective level of the primal or infant self, where bodily experience is archetypal. In his view, such processes promote spontaneous psycho-physical activity, triggered by frustration arising when there is a less than perfect fit between the organism and the environment.

Gordon (1993) relates psychoid processes with a developmental stage prior to the differentiation of psyche and soma, suggesting that they are manifest particularly in projective identification, which has as its goal the undoing of boundaries and the expression of the basic drive towards fusion and wholeness. She describes Jung's psychoid concept as a reference to the basic substance which, in the course of development, both personal and collective, differentiates into body and mind.

Proner (2005) contemplates the relationship between physical and mental states of anxiety, referring particularly to Jung's comment to Bion in the Tavistock Lectures that "the psychic fact and the physiological fact come together in a peculiar way" (Jung, 1935, par. 136). He links this with Freud's body ego, Jung's conceptualisation that the archetypes have a psychoid pole that is outside mind, and Bion's account of prenatal parts of the personality that remain in a state of primitive social organisation without the means of representation¹³ (Proner, 2005, 313). Based on Fordham's theory of deintegration and reintegration as a process that develops structure out of the first psychosomatic unity, and on Bion's idea of mentalisation by the mother to

¹³ Also formulated by Bion as the proto-mental apparatus.

transform the infant's beta elements into alpha elements, Proner considers how somatic states in the consulting room may be mediated to become thought, since psychosomatic phenomena do not respond to interpretation of content. He proposes that change takes place through meaningful emotional experience within an I-Thou relationship, in which a spectrum can be discerned, "from 'proto-mental' sensations with (painful) physical facts, to physical facts with meaning, on through to meaningful-painful emotional experience and mental representation" (ibid., 321, 325).

4. Archetypal imagery

As discussed, Proffoff and Gray emphasise archetypal imagery. Redfearn (1973, 1994) also does, noting an interaction between archetypal activity and the individual's conscious adaptation to the here-and-now. Any frustration of psychic adaptation unveils and generates archetypal images. He describes the archetypal image as the imaginal aspect of affective experience, including affective bodily experience based on sensory data, perceptions, and motor patterns, and on this ground refers to it as an *affect-image*. Affect images are activated by unintegrated parts of the self when libido is blocked, and then become conscious and available for integration. Hence, archetypal imagery may be considered to relate to an emergent part of the self (1973, 128).

5. Embodied countertransference

A significant number of post-Jungians have written about embodiment and the transference, including: Plaut (1956), Fordham (1957), Dieckmann (1974, 1976, 1980), Moore (1972, 1986), Samuels (1985), Clark (1996, 2006), and Proner (2005). A number of these, but not all, make specific reference to psychoid processes; the

others refer more generally to archetypal activity and are included here, since they elaborate the contributions of those who refer to Jung's psychoid concept.

Plaut (1956, 16-7) writes of an archetypal transference, in which the analyst takes on the "image of the archetypal contents" of the transference, becoming the image "bodily" so as to "incarnate" it for the patient. Fordham (1957, 144-5) describes such incarnation as a state of primitive identity, in which the image can be expressed either by the analyst or by the patient. Samuels (1985, 53/60) describes this as an 'embodied countertransference', in which the analyst experiences "a physical, actual, material, sensual expression" of an internal object of the patient, implying that the analyst's body has become a medium for the patient's transference communications and the analyst may thus be subject to 'bodily visions'.

In a research project, Samuels investigated a sample of 32 psychotherapists to test whether they had encountered such experiences, classifying their responses as to type of countertransference and form of embodiment. He concluded that an embodied countertransference was relatively common, and to explain it proposed a theory of a *mundus imaginalis*¹⁴, defined as a "level of reality, located somewhere between primary sense impressions and more developed cognition and spirituality" (ibid., 58). Such an area functions as a mutual relationship between patient and analyst, in line with Jung's transference diagram¹⁵ of a quaternio, and is thus to be distinguished from projective identification (although Samuels acknowledges Gordon's link between projective identification and Jung's psychoid concept).

Various post-Jungian authors propose ways of addressing embodied countertransference.

¹⁴ Corbin is acknowledged as originator of the term *mundus imaginalis*.

¹⁵ Jung, 1946, par. 422.

Clark (1996, 2006) describes primitive sensations and psychosomatic events experienced between patient and analyst:

[T]he psychoid level of experience is not only personal, subjective and intrapsychic but vitally it is also intersychic, between and together, belonging to an intimate mix-up. It is effective in the communications and meta-communications at the level of the autonomic nervous systems as moved and shared between persons in mutual symbolic sensations. As, for example, deeply and at a visceral level, between mother and baby, or in regressive transferences. (1996, 349)

In his model, the patient is operating at a pre-verbal, part-object infantile level, and the transference produces in the analyst psychosomatic sensations and symptoms, as well as imaged body parts and experiences, possibly even making the analyst ill. Clark discusses several clinical examples relating to borderline patients, “for whom developmental lacks and failures have caused an inability to distinguish or differentiate between fantasy and reality, inside and outside, self and other, and who are in a chronic and acute state of body-mind confusion” (2006, 68). As he emphasises, however, this area is not only pathological, it is also a normal and necessary pre-differentiated state, which is a natural archetypal aspect of human nature. He sees it as the analyst’s parental job to differentiate out his/her reactions, to “help the patient - (and the analyst) - to a new psyche-soma co-ordination” (1996, 365).

Greene (2001) writes about embodied processing of the countertransference, using her body as an instrument of perception, by noting her own somatic cues, such as posture, hunger, sleepiness, muscle constriction and breathing rhythms, to transform sensation into emotion or image, and hence symbolic understanding. This may be seen as a form of active imagination. She acknowledges that Jung’s psychoid concept provides a theoretical underpinning to her work.

6. Active imagination

Further post-Jungians also contemplate using active imagination for addressing embodied countertransference.

Contemplating the analyst's part in the process of change in analysis, Moore (1972, 59) suggests that ego development involves "the gradual separation out of the archetypes, which are at first experienced in terms of bodily feeling and later on in play, make believe and fairy-tales", in the presence of an adequately containing environment.

In a study of 129 analytic sessions from 15 patients, recorded over a period of 4 weeks, she monitored the transference process, her introspections, and her interpretations, whereby to investigate how the Jungian notion of amplification¹⁶ affects the transference process (Moore, 1986). She begins with a personal account of a visit to the Yad Vashem memorial to the victims of the holocaust, and of an experience of feelings of nausea, physical symptoms, and primitive body sensations. Her approach to managing this was to seek associations of a cultural, collective and mythological nature, until these led her to childhood sense memories of soft fur and blackness. She noted that this process of amplification rendered the unmanageable manageable. She applied this in her clinical study, observing that it is fruitless to make clinical interpretations when concrete somatisation occurs in the countertransference. Instead, she takes a 'self' or 'non-ego' position, which may be related to Jung's notion of an *unus mundus*¹⁷, associated by Jung with the psychoid nature of the archetype (Jung, 1958, par. 852). She works this through in her own

¹⁶ Defined as using images and associations that are historical, mythological or religious to elaborate experience.

¹⁷ Defined as a unitary world, in which mind, body and matter are undifferentiated.

mind, making use of her own introspections and referring back to the personal individual body basis of her own earliest maternal relationship, until symbols begin to emerge. Thus, the analyst's somatic concretisation may give way to symbolisation, at which point interpretations can be made.

Her approach is confirmed by Dieckmann (1974, 1976, 1980) in a research project in Berlin in 1970s by a group of Jungian analysts¹⁸, who conducted an empirical study of the transference based on process notes from analytic sessions. The group members recorded the associations of the analyst alongside those of the patient in their process notes, and reported that certain symptoms were particularly marked, including:

[T]he somatic reactions of the analyst in the vegetative as well as the motor sphere, such as pounding of the heart, feeling of strain, tension, fatigue, yawning, scratching, etc. Without exception an area of unconsciousness common to both analyst and patient could be found behind these symptoms. (Dieckmann, 1974, 73)

They attributed this effect to the countertransference, noting that, in their conceptual model, the analyst directs his attention to his own unconscious, which is thrown into disharmony by the effects of the outside world/patient, and seeks to restore inner harmony in himself to assist the patient. Dieckmann links this with the transcendent nature of the psyche, characterized by Jung as psychoid, synchronising the dynamics in the analytic dyad, so that a shift in the analyst confers a shift in the patient, even without interpretation.

Schaverien (2007), likewise, proposes employing a method of active imagination when dealing with instances of embodied countertransference. She gives three clinical examples, which produced in the analyst respectively an auditory experience,

¹⁸ This project is discussed in Chapter 5.

a visual image and a perceptual distortion, and she explains how the analyst employed active imagination in each case. Even when the patient lacked the capacity to symbolise, the analyst through active imagination was able to effect a shift from the concrete to the symbolic in themselves on behalf of the patient, and thereby shift the patient's internal attitude.

7. Summary

As described, the literature on the psychoid concept and the bodymind is very varied, and without any coherent, unified account or definition of the concept.

Conclusion

As can be seen from this chapter, the range of literature generally on embodiment in analysis is inordinately wide and has no cohesive theoretical underpinning or focus. Such lack of coherence is even acknowledged in the literature. As Bronstein (2011, 174) remarks of psychosomatics, which represents merely a portion of the present field, there is a "huge divide and complexity that surrounds this subject".

It is thus evident that there is a significant need for an overall mapping of the topology of the area of embodiment in the consulting room, and a pressing requirement for the present research project and its investigation.

The next chapter begins more specifically an account of the historical research of the present project.

Chapter 4

Jung, vitalism and ‘the Psychoid’: An historical reconstruction

Introduction

This chapter¹⁹ begins the historical strand of the present conceptual study in detail, by looking at the origins of the psychoid concept, in an attempt to discover how the seeds of this concept arose and germinated in Jung’s mind, thereby to gain a better understanding as to what he means when he refers to his psychoid concept to designate a deeply unconscious set of processes that are neither physiological nor psychological but that somehow partake of both. The primary aim in developing such a conceptual framework is to formulate an initial theoretical definition of the concept, but the history of this idea also sheds an interesting light on the relationship between Freud and Jung and on differences in their early epistemologies, and this offers additional comparative clarification.

The chapter begins with a comment in a letter of Freud to Jung dated 7 April 1907, very shortly after their first meeting in the spring of that year, in which Freud is responding to a suggestion, presumably made by Jung in their meeting, to give the unconscious the name ‘psychoid’.

At first sight, this exchange may seem to be no more than a casual interchange between the two men, but it is here argued that in fact it contains far more significance than initially appears. Firstly, it shows that, in 1907, Jung was already contemplating an idea of a psychoid unconscious, although he did not adopt the

¹⁹ This chapter is based on a paper published by the researcher as “Jung, Vitalism and the ‘Psychoid: An Historical Reconstruction”, *Journal of Analytical Psychology*, 54: 123-42.

expression ‘psychoid’ into his own published theory until forty years later, in *On the Nature of the Psyche* (Jung, 1947/1954). Secondly, it points towards a divergence of approach right from the start of their collaboration, which highlights useful conceptual differences.

The reference in question is somewhat mysterious, since what Freud says is:

I appreciate your motives in trying to sweeten the sour apple, but I do not think you will be successful. Even if we call the unconscious ‘psychoid’ it will still be the unconscious, and even if we do not call the driving force in the broadened conception of sexuality ‘libido’, it will still be libido, and in every inference we draw from it we shall come back to the very thing from which we are trying to divert attention with our nomenclature. (McGuire, 1991, 58)

Rather tantalisingly, the currently published records do not show in detail what passed between them in this first meeting, and so we cannot fully unravel the strands of their dialogue to get at their underlying intentions. However, we can surmise that it was Jung who raised the idea of calling the unconscious the ‘psychoid’. We can also surmise that they were discussing Freud’s theory of the unconscious, including his concept of ‘libido’ with its sexual connotations, and that Jung was questioning his ideas. On the face of it, Freud is trying to neutralise a view alternative to his own, by claiming that the terms ‘unconscious’ and ‘libido’ carry within them the essence of *his* concepts, which already incorporate or supersede ideas offered by Jung.

It is to be borne in mind that, in the beginning, psychoanalysis was founded upon an interest in the links between psyche and soma. The pioneering work of Freud and Breuer (1892-1895), beginning with their *Studies on Hysteria*, traced a link between a precipitating psychic trauma on the one hand and sensory memory and experience on the other (later described by Freud as sensory hallucinations), that could be abreacted by bringing the memory of the original trauma to consciousness through analysis.

The mechanism attributed to hysteria by Freud and Breuer involved the repression into the unconscious of unwanted ideas of a sexual nature, and thus their dissociation from consciousness, coupled with a conversion of the accompanying affect into somatic symptoms.

At the same time, Freud (1895[1950]) was writing his *Project for a Scientific Psychology* concerning the environment's impact on the human organism and the organism's reaction to it, in which Freud attempted to represent mental phenomena, including dreaming and hysterical compulsion, in terms of physiological processes.

Not much later, Jung (1907/1908) in his Word Association Tests (WATs) demonstrated through the use of a galvanometer, whose electrodes were placed in skin contact with the hands and feet of his subjects, that a physical reaction accompanies the manifestation of an affect laden association of ideas or complex.

At this very early stage in the field of psychoanalysis, the ideas of Freud and his followers were founded primarily on empiricism and a search for causal mechanisms linking body and mind, following the prevailing influences including natural causality, Darwin's biology and the physiology of the Helmholtz school²⁰, whose principles were physico-chemical. In *Freud's Models of the Mind*, Sandler et al emphasise Freud's causal approach, stemming from his efforts to avoid metaphysical ideas, including teleology, in favour of an empirical orientation:

In line with the dominant scientific ideas of the time, Freud systematically attempted to eliminate teleological explanations from his theories; that is, he saw mental functioning as being a form of adaptation to natural causes rather than having an ultimate and final 'purpose'. (1997, 17)

²⁰ In connection with the association between Freud and the School of Helmholtz, Cranefield (1966) reacts against the position that Freud was a mechanist/materialist, a view which was attributed to Bernfield (1944).

By the time that Freud and Jung met in 1907, Freud had moved to a more topographical theory of mind, in which Conscious, Preconscious and Unconscious define different depth levels. The Unconscious was characterised by a very primitive mode of functioning according to which instinctual drives and wishes seek discharge, gratification and relief but are in conflict with the moral values of the Conscious and therefore subject to censorship. Freud linked these instinctual drives with the psychosexual development of the child, and conceptualised them as fluctuating quantities of energy seeking discharge. Such energy he termed libido.

Although, in the early years of their collaboration, Jung's attitude to Freud is popularly believed to have been based on an adherence to Freud's ideas, it is argued here that in fact Jung was from the very beginning in this first meeting proposing a completely different view of the unconscious: One that was embedded in the history of vitalism; and one that foreshadowed and laid the foundation for many of his later theories. More especially, it is asserted that, already, Jung had begun to formulate his own theory of the unconscious as it would ultimately be summarised forty years later in *On the Nature of the Psyche*, and that the implications in this first meeting were borne out by the subsequent unfolding of events.

This chapter, therefore, now traces Jung's interests at the start of his career, looking at his first case history and his early clinical work in the light of these interests, and then sets these themes against Freud's early views on hysteria. This will involve locating the psychoid concept within the history of vitalism, since a neo-vitalist notion of 'a psychoid' had already been conceived by the biologist, Hans Driesch (1903), prior to the meeting of Freud and Jung.

The subsequent development of the psychoid concept will then be considered, with a review of the extent to which Jung's more mature ideas developed out of the vitalist tradition, and departed from those of Driesch.

Etymology

A consideration of the etymology of the word 'psychoid' locates its roots in the Greek word *psyche*, meaning spirit or soul, after the goddess Psyche, and breath or breath of life; and the Greek suffix *-oeide*, which is related to *eidōs*, meaning shape or form or what is seen. Interestingly, the Greek word *psycho*, meaning 'I breathe', is onomatopoeic, representing out-, followed by in-, breathing.

The Greek *psyche* can be traced through the Latin *psyche* to later derivations in numerous languages. The Greek *psyche* also carries the meaning 'mind', and *psyche* in the sense of mind may be opposed to the Late Latin (i.e. AD 180—600) *psychicus* having the meaning materialistic or carnal.

Hence, the expression 'psychoid' may express an attempt to convey something about the manifest shape or form of the spirit, soul or mind, animated by the breath of life. And yet, at the same time, the same root yields a derivation which is material and bodily.

Thus, such association points in both directions towards mind and body, and also betrays some uncertainty concerning their relation, and in adopting the expression 'psychoid', the vitalists and Jung picked up on this association.

As this chapter will show, they tried to encapsulate the body-mind relation in a single unified idea that was based not on psycho-physical parallelism but on a conceptual unity.

Driesch's concept of *Das Psychoid*

The term 'psychoid' was first employed in the field of vitalism to describe a particular teleological function of the human organism, having been coined by the neo-vitalist, Hans Driesch²¹, biologist and philosopher (1903). Driesch studied at the University of Freiburg under Weismann, and at the University of Jena under Haeckel, Hertwig and Stahl. He received his doctorate in 1889, and began a series of scientific studies thereafter, establishing a significant body of scientific experimentation and publication, before turning to philosophy. He lectured both in UK and Germany, and became President of the Society for Psychical Research in 1926.

Driesch was interested in the relationship between body and mind and was opposed to the notion of any deterministic connection between them, and to the mechanistic view that resulted from psycho-physical parallelism. According to Driesch, all living bodies have three primary characteristics, namely form, metabolism and the capacity for action.

In experiments conducted in 1892, he found that when an embryo of a sea urchin was at a very early stage, including only two or four cells (blastomeres), and all but one of those blastomeres were mutilated or destroyed, the single surviving blastomere still developed into a complete, though smaller than normal, whole. He concluded that the living organism aims at some sort of wholeness in terms of its form, and thus that the development of organisms is directed by a life force or unifying self-determining ordering principle.

Following a long line of philosophical thinkers from Aristotle onwards, he called this biological teleology 'vitalism', and he used the term 'entelechy' for the life force or

²¹ 1867-1941.

ordering principle governing the process (as described in *Die "Seele" als Elementarer Naturfaktor* (1903) and *Der Vitalismus als Geschichte und als Lehre* (1905)). He went on to show that entelechy might also be found to account for the inheritance of characteristics from one generation to another.

He then turned to the third characteristic of the living body, namely action, in the sense of movement in response to a stimulus. Movement, he said, involves a functional adaptation through experience, when a stimulus is repeated over time. A mechanical cause and effect cannot be deduced, since the correspondence between an individualised stimuli and an individualised effect occurs on the basis of reaction that has been created historically. An individual stimulus has a "prospective potency" of possible fates, only a single one of which actually results; some innate faculty responds to the stimulus by acting to produce a specific combination of muscular movements based on history. This innate faculty he called *Das Psychoid* (i.e. a 'psychoid'):

This seems to be just the right place in our discussion to give a *name* to the "acting something" which we have discovered not to be a machine. We might speak of "entelechy" ... but it appears better to distinguish also in terminology the natural agent which forms the body from the elemental agent which directs it. [...] I therefore propose the very neutral name of 'psychoid' for the elemental agent discovered in action. (Driesch, 1929, 221)

Accordingly, Driesch considered that the psychoid served to regulate action, and it did so by employing the faculties of the brain as a piano player uses a piano.

He went on to postulate that, on the basis of future research into the nature of instinct, the psychoid might also be found to underlie instinctual behaviour, observing that, "if the analysis of instincts should help us some day to a true proof of vitalism, instead of

offering only some indications towards it, it might also be said that a ‘psychoid’ is the basis of instinctive phenomena” (ibid., 221).

Driesch came to associate this innate faculty with unconscious ‘intra-psychical’, as opposed to physical, states involving memory and association, and set about investigating the “relations between *my* conscious phenomena and *my* material body” (ibid., 304). He concluded:

Seen from *a purely psychological side*²², entelechy, or at least that part of it which regulates action, i.e. our psychoid, is the same entity which is usually called *soul* or *mind*, being the ultimate foundation of the Ego, with all his experiences. (Ibid., 306)

Therefore, he defined his psychoid as an intra-psychic factor providing the unconscious ultimate foundation of the conscious ego and linking the conscious ego and the body-in-action. It is important to understand that overall Driesch saw his psychoid as neither body nor mind but as something occupying a third position in between and relating to both. This psychoid directs the brain in response to acts of volition from the ego to achieve individualised behaviour based on history, a process which he described as “I live my life” (ibid., 306). Further, this psychoid is teleological and purposive in the sense that it constitutes an ordering principle urging behaviour along paths of adaptation to the environment, based on intentionality of the ego and on historical experience.

Jung and vitalism

Returning to Jung, it is known from his very early work that he had a significant interest in vitalism. In *The Zofingia Lectures*, delivered as a student in the years 1896-1899, Jung rejected both “contemporary sceptical materialist opinion” (1896,

²² Researcher’s italics.

par. 63) and metaphysics. He sought a third position lying between them, which he found in vitalism, asserting that “a pre-existent vital principle is necessary to explain the world of organic phenomena” (ibid., 63). He described the vital principle as a life force, which:

[G]overns all bodily functions, including those of the brain, and hence also governs consciousness [...] The vital principle extends far beyond consciousness in that it also maintains the vegetative functions of the body which, as we know, are not under our conscious control. Our consciousness is dependent on the functions of the brain, but these are in turn dependant on the vital principle, and accordingly the vital principle represents a substance, whereas consciousness represents a contingent phenomenon. (Ibid., par. 96)

He linked the vital principle with the purposeful and organisational activity of the soul, in what he described as the new empirical psychology:

The new empirical psychology furnishes us with data ideally designed to expand our knowledge of organic life and to deepen our views of the world [...] Our body formed from matter, our soul gazing towards the heights, are joined in a single living organism. (Ibid. par. 142)

Accordingly, right from the outset and even as a student, Jung espoused in his psychology a purposeful, i.e. a teleological, approach directed towards goals of wholeness in the future, and in this he displayed the foundations of some of his much later ideas with their vitalistic basis.

This bias is also taken through into his early clinical work, as his first case study demonstrates.

Jung’s dissertation

Jung’s initial publication of clinical work was his dissertation on a case of somnambulism, defined as a hysterical illness often involving dissociation (1902).

The subject, designated Miss S. W., was in fact his cousin Helene Preiswerk although this was not at the time disclosed. She was a young girl who experienced states of 'double consciousness', in which she held séances attended by the young Jung. Jung describes at some length so-called occult phenomena occurring in these states, without at any stage offering a view as to the reality of such phenomena. Rather, he adopts a position of enquiry into their psychological meaning for Helene.

In her somnambulistic "attacks", Helene would display an unnatural pallor and enact the behaviour and dialogue of other personalities foreign to that of her normal waking state. Jung (1902, par. 11) quotes Krafft-Ebing (1879, 498) that hallucinations of all the senses are not uncommon in somnambulism. Helene would display various kinds of automatic behaviour, including unconscious motor phenomena and automatic writing, prior to returning gradually to her waking state by way of a cataleptic stage.

Some of these other personalities were frivolous and childish but one, named Ivenes and identified by Jung as the somnambulistic ego of Helene, was a more mature woman, assured and influential. Jung (*ibid.*, par. 116) considered that Helene, "anticipates her own future and embodies in Ivenes what she wishes to be in twenty years' time – the assured, influential, wise, gracious, pious lady".

The mechanism of this double consciousness, as described by Jung, bears comment. Although he refers to the secondary personalities as dissociations from the already existing personality, mentioning Freud's *Interpretation of Dreams* (1900), nevertheless he explicitly avoids adopting Freud's theories on the ground that he has no means of judging how far the emotion in question was "repressed" (*ibid.*, par. 97).

He also refers to the dream-states producing Helene's automatisms as hysterical, and links her periodic personality changes and splits in consciousness with hysteria, although again he avoids any idea of repression:

Our patient differs essentially from pathological dreamers in that it could never be proved that her reveries had previously been the object of her daily interests; her dreams come up explosively, suddenly bursting forth with amazing completeness from the darkness of the unconscious. [...] it seems probable that the roots of those dreams were originally feeling-toned ideas which only occupied her waking consciousness for a short time. We must suppose that hysterical forgetfulness plays a not inconsiderable role in the origin of such dreams: many ideas which, in themselves, would be worth preserving in consciousness, sink below the threshold, associated trains of thought get lost and, thanks to psychic dissociation, go on working in the unconscious. (Ibid., par. 119)

For Jung, then, repression is not a factor, but rather a “forgetfulness” in which *worthwhile*²³ content sinks below the threshold of consciousness.

This paves the way for a view contrary to the theory of hysteria based on repression favoured by Freud, a view according to which Helene's somnambulism has a teleological function:

It is, therefore, conceivable that the phenomena of double consciousness are simply new character formations, or attempts of the future personality to break through. [...] In view of the difficulties that oppose the future character, the somnambulisms sometimes have an eminently teleological significance, in that they give the individual, who would otherwise succumb, the means of victory. (Ibid., par. 136)

In this very early piece of work, Jung achieves a remarkable synthesis, which is more in line with his earlier expressed interest in vitalism than with his acknowledgement of Freud.

²³ Researcher's italics.

Firstly, he offers a mechanism for explaining dissociation, in which body and mind co-operate to produce split off somnambulisms that are activated by unconscious motor phenomena and hallucinations, and that incorporate forgotten worthwhile content; and secondly he emphasises clearly both the psychological meaning of Helene's experiences and their teleological function in giving intimations of future possibilities and their form, as in the case of the personality of Ivenes.

A case of hysteria

During the next few years, Jung began to adopt some of Freud's ideas more overtly, most notably in his treatment of Sabina Spielrein, in which he employed Freud's method of working over childhood memories and associative material.

Sabina was admitted to the Burghölzli Clinic in 1904, when Eugen Bleuler was Director and Jung had sole medical responsibility for patients. Although, in 1896, Bleuler had described Freud's *Studies on Hysteria* as "one of the most important publications of the last few years in the field of normal and pathological psychology", the hospital records give no indication of any clinical application yet of Freud's ideas (Minder, 1994, 111). Sabina was diagnosed with hysteria, and she was effectively the Burghölzli's first case to be treated using Freud's analytic method.

She suffered from compulsions, tics, and other somatic symptoms, and according to notes taken by Jung, she reported feeling as if someone were pressing upon her, and as if something were crawling around in her bed. In her treatment with Jung, she confessed to a father complex, in which her father had beaten and humiliated her as a child. Jung wrote that he applied Freud's method with considerable success and her symptoms cleared up (ibid., 121).

However, while Jung acknowledged the efficacy of Freud's method, it is not so evident that he agreed with Freud's theory. Minder (*ibid.*, 129) thinks that Jung was referring to Sabina in his paper *Cryptomnesia* (1905), in which Jung describes hysteria in terms of his own theories, according to which hysterical dissociation is brought about by a feeling-toned memory complex. The following year, in their early correspondence during October to December of 1906, Jung expressed directly to Freud doubts concerning various aspects of Freud's theory of hysteria and its genesis, writing that his scientific premises were utterly different from those of Freud (McGuire, 1991, 51). Papadopoulos (2006) sees in this statement a reference to significant epistemological differences from the outset.

In a lecture in Amsterdam in 1907 shortly after his meeting with Freud, Jung (1908, pars. 51-2) again referred to his work with Sabina, presented as a case of psychotic hysteria, describing her symptoms very much in the Freudian terms of infantile sexuality, repression, and the consequent appearance of physical symptoms. Nevertheless, in the same lecture, Jung also criticises Freud's views, based on his own theory of complexes derived from his Word Association Experiments (*ibid.*, par. 42), and he gives a very wide interpretation to Freud's understandings of 'sexuality' and 'libido', describing them respectively as "the instinct for the preservation of the species" and "any inordinate passion or desire" (*ibid.*, par. 49). Therefore, it is quite possible that Jung tended to see the aetiology of hysteria more in terms of his own ideas concerning complexes and *their* links with dissociation and physical symptoms, rather than in terms of the mechanism described by Freud.

All of this suggests that Jung had definite reservations about Freud's ideas, and a clear view of his own scientific base, even at the stage of their first meeting.

Freud and Jung and their meeting

In the light of this background, Jung's suggestion to Freud to call the unconscious 'psychoid' would seem to be no mere chance remark but one to carry within it a whole raft of already formulated ideas concerning the unconscious, in spite of the fact that the remark was tossed lightly aside by Freud with the comment that Jung was simply "trying to sweeten the apple" (McGuire, 1991, 58). Given his already demonstrated interest in vitalism and his approach in his dissertation to the psychological experiences of his cousin Helene, Jung would almost certainly have contemplated an idea of the unconscious more in line with the vitalism of Hans Driesch than with the views of Freud, i.e. one that was teleological and aligned towards potential future forms, one having an organising function, and one whose drives were not solely sexual in origin. The contents of such an unconscious could then be seen as worthwhile and forgotten, as opposed to unwanted and repressed, and the dissociation and somatic symptoms of hysteria could be explained in terms of Jung's theory of complexes and the somatic thinking of Driesch.

Even at this early stage, therefore, it appears that Jung was contemplating a view of the unconscious that embraced something like the psychoid of Driesch to account both for the body-mind connection and for the teleological function that he attributed to Helene and her somnambulisms.

That this view is in fact probable may be demonstrated also by the references made by Jung to vitalistic ideas and works on vitalism in his later writings on his theory of libido, including *Symbols of Transformation* (1912), which proposed an idea of libido

in non-sexual energetic terms, and his essay *On Psychic Energy* (1928)²⁴, which sets out to explain the rationale for his ideas on libido.

Marilyn Nagy (1991, 128) draws attention to references to vitalistic ideas in *Symbols of Transformation*, commenting: “I am certain that what was really at stake between the two men in their struggle over the nature of psychic libido was the ancient mind-body problem as it surfaces in the biological sphere”.

Actually, it is evident that the differences ran even deeper than this and were of an epistemological nature, since Freud, as stated above, espoused a biological-mechanical model in his initial work on hysteria and in the *Project* and located the origins of pathology in childhood sexuality, whereas Jung from the outset held to a vitalistic teleological approach, which continued to influence his thinking in one form or another throughout his life.

It is then no surprise that subsequent events led to a parting of the ways, as both Freud and Jung continued to develop their ideas along the lines already foreshadowed in their divergent initial epistemological approaches. In Jung’s case, this meant that the influence of vitalism continued in the future evolution of his views concerning a psychoid unconscious, whilst Freud (1923, 15; 1925, 32) continued to dismiss such concept as being philosophical and representing something unknown.

Bleuler’s concept of *Die Psychoide*

The next step in the background to Jung’s mature ideas on a psychoid unconscious, derived from the field of vitalism, is provided by Eugen Bleuler²⁵, professor of psychiatry at the University of Zurich, and director of the Burghölzli Asylum in the

²⁴ Partly written in 1912, although only published in 1928.

²⁵ 1857-1939.

period 1898-1927. Jung was Bleuler's assistant from 1900-1909, and it is known, for example from Ernst Falzeder (2007), that the Burghölzli community was close knit and that ideas were freely discussed and exchanged. It is likely, therefore, that Bleuler was well acquainted with Jung's interest in vitalism, and he was certainly aware of Driesch, as his writings attest, although he dismissed Driesch's view of the psychoid on the ground that the underlying theory could be attributed to philosophy rather than science.

It was only considerably after Jung had left the Burghölzli that Bleuler (1925) published a concept of the psychoid in *Die Psychoide als Prinzip der Organischen Entwicklung*. In distinction from Driesch's concept "Das Psychoid", having the neuter gender, Bleuler called his the feminine "Die Psychoide". In a review in the *International Journal of Psychoanalysis*, Reich (1927) suggests that Bleuler does not satisfactorily distinguish his psychoid from that of Driesch, but the present discussion indicates that this shows an insufficient understanding of the two views.

By contrast with Driesch, Bleuler (1930, 35) described his psychoid in terms of a psycho-physical parallelism, in that he argued that "both physiology and the psyche act on similar principles" for motives that seek to achieve some final future orientation. In the case of the organism, the *instincts* are so ordered that life is maintained; and in the case of the psyche, *intelligence* acts as a guide to the same end. In both, adaptation occurs in response to experience and introduces new orientations accordingly. This approach suggests the idea of a psyche-soma split, whereas Driesch disputes such parallelism by proposing a third position for his psychoid between the two.

For example, in the case of the body, according to Bleuler:

[T]he organism adapts itself a thousandfold to unusual needs, heat, cold, increased or diminished use of certain bodily organs, change of food etc. [...] It is as if the organism were 'learning' to select the conditions most favourable to it. In any case, we are in the presence here of a function similar to human memory, which creates new connections. (Ibid., 36)

In another example, a new born baby cries by reflex and finds that mother comes, which gradually leads first to an idea that mother comes in response to crying, which the baby likes, and then to the building of memory and psyche. The new-born has no ability to reflect, but his cry causes a reaction in that mother comes. This produces a change in his psyche so that an association is formed, and thereafter crying occurs on the mere inclination to have mother near.

In both cases, an influence causes a reaction and a permanent structural change, which shapes future reactions in a favourable direction. Since these are not conscious, Bleuler (ibid., 38) eschewed the expression 'memory' in favour of 'mneme' for the link between influence and reaction, and he allocated the expression 'engramme' for the permanent change, borrowing his terminology from the psychologist Richard Semon. Thus, the mneme yields an adaptation, a 'learning' of a purposeful action as if it already had a potential outcome in view, and the experiences are preserved in the form of engrammes that are later revived in the shape of actions, and in associations that determine the paths of our thought processes. In the body, this yields physical actions in response to nervous stimuli, and regeneration occurs following injury. In the brain, for example in the process of writing, it produces a perception of pen and paper, as well as engrammes of the writing movement and a conception of the ideas to be written that direct the writing action.

Thus, exactly the same elementary processes occur in the bodily functions as in the memory of the psyche. Both learn by experience and both comprise an integration of functions:

The psyche – apart from its experience content – consists of a number of instincts [...] bound up as a unit [...] Bodily functions, too, are integrated to a high degree, not only the nervous ones but all the others; all vegetative functions, digestion, circulation etc., are dependent on one another [...] Hence, we have good grounds for bringing the bodily functions under one conception. This summary, the body soul, I have called the psychoid.

As we ascertain in the psychoid, with the exception of consciousness, all the elementary functions that we find in the psyche, and in the latter all that are in the former, we cannot do otherwise than regard the psyche as a specialisation of the psychoid. (Ibid., 43)

Accordingly, the stage moves from the psychoid to the psyche at the point that consciousness sets in. Bleuler defines the psychoid as the capacity to respond and adapt in the face of stimuli thereby creating permanent changes in the brain that shape future reactions. Out of this, he goes on to elaborate the functions of the psychoid in the development or evolution of the species.

For Bleuler, therefore, the psychoid is initially a bodily function that extends into the area of psychological growth, arising out of behaviour based on “what is favourable” and generating permanent changes in the body and in the brain through the experience. This leads Bleuler ultimately to see the psychoid as a causal agent of psychic development, as in the case of the infant who develops a pattern of behaviour as it learns that mother responds to its crying, and in this sense Bleuler’s psychoid also has a teleological character.

Bleuler, by opposing psyche and soma, is forced to locate his psychoid in one or the other, and does so by placing it in the body rather than in the psyche, in distinction from Driesch’s unifying psychoid having a third position. Nevertheless, Bleuler

offers an elaboration not provided by Driesch, according to which his bodily psychoid is oriented towards psychic development based on a selection of that which has a favourable outcome. Thus, he supplies a mechanism of a causal nature by which psyche develops out of soma, which may be contrasted with the very deeply unconscious and life enhancing process envisaged by Driesch. We may therefore see the psychoid of Bleuler particularly as a developmental agent, which fosters the development of mind out of the matrix of the body.

Jung's concept of 'the psychoid'

This then is the background to the adoption by Jung of the same expression 'psychoid' to describe a particular aspect of the unconscious in his paper *On the Nature of the Psyche* (1947/1954).

In the period between offering the name to Freud in 1907 and this time, Jung had been developing his own ideas concerning the structure and development of the psyche, in which he regarded instincts as a key factor. In his paper *Instinct and the Unconscious* (1919), he described instincts and archetypes as correlates of one another in the spheres of action and perception, the one regulating our conscious actions and the other determining our mode of apprehension:

Just as instincts compel man to a conduct of life, which is specifically human, so the archetypes or categories *a priori* coerce his intuition and apperception to forms specifically human. I propose to designate the sum of such inherited psychic qualities as instincts and archetypes of apprehension by the words the 'collective unconscious'. (Ibid., 19)

A few years later, he arrived at a different view, according to which the archetypes are the forms which the instincts assume (Jung 1927/1931, par. 339). By 1936, he was writing that the instincts are the chief motivating forces of psychic events:

I regard the *compulsiveness* of instinct as an ectopsychic factor. None the less, it is psychologically important because it leads to the formation of structures or patterns which may be regarded as determinants of human behaviour. Under these circumstances the immediate determining factor is [...] the structure resulting from the interaction of instinct and the psychic situation of the moment. (1936, par. 234)

He called this process ‘psychization’.

This development in Jung’s thinking is relevant to his views on the nature of psychoid processes, because of the way in which Jung links such processes with instincts and the archetypes. Acknowledging both Driesch and Bleuler, Jung dismisses Driesch’s view of the psychoid as a “directing principle” on the ground that this approach is essentially philosophical, and observes that his own use of the term serves to delineate roughly the same group of phenomena that Bleuler had in mind, namely those subcortical processes concerned with biological adaptive functions (ibid., par. 368).

Jung defined his own use of the term ‘psychoid’ thus:

[F]irstly, I use it as an adjective, not as a noun; secondly, no psychic quality in the proper sense of the word is implied, but only a ‘quasi-psychic one such as reflex-processes possess; and [...] it is meant to distinguish a category of events from merely vitalistic phenomena on the one hand and from specifically psychic processes on the other. (Ibid., par. 368)

Based on the enquiry, “(H)ow do we define the psychic as distinct from the physiological?” (ibid., par. 376), he came up with precisely the view that the contents of the unconscious psyche contain undoubted links with the instinctual sphere, which may be thought of as physiological, the lower reaches of the psyche beginning where the psyche emancipates itself from the compulsive force of the instinct. The psyche then extends along a continuum from instinct in its lower reaches in the organic-material substrate to spirit in its upper reaches, and:

Where instinct predominates psychoid processes set in which pertain to the unconscious as elements incapable of consciousness. The psychoid process is not the unconscious as such, for this has far greater extension. Apart from psychoid processes, there are in the unconscious ideas, volitional acts, hence something akin to conscious processes; but in the instinctual sphere these phenomena retire so far into the background that the term ‘psychoid’ is probably justified. (Ibid., par. 380)

Having thus linked instinct with psychoid processes, he goes on to link instinct with his theory of archetypes, as follows:

Instinct and the archaic [primitive] mode [of functioning] meet in the biological conception of the “pattern of behaviour” [... E]very instinct bears in itself the pattern of its situation. Always, it fulfils an image, and the image has fixed qualities. The instinct of the leaf-cutting ant fulfils the image of ant, tree, leaf, cutting, transport, and the little ant-garden of fungi. If any one of these conditions is lacking, the instinct does not function, because it cannot exist without its total pattern, without its image. Such an image is an *a priori* type. It is inborn in the ant prior to any activity, for there can be no activity at all unless an instinct of corresponding pattern initiates and makes it possible. This schema holds true also of man. (Ibid., par. 398)

He considered that this instinctual (i.e. primordial) image²⁶ represented the meaning of the instinct, and concluded that such patterns of behaviour constitute unconscious conditions acting as regulators and stimulators of the instinctual sphere. The resulting unconscious processes give rise to spontaneous manifestations in the form of new positions, and later dreams and other fantasy-material of a consciously perceptible nature, in which can be seen certain well-defined themes and formal elements. As consciousness sets in, the archetypal image, seen as an extension of the instinctual image in the psychic arena, takes over. The unconscious processes thus act also as regulators and stimulators of creative fantasy-activity, which avails itself of the existing conscious material, so that the instinctual image, and then the archetypal image, stimulates mental activity generally. Consciousness, Jung wrote, is not only a

²⁶ His use of the word ‘*image*’ is confusing in this paper, since he employs it on the one hand to refer to a complete set of criteria composing the primordial or instinctual image, and on the other to refer to the more usual context of a visual representation.

transformation of the original instinctual image but also its transformer (ibid., par. 399). In this respect, it is here argued that Jung is describing and elaborating an emergent factor that arises whenever the instinctual image is fulfilled and that yields a new and synergistic result.

He goes on to say:

The archetypal representations (images and ideas) mediated to us by the unconscious should not be confused with the archetype as such. They are very varied structures which all point back to one essentially “irrepresentable” form. The latter is characterised by certain formal elements and by certain fundamental meanings, although these can be grasped only approximately. The archetype as such is a psychoid factor [...] It does not appear to be capable of reaching consciousness. (Ibid., par. 417)

By designating the archetype as such as a psychoid factor, Jung is suggesting that all archetypes possess this psychoid aspect, i.e. they are all underpinned by psychoid processes immanent in the structure of the organism, that may be conceived as emergent functions. This is the first time that he has specifically related archetypes to psychoid processes, and it results in an extension of his previous understanding of the archetypes, as generators of visual images and ideas, to embrace a new view, where their effect may be to generate phenomena *other than* visual images and ideas, which phenomena manifest psychically although being nearer in character to the physiology of the organism:

In my previous writings, I have always treated the archetypal phenomena as psychic, because the material to be expounded or investigated was solely concerned with images or ideas. The psychoid nature of the archetype as put forward here does not contradict these earlier formulations; it only means a further degree of conceptual differentiation [...] Just as the ‘psychic infra-red’, the biological instinctual psyche, gradually passes over into the physiology of the organism and thus merges with its chemical and physical conditions, so the ‘psychic ultra-violet’, the archetype, describes a field which exhibits none of the peculiarities of the physiological and yet, in the last

analysis, can no longer be regarded as psychic, although it manifests itself psychically. (Ibid., pars. 419-20)

Consequently, for Jung, the psychoid nature of the archetype is a way of linking psyche and soma through a continuum extending from an instinctual or “psychic infra-red” pole to a spiritual or “psychic ultra-violet” pole. We can see that, for him, body and mind do not stand in a parallel relation but are two different aspects of one and the same thing, represented in his notion of the psychoid unconscious.

In Jung’s model, psychoid processes underlying the archetypes are immanent at an instinctual level in the matrix of the organism and are so deeply lodged that they are incapable of being made conscious. Such processes through their links with the instincts give rise to activity within the psyche that produces emergent forms of an archetypal nature, which contribute to the development of consciousness and of structure within the psyche, both transforming the existing structure and then being transformed by the new structure.

Discussion

Interestingly, both Bleuler and Jung dismissed Driesch on the grounds that he was a philosopher and that his ideas were based merely on philosophy, in spite of the fact that, of the three of them, Driesch was the one with the strongest record of scientific experimentation, publication and scientific claim.

In viewing the evolution of the psychoid concept through its various incarnations in the hands of the three men, they adopted different positions in regard to the nature of the linking mechanism between body and mind, with Driesch and Jung both arguing that body and mind are different aspects of the same thing, and Bleuler taking a view based more on a psycho-physical parallelism. A common theme in each case,

however, was a notion of the psychoid concept as a teleological factor, and here each of them developed the ideas of their predecessor further towards an hypothesis of a specific methodology by which such teleology might be expressed.

Driesch postulated a unifying psychoid situated between psyche and soma, such psychoid directing and organising behaviour, in the sense of the body-in-action, towards goals of wholeness lying in the future. His psychoid was to be seen as a directing principle in a living body. Bleuler's advance over Driesch was to elucidate a view of the psychoid as an unconscious, adaptive bodily process by which psychic learning takes place in response to physical stimuli, as in the case of the infant who develops a pattern of behaviour as it learns that mother responds to its crying. Haule (2011, 75) considers that Jung wanted to locate his psychoid somewhere between Driesch and Bleuler.

However, it is argued here that Jung developed his description of psychoid processes a long way beyond the ideas of both Driesch and Bleuler. Nonetheless, the fact that he chose to adopt the same terminology suggests that he still wished to retain a vitalistic base for his ideas, in spite of the fact that he eschewed the entirely vitalistic notion of Driesch, saying that his definition of psychoid processes is not intended to embrace merely vitalistic phenomena within its scope.

The key aspect of Jung's advance lies with his linking of psychoid processes with his theory of archetypes. This enabled him to draw connections with the function of instincts, and with his notion of the instinctual image with its many components combining together into one single outcome. This connection is a very interesting one, whose full implications may be far reaching. As Jung observes, *all* of the elements must be present before *any* outcome arises, but at the moment when they all

come together something entirely new emerges. In his example, the instinctual image of the leaf-cutting ant, all of the ant, tree etc., must coincide to produce the leaf-cutting behaviour natural to the ant. No previous experience of leaf-cutting behaviour is required for the ant to know what to do, and no learning takes place; rather the instinct is complete in its specificity from the very first occurrence. The instinctual image is therefore complex and multi-valent. It is also purposeful, teleological, and directed towards the survival of the organism in bringing about the next developmental stage. In this manner, we can see that each succeeding stage supervenes on the previous one, neither being caused by, nor reducible to, the factors in the previous stage.

A pattern of elements, in their multiplicity, coincide and an entirely new and more complex position emerges, in which all the elements are combined not simply as an independent collection or collocation but as an interacting whole, in which the interaction is not predictable from the individual parts.

Furthermore, the instinctual image with its pattern of elements is immanent as a potential in the basic structure of the organism. It exists as potential inherent within the organism, but it can only be brought to fruition when external circumstances arise to fulfil the instinctual image. The internal potential must be met by the external circumstances for the next stage to emerge. Hogenson (2001, 600), noting that Jung made reference to both Baldwin and C. Lloyd Morgan and their ideas on evolution, observes that “the archetypal is always embedded in a context”, which is equally as important as any structure. Such context constitutes “instances of actually occurring entities that place adaptive demands on the organism”, and thus the archetypes may be seen as emergent properties of a dynamic developmental system involving organism and environment (*ibid.*, 607).

As Jung says, what holds true for the instinctual image of the ant is a schema that also holds true for man. And indeed it can be seen in the new-born infant who, when laid on her mother's breast, has been found to seek out the nipple and start to feed. Here, infant, mouth, tongue, mother, breast, nipple come together, and in this moment the infant instinctively suckles and milk starts to flow.

However, Jung does not stop at the behavioural level of instinct. He goes on to apply this schema to the development of consciousness, linking such development with the dynamism of instinct and the instinctual image at one end of the spectrum and with the aspiration of spirit and the archetypal image at the other, the archetypal image being described by Jung as "the dominants that emerge into consciousness as universal ideas" (*ibid.*, par. 423). Hence, it is to be noted that he discriminates archetypal images from instinctual images.

This suggests that he is depicting a mechanism by which consciousness not only emerges from the matrix of the body under the pressure of the dynamism of instinct, in co-operation with the elements of the instinctual image, but also how consciousness may become increasingly sophisticated by developing to ever further levels by the same kind of process. It also suggests that this process in its early stages requires a duality, in which the instinctual image as potential meets the elements of the instinctual image as objects, for new forms to arise, and points to the significance of relationship in the development of the psyche, the "other" being required to fulfil aspects of the instinctual image in the early stages of physiological development and of consciousness.

The process of emergence of new forms of instinctual image will thus gradually give rise to consciousness, to internal representations of the 'other', to fantasy-material

concerning self and other perceptible to and interacting with consciousness, and eventually to forms of archetypal image. In advanced stages, internal representations of the other, including fantasy material, provide elements of the archetypal image, and the process of emergence will be at least in part an intrapsychic one. This fits with Jung's comments that consciousness is not only a transformation of the original instinctual image but also its transformer.

Conclusion

Based on the above, this thesis argues that Jung is giving us a model of psychoid processes in terms of the primordial or instinctual image, which he describes as a pattern of behaviour in relation to the leaf-cutting ant. When a particular set of conditions is fulfilled, then these processes are initiated and the instinctual sphere is stimulated to activity. However, such set of conditions can only be fulfilled in the human sphere in relationship, at which point psychoid processes respond and lead first to connection, communication, and in time to the development of psychic structure. Accordingly, Jung's psychoid processes link the physiological and instinctual spheres with the growth of the psyche, and lead to the emergence of ever new and more complex psycho-physical and psychic structures.

To return now to the point where this chapter started, with Freud's letter of 7 April 1907 to Jung, and the suggestion put forward by Jung in their meeting that the unconscious could be called 'psychoid', it now seems evident that even at this early stage Jung had in mind some idea of an unconscious more aligned with the biological thinking of Driesch than with the views of Freud. Further, it appears that, even in their meeting, the groundwork had already been laid in the mind of Jung for an idea of the unconscious based on a teleological outlook directed towards the possibility,

and even character, of future potential. Such a view implies that the two men had wholly different epistemological approaches from the outset. Certainly, this was borne out in the unfolding of events between Freud and Jung. Importantly, however, it also feeds in to the way in which Jung's more mature ideas took shape and asserted themselves, as discussed in the next chapter.

Thus, the next chapter continues the exploration of Jung's ideas on his psychoid concept, by pursuing another strand in his early thinking, based on his researches into the vision-making process, including his self-investigation in his *Red Book* work, and his consequent theoretical conceptualisations, and by reviewing certain researches amongst the post-Jungians.

Chapter 5

The psychoid in research contexts

Introduction

The previous chapter traced the historical evolution of the psychoid concept within the field of vitalism via a lineage commencing with the biological and experimental ideas of Driesch, through the developmental ideas of Bleuler, to the archetypal base of Jung, in each case developing further refinements on the issue of the body-mind relation. Vitalism afforded Jung a matrix of thinking allowing him to develop new ways of seeing a purposive unfolding of the psyche-soma throughout the life cycle, and provided a foundation on which he grounded his notions of a psychoid factor underlying the archetype as such.

It was argued in the previous chapter that the archetype as such could be seen as a potential in the psychoid unconscious for organising and shaping elements of an instinctual or imaginal character to engender new and more complex emergent positions, depicted as the instinctual image and the archetypal image, respectively. Due to the psychoid nature of the archetype, these images may emerge into consciousness anywhere along the psyche-soma continuum between instinct and spirit in embodied form.

The previous chapter thus yields up certain approaches to understanding, and certain kinds of vocabulary for describing, the relationship of body and mind, thereby providing an initial definition of the psychoid concept located in an historical ground.

Starting from this base, the present chapter moves towards the clinical arena, in a review of an aspect of the psychoid concept relating to states where body and mind, and self and other, are not distinguished. There are several related but discernible strands to this:

- (i) A dynamic of undifferentiation and differentiation, which has a bearing on regression and progression in the consulting room, in the particular sense of regression to states of unification of body and mind, and self and other, and progression to states of increasing distinction of mind from body, and self from other.
- (ii) A particular form of transference in which analyst and patient are mutually immersed in an undifferentiated unconscious field, commonly known as participation mystique.

The present chapter explores these two strands, in order to tie them both together in a conceptual frame founded on the matrix of biological thinking established in the previous chapter.

Firstly, the psychoid concept will be set within the context of Jung's experimental studies, including his early conceptualisations foreshadowing the psychoid concept, advancing from his scientific study of word association, generating knowledge of autonomous processes in the personal unconscious, to self-investigation of the human vision-making function, yielding understandings of archetypal processes in the collective unconscious. Secondly, accounts of two post-Jungian research studies into the transference, respectively by the Berlin Group (Dieckmann, 1971, 1976, 1980) and by Samuels (1985), will be presented. Such research extends the early work of

Jung, relating primarily to the first strand, specifically into the arena of the transference, relating to the second.

Jung's studies

1. Early work

Enrolling at Basel University in the spring of 1895, Jung decided to specialise in medicine, and therefore his early direction was very much concerned with the medical model of his day, by which a Cartesian duality presided over body and mind, and symptoms were to be treated as organic. In 1898, whilst preparing for his final examinations, he opened Kraft-Ebbing's textbook on psychiatry and became taken by his description of psychiatry as a subject in an incomplete state of development embracing diseases of the personality (Kraft-Ebbing, 1904, iii). Concluding that he had found "the empirical field common to biological and spiritual facts", including hysteria and dementia praecox, Jung embarked on his psychiatric career at the Burghölzli Clinic (1963, 129-30).

Next, as part of the pioneering research taking place at the Burghölzli Clinic at the beginning of the twentieth century under the aegis of Eugen Bleuler, Jung (1904-1907, 1910) produced his major scientific study on the Word Association Tests (WATs) applied both to normal subjects and to subjects displaying hysteria and other psychopathological conditions, such as dementia praecox. The experimental procedure involved recording the reactions of individual subjects to a series of stimulus words, including the subject's spontaneous word association and their reaction time. The recorded observations were classified in a variety of different ways, according to logical-linguistic criteria and temporal delay, and the resultant categories were scrutinised to ascertain patterns and discover empirical laws. Jung

discovered that characteristic disturbances of association arise in connection with emotionally charged personal events, in that clusters of associative feeling-toned ideas constellate in the personal unconscious around these events and produce delayed reaction times in the subjects undergoing the test (1905/1906, par. 637). He adopted the term 'complex' for such constellation of feeling-toned ideas (Jung & Riklin, 1904/1906, par. 167).

An extension of the original research into the psycho-physical domain involved additionally measuring the skin resistance of the subject in reaction to the stimulus words, employing a galvanometer whose electrodes were placed on the palms of the hand or the soles of the feet. The results demonstrated that the same feeling-toned ideas that generated delayed reaction times also produced physical effects associated with the sympathetic nervous system (accumulation of sweat and reduction in skin resistance yielding increased current flow) (Jung, 1907/1908, pars. 1046/9). In an example of word association in a normal subject, the stimulus word *stupid* produced the association *am I* and a peak in galvanometer reading, and Jung wrote, "the subject had a clear egocentric complex" (*ibid.*, 1104). Accordingly, emotion and physical reaction were seen to be intimately combined in relation to complexes.

A further application was in a study of families, in which Jung and Furst administered the WAT to all members of twenty-four families (Jung, 1909). The findings showed remarkable similarities in patterns of response amongst certain sub-groupings within the families. As Papadopoulos notes, "in effect, this research indicated that within families there must be certain formations that are organising structures which are collectively shared" (1996, 130).

These studies carried out under Jung's direction in the period from 1902 to 1910 are described in numerous papers, published in Volume Two of *The Collected Works* and elsewhere, and they provide scientific evidence for: Jung's theory of complexes; the fact that activation of unconscious complexes affects individuals *concurrently* both on a psychic level and on a physiological level; and, the hypothesis that structural affinities exist within complex responses in certain categories of people.

Jung's psychiatric career at the Burghölzli Clinic also involved the clinical treatment of cases of hysteria, where blocked or repressed affect occasioned by emotional trauma was converted into symptomatology involving a wide variety of physical characteristics and sensory phenomena, and in which he employed Freud's method, as discussed in the previous chapter.

Hence, from the outset of his working career, Jung was addressing the relationship of psyche and soma, in which physiological facts and psychic facts are combined. Whilst his psychiatric work and his collaboration with Freud form one backdrop to his early ideas concerning the relations between body and mind, there is another background element, namely his personal experiment into the process of vision-making, commencing in the lead-up to WWI. Shamdasani describes this study as hermeneutic science, by contrast with the traditional view of science as applied in the WATs (Jung, 2009b, 32). Through this investigation, published as *The Red Book* (2009a, 2009b), Jung's understandings of the relation between psyche and soma entered a new phase, with his discovery of the technique of active imagination. Furthermore, his focus shifted from the personal unconscious to the collective unconscious²⁷.

²⁷ Defined here as a universal psyche inhabited by primordial images, as stated on page 122 below.

His self-investigation and his early theoretical conceptualisations proceeded in tandem, the one providing the platform for the other. Accordingly, the self-investigation will be described first, and the theoretical deductions elucidated afterwards²⁸.

2. *The Red Book*

Within Jung's oeuvre, *The Red Book* is successor to *Symbols of Transformation* (1912), where he contrasted two forms of thinking, directed rational attention and undirected fantasy attention. His researches for *Symbols* brought him to an awareness of symbolic thinking, when he realised that he had been projecting his own process onto Flournoy's description of the visions of his patient, and hence "analysing [his] own fantasy function" (2012, 29). As Shamdasani notes, this was the start of the work of *The Red Book* (Hillman & Shamdasani, 2013, 39-40).

A few years later, in response to intense psychic pressure, Jung began to assess his entire life, and thus commenced his own self-investigation. Observing that the games of his childhood still had an emotional charge, he set about a form of play, constructing model buildings, a church and a village (Jung, 1963, 198). It is to be noted that introspection and self-investigation were respectable methods in psychology at the time (Casement, 2010, 39). Further, Jung (2009b, 21) was aware of earlier examples of self-experimentation from Herbert Silberer's investigation of hypnagogic states in 1909 and Ludwig Staudenmaier's experimentation with self-induced hallucinations in 1912.

²⁸ His vocabulary evolved as his ideas matured, and the original or early term will be supplemented by the more well-known, later term, which thereafter will be employed exclusively.

In the autumn of 1913, there arose two dreams of a terrible sea of blood, and a flood of unconscious fantasy was unleashed (ibid., 199). From December 1913, he began his ‘most difficult experiment’ of *actively*²⁹ engaging with the unconscious, by plunging himself into his fantasies, deliberately soliciting, and entering into dialogue with, them (2009b, 22/4). He recorded the visions occurring in the short few months from October/November 1913 to February 1914, seeing those entries as the records of an experiment, in which the scientific question was “to see what happened when he switched off consciousness” (ibid., 24). Thereafter, he commenced a series of retrospective reflections, elaborating the original material in a lived method of metaphorical evocation, including mythopoeic writing, calligraphy and painting, which he later termed active imagination (Hillman & Shamdasani, 2013, 9/14). The extent and thoroughness of these reflections is not to be underestimated, since it involved repeated re-working over many years.

Jung employed no conceptual terminology in his retrospective reflection, preferring instead to stay with experience-near language evoking the power of the emotional undertaking, although elsewhere he was already using terms such as ‘complex’ and ‘collective unconscious’ (1916a, 377, 432). Jung regarded this period as absolutely crucial in his later conceptualisations:

The years of which I have spoken to you, when I pursued the inner images, were the most important of my life. Everything else is to be derived from this. [...] Everything later was merely the outer classification, the scientific elaboration, and the integration into life. (Shamdasani, 2012, 366)

Although, in 1930, he moved on to alchemy, Jung continued his retrospective reflection in further orders of re-working for the remainder of his life, in himself personally embodying the lessons that he had learnt, in his analytic work, and in

²⁹ Researcher’s italics.

translating the original experience conceptually into a scientific psychology, including his psychoid concept, as discussed below. His concept of active imagination is important in understanding his psychoid concept.

3. Active imagination

The Red Book presents Jung's active imagination as: an interweaving of different voices from different aspects of his personality; different texts generated at different times; and different narrative forms. The process was profoundly multi-layer. Visions recorded directly in his Black Books are supplemented by poetic elaborations from a year and more later, re-worked repeatedly in the various drafts of *Liber Primus* and *Liber Secundus* existing amongst the extant manuscripts for *The Red Book* (2009b, 105). Jung also made a calligraphic transcription, and added his own paintings.

In the published work, the original material from the Black Books is presented as Layer 1. Various key figures appear in this material, amongst them Siegfried, the hero; Elijah and Salome, the old man and the maiden; the Red One, the devil; Izdubar, the warrior with bull-horns; the magician; and the prophetic figure, Philemon. According to Hannah (1997, 117), the figure of Philemon was the most important in all of Jung's exploration. The later re-working, involving interrogation of the personified figures of Layer 1, and a dis-identification with their various voices through the reflective dimension of mythopoeic narrative and depiction in plastic form, is presented as Layer 2 (Hillman & Shamdasani, 2013, 19-20). Especially, there was a need to distinguish himself from the prophetic voice of Philemon, and it is through this differentiation that he came to understand that it was not he who created his own visions but that the figures had an independent existence and

represented an objective reality of his psyche (ibid., 122). Layers 1 and 2 together may respectively be conceived as: the practice of the image; and the metaphorical way (ibid., 42-3).

By 1916, Jung (1916/1957) was already beginning to conceptualise the process of active imagination in his essay *The Transcendent Function*. He was not as yet employing the expression, but in a prefatory note, added in 1959, he refers to the essay as a description of the method of active imagination. In this essay, he discusses his “constructive or synthetic method of treatment” for assisting the patient to gain insight into the meaning of their disturbance, by seeking a union of conscious and unconscious contents in a new position transcending and integrating the content of both (ibid., par. 145). He proposed starting from the emotional state of the patient:

The emotional disturbance can also be dealt with [...] by giving it visible shape. Patients who possess some talent for drawing or painting can give expression to their mood by means of a picture. It is not important for the picture to be technically or aesthetically satisfying, but merely for the fantasy to have free play [...] There are others again [...] whose hands have the knack of giving expression to the contents of the unconscious. Such people can profitably work with plastic materials. Those who are able to express the unconscious by means of bodily movements are rather rare. (Ibid., par. 168)

This quote foreshadows a later account in *On the Nature of the Psyche*, in which Jung attributes a role to psychoid processes in meaning-making through the embodied elaboration of unconscious imagery, the practice that he himself developed in *The Red Book* work:

And so it is with the hand that guides the crayon or the brush, the foot that executes the dance-step, with the eye and the ear, with the word and the thought: a dark impulse is the ultimate arbiter of the pattern, an unconscious *a priori* precipitates itself into plastic form [...] Over the whole procedure there seems to reign a dim foreknowledge not only of pattern but of its meaning. Image and meaning are identical; and as the first takes shape, so the latter becomes clear. (1947/1954, par. 402)

According to Jung, such amplification elicits and personalises the mythological motifs contained in the original images, and encourages a spontaneous manifestation of a purposive unconscious process (ibid., par. 400). No matter what plastic form is selected for the living embodiment of the original fantasy image, new material drawn from the unconscious becomes available to the conscious mind for assimilation and integration, with the form and the process acting as a container to facilitate and hold this work. *Just as the effects of archetypal processes manifest in embodied images anywhere within the psyche-soma continuum, so also may embodied experience feed back into the archetypal organising process.*³⁰ The result enriches and vitalises the personality, bringing to conscious realisation the personalised effects of the archetype, and setting in train the coming-to-be or purposive unfolding of the Self, which Jung called individuation.

Such conceptualisation flows out of Jung's own active imagination, and a specific example of his active imagination and of the accompanying theorisation demonstrates this, and foreshadows his later account of the psychoid concept.

a. The seven sermons

One theme that appears repeatedly in different guises in *The Red Book* is the mystery and meaning of God. For example, in *Mysterium Encounter*, Jung's 'I' reflects on the essence of God in Layer 1, through a vision of Elijah and Salome (2009b, 174-177). In Layer 2, he contemplates the mystery play as a deep place like the crater of a volcano, pushing out a fiery molten mass of the unformed. He who enters the crater, as someone formed and determined, melts and the formed in him dissolves and becomes smelted anew in the primordial beginning (ibid., 178-183). The Layer 1

³⁰ Researcher's italics.

vision took place on 21 December 1913, but the date of the Layer 2 reflection is not mentioned.

This example prefigures the series of visions over the short period from end January to beginning February 1916 that were to become the seven sermons to the dead (ibid., 507-536). Jung published these separately from the rest of *The Red Book*, circulating them privately amongst his circle in 1916 as *Septem Sermones ad Mortuos*, and ascribing them to Basilides in Alexandria, a Gnostic sage from 2nd century AD. An English translation by H. G. Baynes was printed in 1925, and is the translation discussed here, although others have been produced subsequently.

Jung's reference to Gnosticism was deliberate, since the seven sermons are arguably derived from the Gnostic mythologem of a demiurge, in the form of Abraxas, who appears in the second sermon; and the work makes use of a Gnostic style and employs Gnostic vocabulary. It is beyond the scope of this thesis to trace and elaborate Jung's links with Gnosticism, but his debt to the Gnostics is acknowledged and is the subject of discussion and disagreement by a number of scholars, including Hoeller (1982), Quispel (1992), Ribí (2013), and Segal (1992), amongst others, as well as being the subject of criticism by Buber (1952). Ribí notes, "Jung's conception of Gnosis permeates the entirety of his systematic psychology" (2013, 168-9).

Jung turned to the accounts of the Gnostics seeking confirmation supporting his own observations of the mythopoeic depths underlying consciousness, in that, as Ribí comments, Gnosticism³¹ may be thought of as "a primordial psychic experience" (ibid., 32/8). Hannah records that Jung told her "more than once that the *first*

³¹ In second and third centuries a.d., Gnosticism assimilated itself to emerging Christianity (Ribí, 2013, 29/40).

parallels he found to his own experience were in the Gnostic texts, that is in the *Elenchos* of Hippolytus” (1997, 114). As Jung (1951, par. 169) stated in *Aion*, “for the Gnostics - and this is their real secret – the psyche existed as a source of knowledge”, and this is precisely how he approached his active imagination.

Set against this background, the interest in the seven sermons for the present project lies in an elaboration of the themes from *Mysterium Encouter* in terms of Pleroma³² and Creatura³³.

The Pleroma is described as nothingness or fullness, both differentiation and undifferentiation, whose qualities are undifferentiated pairs of opposites, such as living and dead, light and dark, time and space, good and evil. Although not specifically mentioned, the Pleroma must thus also include the undifferentiated opposites of subject and object, as well as body and mind. As Ribí (2013, 188-9) observes, Jung has borrowed a well-known Gnostic term, which he later designates the *unus mundus* or unknowable psychoid substratum of the collective unconscious.

Creatura on the other hand is not in the Pleroma but in itself and confined within time and space; Creatura is distinct, and its function is to differentiate or discriminate. In Creatura, the Pleroma is rent and the opposites are separate. Creatura is distinguished, here, from created beings, or man, and is changeable or capable of transformation. Man’s nature is distinctiveness, and the danger for man is to fall into the Pleroma or undifferentiated state and become submerged in nothingness. His fight to achieve differentiation leads to the ‘Principium individuationis’, namely individuation. Ribí (ibid., 196-7) thus considers that Creatura should be regarded as the universal principle of individuation, which emerges from the Self and is the cause

³² Jung’s term.

³³ Ditto.

of individual consciousness, stating that something can only become conscious when it is separated out of the Pleroma. He notes that the Gnostics see the Pleroma as the origin of the individual (ibid., 180). Jung later wrote of individuation that, “in general, it is the process of forming and specialising the individual nature; in particular, it is the development of the psychological individual as a differentiated being from the general, collective psychology” (1923, 561).

Around the same time that he was writing seven sermons, Jung was also drawing his first mandala, which he termed *Systema Muditotius*, shown surrounded by ‘Pleroma’ (Jaffé, 1979, 75-6). Jeromson (2005/6, 10) indicates that there is evidence that the first sketches pre-date the seven sermons in 1916, and sees the seven sermons and *Systema Muditotius* as mirroring one another, joint symbolic products of Jung’s self-exploration, leading towards the Self. Jung himself later interpreted mandala as symbols of individuation and the Self.

These accounts may be compared with Jung’s conceptual papers *The Concept of the Unconscious* (1916b) and *The Relation between the Ego and the Unconscious* (1928c), as well as with various later statements by Jung about psychoid processes.

The former essay is the text of a lecture, given to the Zurich School of Analytical Psychology, on the effects of assimilating the unconscious in the service of individuation. It makes sense to read this essay and the seven sermons in tandem, not only because of their coincidence of timing but also because of their complementary content, the one employing only mythopoeic language, the other only conceptual terminology. Although this difference means that no definitions exist for the mythopoeic expressions, it is possible to deduce counterparts in the conceptual terminology, as discussed below.

In this essay, Jung designates two layers in the unconscious, a personal unconscious and a collective or universal psyche inhabited by primordial images³⁴, the latter referring to what he later came to call the collective unconscious with its archetypal images. Assimilation of the collective unconscious tends to produce a certain quality of ‘god-almightiness’, an “all-compelling binding to and identification with the collective psyche” that disregards the different psychology of the other (Jung, 1916b, 450/4). “A dissolution of the pairs of opposites sets in”, often accompanied by peculiar symptoms, such as physical sensations of being too large for one’s skin, or hypnagogic feelings of endless sinking or rising, or of enlargement of the body or dizziness (ibid., 452/8). A release of fantasy, including audio-visual and physical hallucinations is common. Jung describes the freeing of the individual from the collective unconscious, through processing fantasies hermeneutically as symbols, leading increasingly to a differentiation (separating out) of psychological function and individual corporeity (ibid., 465). We may assume, from this description, that he is equating the individual and his individual corporeity with the created beings or man of the first sermon, and is linking the collective unconscious and its dissolved opposites with the Pleroma, as noted by Ribi (2013, 188-9)³⁵.

The 1916 essay thus complements Jung’s seven sermons, with its account of Pleroma and Creatura, of undifferentiation and differentiation, and of individuation. It effectively conceptualises Jung’s own process of self-experimentation in *The Red Book*, and provides a context for his 1916 account of the transcendent function. More importantly, however, this essay describes the clinical process of regression, as mentioned above, to a state in which the physical fact and the psychic fact coincide, and self and other are not separate, and progression, as differentiation occurs in the

³⁴ In his 1928 essay, he describes primordial images as archetypal images.

³⁵ See also Hoeller (1982), and Segal (1992).

individuation process, corresponding respectively with the stages, set down in *Mysterium Encouter* and the seven sermons, first of dissolving in the undifferentiated state of the collective unconscious, and then of being “smelted anew” (Jung, 2009b, 183).

The later paper constitutes an updated version of the 1916 essay with a fuller account of the collective unconscious. Jung (1928, 150) warns of the attractive power of the archetypal image, and of the consequent dangers of an inflation, wherein the whole personality is dissolved and splitting of the mind ensues. Strict separation from the collective unconscious is needed for the development of the personality, since a partial or blurred differentiation can result in the individual imposing their views on their fellows, and even obliteration of difference in the entire community (ibid., 158).

Jung’s 1928 essay also contains a shift in emphasis over the 1916 version. He brings in an early understanding of the transference, giving an example of a woman with a father-complex. Jung (1928c, 131) writes that he knew she had transferred the father imago onto him from her dreams, in which the active figures were unmistakably herself and himself but in which he was usually misrepresented, having a body of supernatural size or being extremely old. He did not at this stage discuss the significance or nature of the transference field.

This essay also describes the process of individuation as “a gradual differentiation of functions which in themselves are universal” and starts to bring in an idea of symbolic representation of such process (ibid., 184). He gives another example here

of a transforming vision experienced by woman patient after a long period of active ego participation³⁶ in her fantasy life:

I climbed the mountain and came to a place where I saw seven red stones in front of me, seven on either side, and seven behind me. [...] I tried to lift the four stones that were nearest to me. In doing so I discovered that these stones were the pedestals of four statues of gods which were buried down in the earth. I dug them up and so arranged them around me that I stood in the middle of them. Suddenly they leaned towards one another so that their heads touched [...] I fell to the ground. [...] Then I saw that beyond, encircling the four gods, a ring of flame had formed. After a time I arose from the ground and overthrew the statues of the gods. Where they fell to earth four trees began to grow. And now from the circle of fire blue flames shot up which began to burn the foliage of the trees. [...] I stepped into the fire. The trees disappeared and the ring of fire contracted to one immense blue flame that carried me up from the earth. (Ibid., 246-7)

Jung described this dream as the symbolic expression of the process of individuation. As he says, “our individual conscious psychology develops out of an original state of unconsciousness, or in other words, a non-differentiated condition (termed by Levy-Bruhl, ‘*participation mystique*’). [...] Discrimination is the essence, the *condition sine qua non* of consciousness” (ibid., 226).

Subsequently, in *The Philosophical Tree*, Jung (1945/1954) employs the symbol of ‘the tree’ to represent the process of individuation symbolically, observing that, “in so far as the tree symbolises the opus and the transformation process ‘tam ethice quam physice’ (both mentally and physically) it also symbolises the life process in general” (ibid., par. 459). Being an archetypal image of universal character, its full range of meaning for a particular individual may be difficult to establish, since “the psychoid form underlying any archetypal image retains its character at all stages of development, though empirically it is capable of endless variations” (ibid., par. 350).

³⁶ Jung is not yet employing the expression ‘active imagination’, see page 117.

Ribi (2013, 41-2) brings this back to Gnosticism, describing the psychoid nature of the archetype as a mystical concept that provides “the interface in the psyche where the mental and the physical meet” and that “manifests itself precisely in human relationships”.

In *On the Nature of the Psyche*, Jung (1947/1954, par. 367) brings in the analogy of a scale, contemplating the psyche extending at one end into the physiological sphere of instinct and at the other into a spiritual form, so that psychoid processes therefore relate both to instinct and spirit, and thereby to body and mind. Further, he asserts, the “psychoid nature of the archetype contains very much more than can be included in a psychological explanation. It points to the sphere of the *unus mundus*, the unitary world” (1958, par. 852). Emancipation or differentiation of psychic function from the psychoid realm through the integrative process of individuation leads increasingly to consciousness and true individuality. All of this is foreshadowed in the seven sermons and the associated conceptual texts from 1916 onwards.

b. The collective experiment

Throughout the period when Jung was conducting and conceptualising his own active imagination, he also continued his private practice, and, according to Shamdasani, he extended his self-investigation of the vision-making process into a wider empirical research study based on his practice:

Jung’s self-experimentation was in part a collective experiment, involving his patients. Jung encouraged his patients to engage in active imagination and attempted to see to what extent the process of development he had undergone could be replicated and had typical phases. (Casement, 2010, 41)

This is corroborated by an observation made by Tina Keller, one of Jung’s analysands, to the effect that Jung “was after all experimenting just like a surgeon

who is trying out new methods” (Swan, 2000, 100). Swan (2000, 2011) gives accounts of Keller’s analyses with Jung and Toni Wolff, indicating that she used automatic writing and painting to elaborate her fantasies in her initial analysis with Jung³⁷, and embodied them through dance and movement in her subsequent analysis with Wolff³⁸:

Following my body tensions, I formed a crude dance. I, or rather a young fantasy-woman in me, felt imprisoned in stone. [...] The contours of her body were clear, yet she must with great exertion free herself from the stone walls. It took a good part of the session until at last I stood upright and free. This session seemed to me much more satisfying than sessions where we merely talked. (Swan, 2011, 31)

It is also corroborated by the fact that Jung encouraged his patients to make copies of the pictures created in their own active imaginations, and to donate them to him for his private collection. The collection is now housed in *The Picture Archive* at the Jung Institute in Zurich, which contains approximately 4000 pictures produced by Jung’s analysands and approximately 6000 pictures produced by those of Jolande Jacobi. Both Jung and Jacobi presented and published extensive examples of such active imaginations, see for example, Jung’s *A Study in the Process of Individuation* (1939) and *Visions: Notes of the Seminar Given in 1930-1934 by C. G. Jung* (1997)³⁹, and Jacobi’s *Symbols in an Individual Analysis* (1964).

4. Summary

The above discussion demonstrates a complete change of direction between Jung’s earlier psychiatric, science-based WATs, applied to the relationship of body and mind, and his subsequent hermeneutic understanding and approach. He is now coming at his theoretical ideas firstly from self-experimentation, and secondly from

³⁷ Starting in 1915.

³⁸ From 1924 to 1928.

³⁹ Based on the visions of Christiana Morgan.

the empirical base of his own analytic practice and patients. He has arrived at a hermeneutic method of symbolic elaboration by means of active imagination, a technique uniquely combining body and mind in a creative process, which as early as 1916 he had linked with the transcendent function, defined here as a meeting of opposites to create a living third or new situation. This gives an added symbolic dimension to the psychoid concept.

Such discussion also shows how, in the period from 1913 to 1930, Jung was grappling with notions of individual and collective, and differentiation and undifferentiation having regard to self and other, as well as body and mind, and he was doing so both in an empirical sense, within his own self-experimentation and his collective experiment, and in a conceptual sense, in his evolving attempts to produce theoretical accounts from this work. He has arrived at a notion of individuation, starting from an undifferentiated state, a participation mystique, peopled by typical forms or archetypal images, corresponding in analysis with a particular form of regression to unified states of body and mind, and self and other. He has conceived the need for the individual to discriminate his psychological function and his individual corporeity increasingly from the collective, through personalisation of these archetypal images, and he has proposed a process of symbolic reflection or active imagination, involving both body and mind, in order to achieve this progression.

Here, we have the empirical basis for these ideas, and its conceptual working out. Further, as demonstrated, these ideas pre-figure his later accounts of the psychoid unconscious, as discussed here and in the previous chapter.

Whilst he has worked out his notion of regression to, and progression from, undifferentiated states, and, in his WATs (1909), has found evidence of collectively shared organising structures and, in his 1928 essay, has conceived the view that consciousness proceeds from a *participation mystique*, he has not specifically demonstrated the application of these specific ideas to the transference. This is the province of the post-Jungians.

Post-Jungians

A number of post-Jungian theorists have extended Jung's researches, and have addressed the psychoid concept, from a variety of different perspectives, as discussed generally in the literature review. One empirical research project is of especial interest to this thesis, namely the transference study of Dieckmann (1974, 1976, 1980, 1991). This study provides evidence for the existence of a very particular type of transference associated with the psychoid concept, wherein the processes of analyst and analysand are synchronised in terms of both body and mind, and a symmetrical dynamic⁴⁰ may be seen to be occurring.

1. Berlin Research Group

The Berlin Research Group conducted a clinical study between 1969 and 1974. The group, consisting initially of four Jungian analysts, all men, and, after two years, including also a fifth Jungian analyst, a woman, set out to investigate the countertransference "in a situation with proper scientific controls" (Dieckmann, 1974, 71). They met for regular fortnightly meetings, each lasting three hours and in each of which one member of the group presented a single analytic session, bringing also the content of the preceding session and the subsequent development of key themes.

⁴⁰ This term, introduced by the researcher, is distinguished from Matte-Blanco's use of the same term, as discussed in Chapter 9.

Thereby, they conducted a regular review of clinical material based on process notes from individual analytic sessions.

The method involved assuming a particular attitude to the transference, neither that of Freud involving “emptying oneself” and focusing solely on the patient and his unconscious by “holding up a mirror to him”, nor that of Jung and his example of the rainmaker who is thrown into disharmony by the outer world (the patient’s unconscious) and who focuses exclusively on his own reactions to restore inner harmony (ibid., 71). Rather, the aim was to find a middle way, and to note side by side in the correct temporal sequence both the analyst’s observations of the patient and his observations of his own unconscious processes, since the group wanted to capture their “highly charged emotional thoughts” and also fantasies and “the psychosomatic affects arising from the unconscious” (Dieckmann, 1976, 25).

A particular criterion of session selection was employed, in two research phases: In the first phase, the single analytic session chosen for discussion was required to contain an archetypal dream displaying highly charged emotional activity. In the second phase, the single analytic session was selected at random from a complete series of recorded sessions of the presenting analyst from a given week, irrespective of content. In all, thirty-seven patients contributed to the first phase, and twelve patients contributed to the second phase.

Two examples are given here, demonstrating the manner by which the psychic processes of patient and analyst coincide, including in the somatic arena. The fact that these coincidences of process and timing arose repeatedly led the group to certain conclusions discussed below.

The initial example is from the first phase of the study and concerns a woman of thirty-seven with a borderline condition and a psychotic mother (Dieckmann, 1974, 73). The patient brought a dream in which she was wearing a robe, like a devil's, a god's or a king's, or one that might have been worn by Death. She wanted to cast aside the evil, which was represented by the robe. Her friend came, and in her fear she wanted to cling to him, but when she said 'Get thee behind me, Satan', she thought he might think she meant him. She felt terribly afraid, and was beset by doubt and fear whether it really was her friend. This woke her up.

Without any emotion, the analyst associated to Mephistopheles, and a scene where Faust thinks he has caught the devil but the devil escapes. The patient then continued that she could never sleep in the same room with her mother without terrible fear, since she imagined her mother would kill her with an axe. At this, the analyst became filled with vital emotion. He re-experienced viscerally his own early childhood fears of death, dying and extinction, all connected with the figure of Faust and *his* entry into another life. Next, the patient went on to speak of her evacuation and complete uprooting as a child. Surprisingly, the analyst saw in his mind's eye a medieval city nestling behind the security of its walls, and felt that he had found within himself an emotional stronghold from which to overcome the conflict. *At this very same moment*⁴¹, the patient reported that, during the evacuation, she had found a safe place of refuge in a local barn. Simultaneously, therefore, analyst and patient found within themselves a safe enclosure from which to face the problem of fear. It is to be noted that this entire scenario took place without interpretation on the part of the analyst.

In the ensuing group discussion of this particular session, the group contemplated the issue of fear between patient and analyst in the transference, and how it was worked

⁴¹ Researcher's italics.

out by passing from a confrontation at the level of the personal unconscious, in which the fear was unconsciously transmitted to the analyst through activated personal childhood memories and emotion, to an archetypal encounter, in which both patient and analyst simultaneously experienced the security of a primitive archetypal refuge (medieval city). They noted the sequence: archetypal amplifications occur to the analyst around the unsuccessful banishment of the devil, corresponding visceral emotions from childhood become activated in his personal unconscious, and the chain of associations passes into the actual situation. The patient meanwhile stays in her own history, exposed to her severe childhood fears. Then, both the patient and analyst find an archetypal refuge from the distress. They concluded that the processes of both patient and analyst were somehow simultaneously guided and organised to arrive *in the same moment*⁴² at a place of symbolic safety.

The second example demonstrates more clearly these different levels to the transference, and different fields associated with such levels. The patient is a 21 year old woman, suffering from a borderline personality disorder and certain addictions. At the beginning of the session, she recounted a vision of a tramcar standing in the woods. She was obsessed and horrified by it, because she felt it represented an image of a destroyed world. The analyst, by contrast, could not engage with the horror, since to him a tram, situated in the woods surrounding Berlin, was a natural and commonplace sight.

The patient began repeating the story of the tramcar in a stereotypical fashion, using the same words but a different emotional inflection. Gradually, this stereotyped repetition engendered in the analyst a memory of a holiday with a friend years previously in a very deserted area in the mountains in Turkey. They had driven all

⁴² Researcher's italics.

day without encountering a soul, when they rounded a corner to find three men with dark suits and top-hats in the road, all carrying musical instruments. The incongruity took their breath away. The analyst began to experience a participation in the patient's horror, and *at precisely this moment*⁴³ the patient uttered, "I can't adapt to this destroyed world. I would rather suffer under it" (Dieckmann, 1976, 34).

The analyst then had another memory from years before, this time of a dream brought by another young woman patient from her own earlier adolescence: She was in the street leading to her school, and in front of her was a crowd of people surrounding a young woman of her own age, naked and shivering. They were attacking her body with needles, pens and nails, pinning pieces of paper to her flesh. She looked at the dreamer with a face full of blood and tears, and the dreamer began to cry aloud, because the face was her own.

At this memory, the analyst became really connected to the sense of horror and destruction, and considered that the patient felt understood. No interpretation had been made.

In this example, Dieckmann writes, the initial part of the session had taken place mainly on the personal and projective level for both analyst and patient, and they had occupied opposed positions of adult/parent and child/daughter. The regulated and conventional adult world was opposing the chaos of youth. The repetition of the imagery by the patient had, however, awoken in the analyst a more archetypal understanding. This enabled the analyst and patient then to enter a participation at a deeper collective level and arrive synchronously at a common understanding from the vital position of youth.

⁴³ Researcher's italics.

These examples, but most especially the second, give illustrations of two different forms of transference field, showing the manner in which analyst and patient relate in the transference depending on level, namely through projective processes at the level of the personal unconscious and through participation mystique at the level of the collective unconscious. In the latter, their processes are intertwined and synchronous, and the transference field may thus be described as mutual. The group, attributing the latter transference effects to “unconscious participation”, noted repeatedly an extraordinary degree of correspondence between the associations of the analyst and those of the patient. As one member of the group remarked, “the patients continually say what I am thinking in the moment!”, whilst conversely the group often found amazing similarities between what the patients were saying and the analysts’ associations (Dieckmann, 1974, 73).

From this research, the group came to a view of unconscious participation as a synchronization of the processes of the two individuals in the analytic dyad, an organising function co-ordinating their unconscious processes. The term *participation mystique* is not employed but would appear to be appropriate.

Dieckmann writes:

What has impressed us most [...] is that the usual causal model of transference and countertransference, i.e. of action and reaction or influence and counterinfluence, has not sufficed as a means of grasping the phenomena in question. In a deeper layer underlying the analytical situation there is a synchronistic process regulated by the self⁴⁴. (1971, 83)

The outcome of these experimental investigations demonstrated that, “the basic foundation of the analytic situation [...] is governed by the archetype of the self

⁴⁴ It would seem that this should be ‘S’elf, although the English translation shows a small ‘s’.

which is synchronising the chains of associations, that means all the psychic events between two persons” (1976, 31).

Referring to von Franz, the research group divided the transference into a primary archaic (archetypal) level where a primitive identity exists, and a projective or personal level (ibid., 30). Based on their observations of synchronisation, they concluded that at the archetypal level the psychoid unconscious is organising the dynamics in the analytic dyad in a manner that is entirely mutual and characterised by common unconscious factors.

Dieckmann reported on the research findings:

When Jung formulated his conception of the archetype *per se*, he characterised this sphere, belonging to the transcendent nature of the archetype, as psychoid. In a letter written in 1951⁴⁵ he stated that this transcendent nature of the archetype has the effect of an ‘arranger’ of psychic patterns inside and outside of the psyche. I think we can hardly find a better proof for this concept than through our method of studying the processes of transference and countertransference. (1976, 30)

A footnote to the letter defines the term psychoid as a reference to “quasi-psychic ‘irrepresentable’ basic forms”, belonging to the transconscious areas where psychic processes and the physical substrate touch (Adler (ed.), 1976, 22).

We also see from the above examples that somatic experiences of emotion arise between patient and analyst. Specifically, the group noted amongst the reported countertransference reactions certain symptoms, including:

[S]omatic reactions of the analyst in the vegetative as well as the motor sphere, such as pounding of the heart, feeling of strain, tension, fatigue, yawning, scratching, etc. Without exception an area of unconsciousness common to both analyst and patient could be found behind these symptoms ... (Dieckmann, 1974, 73)

⁴⁵ To Dr H, dated 30 August 1951 (Adler (ed.), 1976, 21).

Whilst Jung developed his understanding of the psychoid concept and its links with the body-mind connection from vitalism and his self-experimentation, he did not specifically extend his findings into the clinical aspect of the transference. The research of the Berlin Group especially addresses this, and yields two important findings.

Firstly, they note two different kinds of transference, according to whether the dyad is in a personal transference field or an archetypal transference field. And, in the case of the latter field, the research demonstrates the existence of a *participation mystique* in the analytic dyad, and the organisation and synchronisation of the processes of analyst and patient throughout the psyche-soma. Here, analyst and patient are in a condition of common understanding and identification, in other words in a symmetrical transference⁴⁶. These findings are of particular interest in their application of the psychoid concept quite directly to the clinical setting, with the extension of the psychoid concept into the arena of the transference, and in the fact that they are found to be verified in the empirical strand of the present research, as discussed later in Chapters 8 and 9.

2. Samuels

Another empirical investigation of the transference was also conducted by Samuels (1985), employing a sample of 32 qualified psychotherapists, of unspecified orientation. They were asked to report a few examples of countertransference, classifying the examples according to one of two specified types, defined respectively as: a reflective countertransference, effectively reflecting a mood or state of the patient, as in feeling unaccountably depressed in the session then learning that the

⁴⁶ This term, introduced here by the researcher, is defined and discussed more fully in the empirical chapters.

patient is in a depressed state in the here and now; and an embodied countertransference, incarnating the patient's emotional experience of a significant other and constituting "a physical, actual, material, sensual expression in the analyst of something in the patient's inner world", for example becoming depressed in a manner echoing the patient's depressed mother (*ibid.*, 52). Instances of a neurotic countertransference that might be due to the analyst's own pathology were to be excluded. 26 replies, covering 76 examples from 57 patients were received. Of these examples, 46% were held by the participants to relate to embodied countertransference and 54% to relate to reflective countertransference.

The results were collected, collated and evaluated, and classified into fantasy responses, feeling responses, and bodily and behavioural responses. An overall pattern emerged, including a further form of countertransference embracing the imaginal.

Two examples make this plain. The first comprises an embodied fantasy response in a session with a patient who was extremely controlled, and watchful of the therapist's slightest reaction. The therapist interpreted the patient as beginning to trust what was inside the therapist, and had a visceral image of a huge black pot with a big belly. Continuing, the therapist said it might be like having a pot to put things in. The patient instantly responded that it was like a wall against which something had been violently hurled. The therapist next had a visceral image of projectile vomiting against a wall (*ibid.*, 55-6). The next comprises a reflective bodily response. The therapist noted she was wearing clothes similar to her woman patient, presenting like a little boy in a school sweater and muddy shoes. The patient had never felt able to relate to her mother. She had allowed herself to be 'Daddy's girl' but had avoided

incestuous involvement by a little boy strategy, and the therapist had unconsciously picked this up (ibid., 56).

These examples bring in the analyst's body, and confirm the aspect of Dieckmann's research demonstrating the way that the body and the mind are bound up with one another, not only in a monistic relationship together in the individual, but also between self and other. Samuels concluded that the analyst may be subject to 'bodily visions' in the countertransference "based on the psychoid unconscious in which distinctions between psyche and soma do not apply" (ibid., 65). However, he does not offer any evidence relating to a symmetrical transference field.

Discussion

This chapter has described various historical pieces of scientific and empirical research, serving to give the psychoid concept substance in a practical sense and ground it in a clinical setting. The existence of a psychoid unconscious and of psychoid processes is confirmed both by Jung's own experiments, personal and collective, and by the researches of The Berlin Group and Samuels. These accounts are important, because they offer hermeneutic insight into the psychoid concept, and demonstrate how Jung shifted from an approach founded on a scientific base in the biological experiments of Driesch⁴⁷ and his own WATs, to one founded on a hermeneutic base in his own self-experimentation and later conceptualisations. However, it is believed that this shift could only take place, because of the solidity of Jung's earlier foundation in his scientific work, in which the WATs provided evidence not only of the connection between psyche and soma, but also in the family

⁴⁷ As discussed in Chapter 4.

studies of the existence of collectively shared organising structures, something that enabled Jung to appreciate the existence of ‘participation mystique’ in a real sense.

The hermeneutic investigations yield two new but related strands, adding to the understanding of the psychoid concept derived in the preceding chapter.

Firstly, Jung’s own investigations demonstrate the ways in which psychoid processes link individual man to the *unus mundus*, and in which the individual develops in the process of individuation from an undifferentiated state towards increasing differentiation from the collective through the personalisation of archetypal images. This serves to distinguish the individual personally in terms both of his psychological function and his corporeity. Jung proposes the method of active imagination for this personalisation, demonstrated by his own example and by those of his analysands, as conceptualised in various theoretical papers. Such approach is heavily weighted towards metaphorical reflection, and psycho-physical forms of symbolic functioning, implying that working with imagery in all areas of the body-mind continuum is an important aspect of the analytic process.

The other key theme, isolated by the Berlin Research Group, is the extent to which psychoid processes manifest in a specialised form of the transference, in which analyst and patient are mutually immersed in an undifferentiated or symmetrical unconscious field. The psychoid processes then have an effect in ordering the material emerging into consciousness, in synchronising the associations of analyst and analysand, and in sharing visceral experience between them, in the service of understanding.

A contemporary and clinically meaningful definition for the psychoid concept may now be produced, based on the evidence from the last two chapters, as:

- (i) A deeply unknowable arena, thereby limiting what can be said about it.
- (ii) An area of undifferentiation, where psyche and soma are monistic, and self and other are in a participation mystique, from which the individual differentiates himself in the process of individuation.
- (iii) A purposive, structuring and organising principle giving rise to psychic patterns:
 - a. Having emergent properties, by which the psyche is differentiated out of the body-mind matrix and new individual positions come to be realised;
 - b. Manifesting in a symmetrical transference, in the synchronising of associations of analysand and analyst in terms of physiological and psychic facts;
 - c. Symbolically linking instinct and spirit by means of instinctual and archetypal images, and imparting meaning.

The next chapter compares Jung's notion of a psychoid unconscious with Bion's proto-mental concept, in order to test this definition.

Chapter 6

Further contexts: Jung and Bion compared

Introduction

This chapter seeks to delineate the psychoid concept by bringing in for comparison a psychoanalytic concept that bears some apparent similarities but that also differs in certain fundamental respects, namely Bion's proto-mental system.

The interest of the proto-mental system for this study is that, amongst psychoanalytic concepts, it shares to the greatest degree key characteristics with Jung's psychoid concept, making it a useful comparative instrument. Further, the differences between the two concepts highlight some lacunae in Jung's ideas, especially in their clinical application. This thesis, therefore, argues that certain clinical phenomena cannot fully be understood from Jung's theory of a psychoid unconscious alone, and that Bion's concept of a proto-mental system can help both to explain and to account clinically for such phenomena, and thereby provide a theoretical framework for filling in such lacunae. Although it might be possible to search elsewhere amongst the respective theories of Jung and Bion to fill in the gaps left by each such partial account, a more satisfactory clinical understanding arises by considering these two theories as complementary to one another and by effectively combining them as a clinical tool.

Origins

It is interesting to note that the experience of both men in WWI provides the starting point for their respective concepts, although it is only with hindsight in both cases

that this can be traced. Just before the onset of the war, Jung began having the series of visions that became the foundation of his self-experimentation, his notion and practice of active imagination, and the later conceptualisation of almost all of his theories, including the psychoid concept. This investigation, which is the subject of *The Red Book* as discussed in Chapter 5, commences with his account of a journey taken in October 1913, when he was overcome by the following vision:

I saw a terrible flood that covered all the northern and low-lying lands between the North Sea and the Alps. It reached from England to Russia, and from the coast of the North Sea right up to the Alps. I saw yellow waves, swimming rubble, and the death of countless thousands. (2009b, 123)

This vision returned two weeks later, and was followed by further such visions of a sea of blood over the northern lands, and of a terrible cold over frozen wastelands. In the years following, Jung passed the war maintaining a busy psychotherapeutic practice, lecturing, publishing his work, and undertaking annual military service duties in Switzerland. Thus began the labours that lasted for more than 16 years, and that Jung considered to be his most important work, from which everything else, the scientific elaboration and the integration into life, flowed (Shamdasani, 2012, 366).

By contrast, as described below, Bion spent his WWI commanding a tank on the front line.

Accordingly, the origins of both concepts coincided in the same time period but in utterly different experiences, during WWI. Their arrival in the public domain also coincided. Bion (1948a, 1948b, 1949a, 1949b, 1950a, 1950b, 1951) wrote a series of papers entitled *Experiences in Groups*, which constitute his main writings on the proto-mental system and which coincidentally were published only shortly after the publication by Jung (1947/1954) of *On the Nature of the Psyche*, containing his main account of the psychoid concept in its biological aspect.

The evolution of Jung's psychoid concept has been discussed in Chapters 4 and 5, while the evolution of Bion's proto-mental concept, and its overlap with Jung's ideas, is set out below. First some definitions are presented, to frame the discussion.

Definitions

With these two concepts, Jung and Bion both address the locus of the soma in analytic work, arising from a deeply unconscious, unknowable area of a combined body-mind, a monism, in which body and mind are seen as different aspects of the same thing.

Chapters 4 and 5 delineated a set of characteristics for the psychoid concept, derived from the historical conceptual study, as follows:

- (i) A deeply unconscious, unknowable area;
 - a. Linked with primitive or developmental experience, prior to the differentiation of self and other, and psyche and soma;
- (ii) A structuring and organising principle immanent in the basic stuff of the organism;
 - a. Giving rise to emergent properties, by which the mind separates from the body;
 - b. Yielding instinctual and archetypal images of a psycho-physical nature;
 - c. Manifesting in the transference.

Bion (1961) refers to the proto-mental system as a concept that transcends experience, describing it in terms of group dynamics. His initial definition sets the proto-mental system as a fundamental matrix, in which psyche and soma are

undifferentiated and which manifests as much in physical forms as in mental forms. He describes this level of proto-mental events as a group phenomenon, the group developing out of this level until its emotions become expressible in psychological terms.

The historical background and development of Bion's proto-mental concept within his oeuvre will now be reviewed, in order to furnish a more complete definition for comparison with the psychoid concept, and the extent to which Bion may have been influenced by Jung will be considered.

Historical reconstruction

This reconstruction commences with Bion's wartime experiences, followed by his subsequent medical training, then his employment by the Tavistock Clinic, and later his qualification as a psychoanalyst.

1. WWI

Bion's experiences in WWI alerted him to the effects of war on soldiers, rather loosely described at the time as nerve strain or shell shock (later as battle or war neurosis⁴⁸). As a tank commander of one of the early tanks, commonly known as a Mother Mark IV⁴⁹, on the front line, Bion (1997) witnessed, and in all probability himself experienced, shell shock. As he wrote in his diary for 26 September 1917 at Ypres:

All our nerves were in an awful state, and we tried not to think of what was coming. The waiting was awful and seemed to be almost a physical pain – a sort of frightfully 'heavy' feeling about one's limbs and body. (Ibid., 29)

⁴⁸ Now known as post-traumatic stress syndrome (PTSD).

⁴⁹ As displayed and described at Bovington Museum, Wool, Dorset.

Later, for 8 August 1918 at Amiens, he wrote, “these considerations and the anxiety of my job rather crushed me. I sat still and numbed with an almost physical pain, which made movement difficult” (ibid., 120).

After the war, Bion went to Oxford University, graduating in history in 1921. He then underwent a medical training. From 1927-1935, Bion was in therapy with James Hadfield, who had practised hypnosis on shell-shock victims in WWI, and who was an authority on war neurosis, describing some of the symptoms in terms of conversion hysteria (Hadfield, 1942). Hadfield worked at the Tavistock Clinic, originally founded in 1920 by Hugh Crichton-Miller to implement in civilian life a programme of treatment that he had learnt as part of a team adapting Freud’s method, for treating shell-shocked soldiers in wartime. A number of members of staff had seen, studied and treated shell-shock victims, both fresh from the line and in hospitals at home and abroad, and they brought this background, and the associated understandings of psychosomatic and hysterical symptoms, to their practices. In the run up to WWII, members of the Clinic, who had witnessed psychosomatic disorders occurring in battle conditions in WWI, published *The Neuroses in War* based upon their experiences (Miller, ed., 1940). Appendix C of this volume, classifying “Psychological Disorders in War”, refers to the symptoms of conversion hysteria, including: twilight states with automatic movements; convulsive attacks; hysterical paralysis; and hysterical sensory disturbances; as well as anxiety states including the somatic neuroses, such as effort syndrome and emotional hypertension.

2. The Tavistock Clinic

Under Crichton-Miller, the Tavistock Clinic aimed at a unified psychosomatic approach to diagnosis and treatment (Armstrong, 1980). Possibly through the

influence of Hadfield, Bion himself came to work at there in 1933, remaining until 1948 and being amongst those who contributed to *The Neuroses in War*. Hinshelwood (2013, 46) writes that “Bion arrived at the Tavistock during a time when a certain psycho-physical integration was probably still a prevalent idea”, under the influence of its then director, Crichton-Miller. Crichton-Miller (1920, 4) placed emphasis on what he described as a binocular approach that paid attention to physical factors as well as mental factors of a given neurosis, noting that “the physician who has been trained to regard disease solely from the organic point of view, and the psychotherapist who has become accustomed to think exclusively in terms of mind, are both employing only monocular vision”.

In the 1930s, the Tavistock Clinic represented a school of psychotherapy dedicated to an integrative practice combining both Jung and Freud (Hinshelwood, 2013, 45). It is likely that the atmosphere in the Clinic was still biased towards Freud’s theoretical models of hysteria and psychogenic disease. However, Dicks (1970, 23) observes that Jung’s ideas found representation amongst the Tavistock staff, most notably in Crichton-Miller himself and in Maurice Nicol, a British pupil of Jung.

According to Dicks (*ibid.*, 67), Hadfield favoured a reductive clinical attitude, seeking to discover dynamic links between the symptom and its causes in the past, the ‘nuclear incidents’, whilst rejecting the notion of the transference, generally a Freudian approach. However, Hadfield was also influenced by the work of the social theorist William McDougall (1908, 1920), who developed a theory of the group mind. McDougall established a system of hormic psychology, which placed emphasis on the dynamic and purposive aspects of the mind, owing more towards Jung’s understanding of libido than Freud’s. It would appear, therefore, that

Hadfield's leanings placed him somewhere between Freud and Jung in his theoretical stance.

In any event, Bion would certainly have been well exposed to Jung's ideas in his daily work during his time at the Tavistock Clinic.

It is interesting to note that Bion's daughter, Parthenope, had intended, before her untimely death, to write an account of Bion's intellectual formation, and left brief notes on this project on the website:

www.sicap.it/merciai/parthenope.parthenope.htm.

Although the site closed down in 2010, these notes, dated 1 February 2001, have been copied and published by Torres & Hinshelwood (2013, xvi-ii) and describe plans for a three part biography, entitled *Bion and his Books*, in which the second part, designated "Groping towards Psychoanalysis", included sections headed 'Tavistock' and 'Jung'. We may assume, therefore, that Bion was influenced by Jung, something affirmed separately in a private communication from Mawson⁵⁰, indicating that Bion had in his library a marked copy of a work by Jung on the marriage relationship, in which Jung discusses the problem of the 'contained' and the 'container', language employed later by Bion in his concept of 'container-contained'.

3. Jung's Tavistock Lectures

In 1935, Jung (1935) was invited to deliver a series of five lectures at the Tavistock Clinic. Bion attended at least the first three on 30 September 1935, 1 October 1935 and 2 October 1935, bringing his patient, Samuel Beckett⁵¹, to the third.

⁵⁰ Mawson, C. (2013), private communication.

⁵¹ Beckett had come to Bion presenting psychosomatic issues, including painful physical symptoms and panic attacks.

These lectures also indicate an overlap in the interests of Bion and Jung. The first lecture was on psychological types, in which Jung (1935, pars. 20-5) described the four functions of sensation, thinking, feeling and intuition, as ‘ectopsychic’ functions, meaning that they concern a system of relationship between the contents of consciousness and facts and data coming in from the environment and discerned through the senses. He next described the ‘endopsychic’ functions, concerning a system of relationship between the contents of consciousness, and postulated processes in the unconscious, designated as the four functions, memory, the subjective components of conscious functions, emotions/affects, and invasion or something that breaks through from the unconscious.

In the ensuing discussion, questions, including one by Bion, were put concerning the links between the ectopsychic function, feeling, and the endopsychic function, emotion or affect. By way of response, Jung made reference to his Word Association Tests⁵², demonstrating the physiological manifestations of emotion. Asked about the relationship between affect and physiology, he replied that the relationship between body and mind is a difficult question:

All we can know empirically is that processes of the body and processes of the mind happen together in some way which is mysterious to us. It is due to our most lamentable mind that we cannot think of body and mind as one and the same thing; probably they *are* one thing, but we are unable to think it. [...] In the same way, the so-called psycho-physical parallelism is an insoluble problem. [...] All we can say is that there are certain physiological conditions which are clearly caused by mental disorder, and certain others which are not caused but merely accompanied by psychic processes. Body and mind are two aspects of the living being, and that is all we know. Therefore I prefer to say that the two things happen together in a miraculous way, and we had better leave it at that, because we cannot think of them together. For my own use, I have coined a term to illustrate this being together; I say there is a peculiar principle of *synchronicity* active in the world so that things happen

⁵² 1907/1908.

together somehow and behave as if they were the same, and yet for us they are not. (Jung, 1935, par. 70)

In the second lecture, Jung described his model for the structure of the mind, including a personal unconscious having personal contents, and a collective unconscious containing traces of the archaic mind with its archetypes, archetypal images and mythological motifs. He observed:

The deepest we can reach in our exploration of the unconscious mind is the layer where man is no longer a distinct individual, but where his mind widens out and merges into the mind of mankind – not the conscious mind, but the unconscious mind of mankind, where we are all the same. [...] On this collective level we are no longer separate individuals, we are all one. You can understand this when you study the psychology of the primitives. The outstanding fact about the primitive mentality is this lack of distinctiveness between individuals, this oneness of the subject with the object, this *participation mystique*, as Levy-Bruhl terms it. (Ibid., par. 87)

He described this layer as “the ultimate kernel which cannot be made conscious at all – the sphere of the archetypal mind. Its presumable contents appear in the form of images” (ibid., par. 92). He also observed that “when the collective unconscious becomes really constellated in larger social groups, the result is a public craze, a mental epidemic [...] these movements are exceedingly contagious” (ibid., par. 95).

In the discussion following this lecture, Bion referred to Jung’s observations on body and mind from the previous evening, and to a recently published article on “A case of ‘periventricular epilepsy’” (Davie, 1935). The patient, in a man in his middle forties, had served in the war and been severely wounded in 1918 with subsequent sepsis. Some fourteen years later, he fell prey to attacks of loss of consciousness, involving disturbed breathing, movements of the jaw and pallor, apparently unconnected with his wartime wounds. He was treated by his doctor, who considered the possibility both of links with the patient’s wartime experience and of “an anxiety neurosis in the

Freudian sense” (ibid., 295). In view of this, the doctor conducted a dream investigation, and Jung was called in rather than Freud, since:

I do not recollect that Freud has diagnosed organic maladies by dream analysis, but readers of Jung will recall instances of this. [...] It has been suggested that the diagnosis of such cases by Jung is the outcome of his intuition. [...] Jung, however, seems to reach his conclusions solely by symbol interpretation. (Ibid., 296)

In the dream, some machinery needed oiling and milk was suggested as the best lubricant, although the dreamer felt that oozy slime was preferable. Then, a pond was drained and amid the slime were two extinct animals, one of which was a minute mastodon. Jung immediately diagnosed an organic disturbance, interpreting the drainage of the pond as the damming up of the cerebrospinal fluid circulation.

Bion observed that, if this case had been correctly reported, it made a very important suggestion, and wondered whether Jung considered there was some closer connection between the two forms of archaic survival, those of the body and those of the mind.

Jung responded that this also related to the controversial problem of psycho-physical parallelism:

As I tried to explain yesterday, the two things – the psychic fact and the physiological fact – come together in a peculiar way. They happen together and are, so I assume, simply two different aspects of our *mind*, but not in reality. We see them as two on account of the utter incapacity of our mind to think them together. Because of that possible unity of the two things, we must expect to find dreams which are more on the physiological side than on the psychological, as we have other dreams that are more on the psychological side than on the physical side. (1935, par. 136)

Continuing, he brought in Janet’s *abaissement du niveau mental*, and the nature of Tao, including the way the Chinese mind experiments with “being together” and “coming together at the right moment”, an experimental method that is not known in the West (ibid., par. 144). “I use another word to designate it”, he said, “I call it *synchronicity*” (ibid., par. 143).

In the remaining three lectures, Jung covered the Word Association Tests, dream interpretation and active imagination. No further observations were made by Bion, although we know that he was present with Beckett at one of these at least, when Jung interpreted two dreams from a small child of five in terms of images of the sympathetic nervous system (*ibid.*, pars. 202/3); and the mythological dreams of another child as prognostic of her death, something which followed a year later from an infectious disease (*ibid.*, par. 205).

In these 1935 lectures, Jung brings in an early reference to his notion of ‘synchronicity’ as a way of describing the body-mind connection⁵³. Later, Jung (1947/1954) links synchronicity with his own psychoid concept. Here, however, he confines himself to a rejection of the notion of psycho-physical parallelism in favour of the radical idea of body and mind being two aspects of the same thing linked in a way that is not causal. He describes the psychic fact and the physical fact as different aspects of the mind, coming together at the right moment and behaving as if they are the same, even though in reality they are not. In other words, he brings in the notion of a dual-aspect monism.

He specifically refers to synchronicity in terms of Janet’s *abaissement du niveau mental*, associated with a deeply unconscious layer in the mind, an ultimate kernel, which cannot be made conscious at all and which is undifferentiated, archetypal, and primitive in the sense that subject and object come together in a *participation mystique*. He also links the constellation of this deep layer of the collective unconscious, in groups, with contagion, public crazes and mental epidemics.

⁵³ At this stage, as discussed in Chapter 1, Jung would almost certainly still have been in the first phase of his ideas concerning his psychoid concept, grounded more in the biological thinking of Driesch than in the quantum physics of Pauli, since the shift to the second phase occurred after 1937.

These encounters between Bion and Jung demonstrate a striking overlap of interests in 1935. In Jung, these seminars foreshadow his later writings on the psychoid unconscious. In Bion, it would seem that they were not forgotten, since, in a letter of 1939 to Rickman, he makes a disparaging comment about Jung's collective unconscious (Vonofakos & Hinshelwood, 2012, 67). His own experience with shell shock meant that his subsequent initial papers were directed primarily to the war neuroses and his early group work (Bion, 1940; Bion & Rickman, 1943). Nonetheless, he was alive to the fact that Jung's ideas on body and mind were a radical departure from current practice.

The above discussion highlights the background to Bion's ideas in the 1920s and 1930s, in terms of psychosomatic thinking and a psycho-biological approach, described by Torres & Hinshelwood (2013, 35) as an early bio-psycho-social model. Jung's Tavistock Lectures introduce a different orientation, with his references to an undifferentiated unconscious layer, and his implied understanding of the body-mind relation as a dual-aspect monism, one that is to be found in Bion's proto-mental concept⁵⁴.

Bion's group work

Bion relates his ideas about proto-mental phenomena to his theory of groups. The above history provides some of the background to Bion's group work, deriving firstly from his time in the army as a tank commander in WWI, observing the effects on his crew's morale of conditions near the front line from 1917 to 1919, and of effectual and ineffectual senior officers, and later from his time at the Tavistock Clinic, encountering the work of people such as McDougall and Hadfield. As a result of his

⁵⁴ Apparently, Bion did not acknowledge this influence from Jung.

experiences in WWI, Bion was asked in 1942 to co-operate with Eric Trist in setting up War Office Selection Boards (WOSBs) for the selection of future officers. According to Harrison (2000, 90), Bion was largely instrumental in devising the Leaderless Group technique for the WOSBs, which employed unstructured group interactions to test the performance of potential officers and discover who would emerge as a leader.

Torres (2013b) & Hinshelwood (2013) cite two other influences on Bion's thinking in relation to groups, namely Wilfred Trotter, whom Bion encountered during his medical internship at University College Hospital and who was on the Medical Advisory Board of the Tavistock Clinic, and John Rickman, who was Bion's analyst in the period 1937-1939 and who set up the Northfield Experiment in group psychotherapy at Northfield Military Hospital in 1943 in collaboration with Bion.

As Francesca Bion writes in her introduction to *The Long Weekend*, Trotter played a very great part in Bion's intellectual development (Bion, 1982). Bion (1985), in his auto-biography *All My Sins Remembered*, writes with respect of Trotter's skills at University College Hospital, both in drawing out his patients and as a surgeon. By this time, towards the end of the 1920s, Trotter (1916) had long published his acclaimed work *Instincts of the Herd in Peace and War*, and Torres (2013b, 17) notes that the influence of this work on Bion's ideas is plain.

Not only had Trotter (1916, 12) identified a clear link between individual and group behaviour, describing the two fields of the social and the individual as absolutely continuous; but also he attributed to man three instincts, namely self-preservation, nutrition and sex, plus in addition a herd instinct (ibid., 97). Interestingly, Hadfield, at the Tavistock Clinic, later postulated "a triad of instincts - namely, the sexual

libido, the aggression or self-preservation, and dependence, with the need for attachment behaviour” (Dicks, 1970, 67). Bion’s three types of group mentality, fight-flight, dependence and pairing, appear remarkably similar, as discussed below.

Trotter (ibid., 39) also noted the extent to which man embodies the voice of the herd, with his tendency to affirm beliefs sanctioned by the herd, no matter how far such beliefs may be opposed by the evidence. Such wholesale acceptance of non-rational belief is “invariably regarded by the holder as rational [...] while the position of one who holds contrary views is held to be obviously unreasonable. [...] The difference is due rather to the *fundamental assumptions*⁵⁵ of the antagonists being hostile, and these assumptions are derived from herd suggestion” (ibid., 37). As Trotter pointed out, sensitivity to the group leads to mental instability, and there is a close association between civilisation and mental instability (ibid., 64). Here, indeed, would seem to be an early foundation for Bion’s ideas concerning basic assumption behaviour and the links of group mentality with psychotic functioning.

Trotter drew his ideas on groups from biology, citing the bee as an example of instinctual behaviour with its sensitivity to the hive, and Torres (2013b, 19) notes a vitalistic base to Bion’s ideas derived from Trotter.

Both Trotter and McDougall with their studies of groups, large and small, formed a backdrop to the work done by Bion and Rickman. Bion’s analysis with Rickman came to an end when Rickman joined the Emergency Medical Services set up at the start of the war to deal with civilian casualties, but they remained in correspondence. Rickman worked with psychologically traumatised soldiers, and, as their correspondence attests, gradually began to discuss this work with Bion. Bion visited

⁵⁵ Researcher’s italics.

Rickman at the Wharnclyffe Hospital in January 1941, and they discussed Rickman's group work with the patients, collaborating over a memorandum that was to form a blueprint subsequently for the Northfield Experiment (Vonofakos & Hinshelwood, 2012, 69). After Rickman was transferred to Northfield Hospital in July 1942, this experiment was conducted in the rehabilitation unit at the hospital (Harrison, 2000, 187).

After WWII, the Tavistock Clinic began to look at group methods for treating people with psychological difficulties, and Bion (1961) was invited to develop his interest in groups already fostered by the WOSBs and the Northfield Experiment, leading to the series of papers and the book entitled *Experiences in Groups*. These papers divide into three sections, containing chronologically different accounts of his work on groups, published respectively in 1943 (*Intra-Group Tensions in Therapy*, written with Rickman), 1948-1951 (*Experiences in Groups I-VII*) and 1952 (*Group Dynamics: A Re-View*). Thereafter, he contributed little further on the subject, in spite of being asked occasionally about his current views in various seminars, most notably in an interview with AG Banet in 1976, when he said that organisations protect themselves by growing a hard shell and individuals display the same shell-building processes (Bion, 1976).

These sets of papers contain Bion's evolving ideas concerning group processes, starting in the first section with observations from his group work in a military psychiatric hospital. In the second section, he includes an account of his work with therapeutic groups at the Tavistock Clinic. And, in *Re-View*, in the third section, he applies ideas from psychoanalysis, particularly the theory of Melanie Klein, to his earlier views on group dynamics.

During the second period, he came to classify different groups based on ‘group mentality’, meaning the “unanimous expression of the will of the group”, designed to ensure that group life proceeds according to one of a certain number of basic assumptions, from which emotional reinforcement is derived (Bion, 1961, 101). He identified three such basic assumption mentalities, namely the fight-flight group, the pairing group, and the dependent group, each modelling itself unconsciously on a structure suited to the relevant assumption and being associated with related emotional states, and each excluding the emotional states associated with the other two basic assumptions. Basic assumption activity, according to Bion, requires no experience or mental development – it is instantaneous, inevitable and instinctive.

Firstly, he observed that basic assumption mentalities tended to be opposed to learning by experience and to alternate, rather than conflict, with one another but, as soon as it is perceived that there is a need to develop rather than rely on the efficacy of magic, a more sophisticated group comes into being, privileging the value of a rational and scientific approach to problems and displaying a more differentiated level of consciousness. Bion called this the ‘work group’, described as one that learns by experience. Such a group mobilises the emotions of one basic assumption in an attempt to cope with those of the others, which it suppresses, and this gives rise to conflict.

Such conflict manifests at an individual level, since the individual is faced with the choice of identifying himself with the unconscious emotional state of the group or with the more sophisticated conscious approach of the work group in his wish to develop as an individual. Persecutory distress may arise when an individual finds himself caught in this conflict, and Bion postulated the existence of a proto-mental

system, in which body and mind are undifferentiated, to account for the dynamics then occurring.

He described the proto-mental system as a matrix, from which spring phenomena constituting prototypes of the three basic assumptions and also precursors to the emotional states respectively associated with the basic assumptions. Those basic assumptions that are excluded by the particular one that is operating in a given work group are confined to the proto-mental arena, since it is only the basic assumption associated with the work group task that has been able to develop freely. Proto-mental events cannot be understood by reference to the individual alone, since they are predicated on the dynamics of individuals met together in a group, and are therefore a function of the group. Thus, the origins of such phenomena must be sought in two places, namely the relationship of the individual with the group as a participant in the group work, and the basic assumptions that are excluded by the task of the group (ibid., 102-3).

As Bion says of the proto-mental system, “since it is a level in which physical and mental are undifferentiated, it stands to reason that when distress from this source manifests itself, it manifests itself just as well in physical forms as in psychological” (ibid., 102). This is the source of group diseases having physical and psychological components, even though they may manifest in an individual alone. According to Bion, in this second stage of his thinking, the undifferentiated arena is activated in the individual by his participation in the group, and the individual expresses a group pathology.

Bion then goes on, in the third section, to apply ideas developed from his psychoanalytic training and his analysis with Melanie Klein to his thinking on groups,

something he had foreshadowed by stating in the second section that the apparent difference between individual psychology and group psychology is an illusion (ibid., 134). The forward to *Experiences in Groups*, written after the original papers in the second section with the benefit of hindsight, confirms this view, stating “I am impressed, as a practising psychoanalyst, by the fact that the psycho-analytical approach, through the individual, and the approach these papers describe, through the group, are dealing with different facets of the same phenomena” (ibid., 8).

In the third section, Bion relates stability in a group to work group functioning, and to Freud’s view of the family and neurotic patterns, and instability to basic assumption functioning and to psychotic patterns. In the initial 1952 version of this paper, he refers to Klein’s account of schizoid mechanisms, to describe the obliteration of individuality and automaton-like behaviour in a basic assumption group; and the use of splitting and projective identification in such group in the face of pre-verbal psychotic anxiety, with the accompanying persecutory feelings and bizarre elements (1952, 242-7). In the later version in the book, he describes basic assumption formations as secondary to an extremely primitive primal scene that is much more bizarre than the classical account offered by Freud, and that is worked out on a level characteristic of the paranoid-schizoid position of Klein, in which primitive oedipal conflicts manifest on a “foundation of part-object relationships” (1961, 162). According to Bion, the adult in the group regresses to mechanisms typical of the earliest phases of mental life, in which a primitive primal scene appears to be operating and “a part of one parent, the breast or the mother’s body, contains amongst other objects a part of the father” (ibid., 164). He suggests that these psychotic dynamics apply not only to a sick group, but rather may be found in every group (ibid., 181).

In this respect, the association of theories from psychoanalysis with ideas concerning groups leads to a view of the analytic encounter as a group of two people, a link Bion makes himself (*ibid.*, 131). He attributes a group mentality to the individual alone, describing the individual as having a group mentality or ‘groupishness’, in the sense that the social instinct exists whether or not the individual is present in a group situation (*ibid.*, 131).

The real importance of this, although not specifically stated in *Experiences in Groups*, is that it points to Bion’s subsequent ideas on psychosis for further explication of the proto-mental system, particularly to publications where he elaborates on Klein’s work on the paranoid-schizoid position, and on the mechanisms of projective identification and splitting.

This is confirmed by: the parallel, just mentioned, that Bion himself draws between the functioning of the group and the individual (1952); a chronological interweaving of his papers on psychosis and on groups, as discussed below, since he started writing accounts of individual psychotic functioning during the period of publication of his group papers (1950c); and his own observations in *Re-View* that primitive mechanisms, peculiar to paranoid-schizoid functioning, occupy a central position in group dynamics (1952, 245-7).

Not only did he indicate that the same psychotic phenomena arise in individual psychoanalytic work and in group work, but also he was already generating clinical writing, namely *The Imaginary Twin*, on his analytic work before he had published the final paper of the second section and his *Re-View* of the third section (Bion, 1950c, 1951, 1952).

Contemplating these early accounts of psychotic mechanisms, in *The Imaginary Twin*, Bion (1950c, 21-22) describes certain psychotic mechanisms, based on splitting and introjection and projection, stating that he found it impossible to interpret the clinical material “as a manifestation of purely psychological development divorced from any concurrent physical development. [...] If this is so, we would have to ask ourselves if these psychological developments [...] come close to the first four months in the individual’s life”. A comment such as this helps us to see why psychoanalysts, such as Grotstein (2007, 192, 258), have sought to make links between Bion’s proto-mental system and his subsequent ideas concerning beta-elements, described by Bion (1967, 22) as elements “partaking of the quality of psychic object and inanimate object without any form of distinction between the two”⁵⁶.

Next, in *Re-view*, Bion (1952, 246-7) describes the basic assumption group in terms of psychotic anxiety and obliteration of the individual, in which splitting dynamics and schizoid mechanisms apply.

His subsequent papers describe such psychotic mechanisms in detail, and it is sufficient here to refer only to those published immediately following the period of his group work in *Second Thoughts*, which includes a number of papers discussing the distinctions between the non-psychotic personality, or part of the personality, and the psychotic personality, or part of the personality (Bion, 1956). The former possesses an ego capable of conscious awareness of internal and external reality and shows a capacity for whole-object relationships. The latter has a hatred of reality and resorts to excessive use of projective identification in order to rid itself of the

⁵⁶ It appears, however, that Bion himself made no specific reference to any such link between his proto-mental system and his beta elements.

perceptual awareness of sense impressions, the psychotic personality employing splitting of the ego and projective identification of the fragments in order to avoid knowledge. In consequence, the latter relates only on a part-object basis, and becomes persecuted by the expelled fragments and feels surrounded by bizarre objects.

Although Bion does not in this volume describe the bizarre objects as proto-mental phenomena, nevertheless his account of such bizarre objects describes them in terms of an undifferentiated psyche and soma and unmanageable distress (emotion), thereby suggesting that he is thinking of them in the same way. More especially, he says, “since these particles include pieces of conscious awareness of sense impressions, the senses are felt to become painfully compressed and acute to an intolerable degree. The patient can be seen to be in the grip of extremely painful, tactile, auditory, or visual hallucinations” (1956, 41). As a result, according to Bion, the patient now moves in a world of objects that partake of qualities, which in the non-psychotic are peculiar to matter, anal objects, senses, ideas and super-ego.

He elaborates on the sensory aspect in *On Hallucination*, in which he gives an account of an understanding slowly emerging over years of work with a particular patient (Bion, 1958). He describes a session, where, at the beginning, the patient stands motionless, drooping, as he passes him and, “the inception of [Bion’s] movements to sit appears to release a spring in him” (1967, 66). The movements of patient and analyst then seem geared together, as if they are both parts of the same clockwork toy, so that the analyst feels himself no longer to be an independent object.

The patient glances rapidly at Bion as if his eyes could suck something from him, then he turns arrested beside the couch with his gaze directed at the corner of the

room, followed by a small shudder, as if expelling something hostile. In an attempt to unburden himself of his suffering, he hallucinates an evacuatory use of the senses, for example expelling broken fragments of words from his eyes, it having emerged that the patient feels the sense organs capable of expulsion as well as reception. The patient's behaviour is also intended to rid his psychic apparatus of accretions of stimuli, and corresponds with muscular movements, such as changes of posture and expression, so that the unburdening of the psyche by hallucination, i.e. by using the sensory apparatus in reverse, is reinforced by muscular action, in this instance a shudder forming a complex analogue of a scowl. The muscular action changes the expression to one of murderous assault, representing the outer form of an explosive projective identification (ibid., 83).

However, the resort to excessive projective identification leads the patient to feel he is surrounded by bizarre objects and, as Bion says, "the attempt to rid himself of his perceptual system leads to a compensatory hypertrophy of sense impressions" (ibid., 85).

Although Bion does not refer in this paper to his group work, nonetheless, by virtue of his comments, in his group work, linking proto-mental phenomena with intense emotion belonging to a respective basic assumption, with primitive anxiety, and with the psychotic parts of the personality, it would seem fair to assume that this later description of psychotic functioning is relevant to such phenomena.

Proto-mental definition

In summary, Bion's account of proto-mental phenomena locates their origin in a deeply unconscious stratum, where psyche and soma are undifferentiated. He associates them with groups, group mentality, instinctive basic assumption

functioning, including intense primitive and often persecutory emotion, and psychotic mechanisms. A development out of the proto-mental matrix leads into emotional experience and psychological states.

This leads to the conclusions that proto-mental events may be characterised by:

- (i) Physical and/or mental manifestations;
- (ii) Regression to extremely early primitive states, of a kind associated, respectively, with the basic assumptions of dependency, fight-flight and pairing, where the individual is obliterated;
- (iii) Splitting and projective identification;
- (iv) Part-object functioning and bizarre objects;
- (v) Defence mechanisms, associated with attempts to rid the psyche of accretions of stimuli and persecutory objects;
- (vi) A collective aspect.

It is to be noted that Bion described proto-mental phenomena as a precursor to emotional and psychological functioning. In other words, although he viewed them as something arising in situations where psychotic elements and anxiety emerge, he does also see them as a function of all group situations, both pathological and healthy.

Comparison of Jung and Bion

1. First thoughts

It is interesting to note that both the psychoid concept of Jung and the proto-mental concept of Bion originate in their very different experiences in WWI. Those of Jung,

more fully discussed in a different chapter, are based in his investigation of vision-making, including his own active imagination, as demonstrated in *The Red Book*, and they lead towards an imaginal approach to his psychoid concept, emphasising the prospective function and the numinous aspects of this deeply unconscious area. Those of Bion, discussed above, are viscerally concerned with the chaotic, fragmentary, and undoubtedly claustrophobic, experience of being a tank commander near the front line, and his work with shell shock. Therefore, his proto-mental concept emphasises far more the bizarre and psychotic elements. This background is very important, because it highlights the experiential roots of their concepts, and colours their emotional receptivity and attitude in their clinical work with patients.

Nonetheless, in spite of these differences, both propounded a view of an undifferentiated bodymind in an arena, in which the individual has no distinctiveness, out of which a differentiated consciousness arises. This thesis argues that such commonality also arises from a similar intellectual basis. Firstly, the evidence discussed above suggests that Jung's ideas influenced Bion directly, and, next, the probability exists that both men were influenced by the same source of vitalist ideas in philosophy, namely Henri Bergson.

2. A vitalist viewpoint

By way of background, during a continuous period of at least twelve years from 1915, the list of corresponding members of the Society for Psychical Research includes key contributors to the psychoanalytic thinking of the time, amongst them Freud, Jung, and Janet, as well as Bergson, while McDougall was President of the Society in 1920 and Driesch was President of the Society in 1926. As mentioned above, McDougall, who influenced Hadfield, owed a debt to Bergson in his hormic psychology. Further,

Jung's psychoid concept owes much to Driesch⁵⁷, but his writings also contain numerous references to Bergson, and at least one of his close followers published an account of Bergson's work (Keller, 1914).

Driesch was developing *his* psychoid concept in the first decade of the twentieth century, and was known to Jung, by 1907, when he first encountered Freud⁵⁸. This was also the year when Bergson (1907[1911], 45) published the French edition of *Creative Evolution*, acknowledging the neo-vitalism of Driesch. It is known that Jung had a copy of the 1912 German edition in his library (Shamdasani, 2003, 227). Further, writing to Hans Schmid on 24 June 1915, he indicates that he had read it two years previously (Beebe & Falzeder 2013, 48). Both Shamdasani (2003, 227) and Gunter (1982, 639) note that, by 1913, Jung was comparing his own notion of the libido with Bergson's *élan vital*.

The minutes of the Zurich Psychoanalytical Society, Psychological Club, Zurich, for 20 March 1914, show that, following a presentation by Keller⁵⁹ of a paper on Bergson's theory, Jung responded that Bergson should long have been discussed since he was saying everything that they had not said. And, in 1916, in a paper on the psychoses, Jung observed:

I realise that my views are parallel with those of Bergson, and that in my book the concept of libido which I have given, is a concept parallel to that of "élan vital"; my constructive method⁶⁰ corresponds to Bergson's "intuitive" method". I, however, confine myself to the psychological side and to

⁵⁷ As discussed in Chapter 4.

⁵⁸ Also, as discussed in Chapter 4.

⁵⁹ Keller's 1914 pamphlet on Bergson appears to pre-date the presentation, having been published in January of the same year, but an overlap between the two is not acknowledged.

⁶⁰ The reference here by Jung to his constructive method alludes to a distinction, which he made in a presentation entitled *On Psychological Understanding*, before the Psycho-Medical Society in London in 1914, between Freud's method and his own (Shamdasani, 2003, 64). Based on a view of Freud's method as a causal tracing back to antecedent elements, by comparison with his attempt to grasp living meaning through synthesising the symbol into a universal and comprehensible expression, he described Freud's method as reductive and his own as constructive. Later, he came to call his method the synthetic method.

practical work. When I first read Bergson a year and a half ago I discovered to my great pleasure everything which I had worked out practically, but expressed in consummate language and in a wonderfully clear philosophic style. (1916a, 351)

By way of example, Jung gives a dream of a female patient:

I am on the point of crossing a broad and rapid stream. There is no bridge, only a ford, but as I begin to cross a crab lying hidden in the water seizes my foot and will not let go. (Ibid., 418)

The patient associates the crab to cancer, and a longstanding friendship with a woman who had this disease. Jung (ibid., 420) points out that a causal, reductive interpretation would be that the friend will not let her go because of an unconscious, homosexual intention towards her. A synthetic interpretation, by contrast, seeks the *meaning* of the crab lying hidden in the water of the patient's own unconscious, and concludes that it is a symbol for mythological content from the collective unconscious, untamed energy that needs to be personalised and made conscious for the patient to be released (ibid., 426).

Jung also acknowledged an influence on his typology in a letter of 4 June 1915 to Schmid, writing that "it was Bergson who gave me the notion of the *irrational*. What I like is the unmistakable *hypostasization* of this notion. As a consequence we get two intimately connected, mutually dependent principles: The *rational* and the *irrational*" (Beebe & Falzeder, 2013, 41-2). Jung was not yet employing these terms in his typology, but they came to be applied with reference to his rational functions, thinking and feeling, and his irrational functions, sensation and intuition, which formed the subject of his first Tavistock Lecture attended by Bion in 1935.

Thus, by his own admission, Jung's notions of libido, his synthetic method and his typology owed much to the ideas of Bergson. It is beyond the scope of this chapter to effect a detailed comparison of Jung and Bergson, but Bergson's descriptions of

instinct and intuition also lend themselves to comparison with Jung's descriptions of the same, and point towards support for Jung's accounts of the archetypes and thence of his psychoid unconscious.

For example, Kerslake (2007) compares Bergson's theory of instinct and Jung's instinctual or primordial image. Bergson (1907[1911], 181-3) describes the paralysing instinct of certain species of Hymenoptera (wasp), by which, prior to laying their eggs, they sting their victim to the point of paralysis, but not death, in order to ensure a living supply of fresh food for their larvae. He describes this as the wasp having a *sympathy* for its victim, no longer considered as two organisms, but as a relation of one to the other wherein the mere presence of the two together is sufficient for the wasp to respond by instinct.

Jung (1919, 18) gives an example of the refined instinct of the yucca moth, who once only in its lifetime lays its eggs in the yucca plant on the one single night that the plant is open, making a link with Bergson's philosophy and his notion of intuition. He draws an analogy between instinct as a purposive impulse to carry out a highly complicated action, and intuition as the unconscious purposive apprehension of a highly complicated situation, as per Bergson, indicating that "Bergson's philosophy suggests [a] way of explanation, where the factor of intuition comes in. [...] Just as instinct is the intrusion of an unconsciously motivated impulse into conscious action, so intuition is the intrusion of an unconscious content of an 'image' into conscious apperception" (ibid., 18). In a later version of the same paper, Jung (1948, par. 278) relates this to Bergson's revival of a primordial image with his conception of *durée créatrice*.

This leads us to the question of the body-mind relation addressed by both Bergson and Jung. Bergson refuted the idea of psycho-physical parallelism, and gives an account of life as an undivided unity, in which intelligence and instinct are turned in opposite directions, the former towards inert matter and the latter towards life:

In reality, life is a movement, materiality is the inverse movement, and each of these two movements is simple, the matter which forms a world being an undivided flux, and undivided also the life that runs through it, cutting out in it the living beings along its track. Of these two currents the second runs counter to the first, but the first obtains, all the same, something from the second. There results between them a *modus vivendi*, which is organization. (1907[1911], 243)

Bergson, then, is promoting a panpsychic view of mind-matter relations, consistent with Jung's dual-aspect monism in his psychoid concept.

It is evident from the above that Jung was influenced by Bergson in the development of his early ideas generally, and in the development especially of those concerning his psychoid concept. There is also evidence that Bion was so influenced, as Torres (2013c) discusses.

According to Torres (*ibid.*, 20), Bion possessed in his library a copy of Bergson's *Matter and Memory*⁶¹, which is marked with Bion's manuscript comments. Based both on the evidence of this book and on the parallels that can be drawn between their respective ideas, Torres argues that Bion was influenced by the metaphysics and process philosophy of Henri Bergson and Alfred North Whitehead, and that these influences extended into Bion's proto-mental concept.

As discussed above, Bergson's ideas were current with Freud, Janet and other psychoanalysts through the Society of Psychical Research, and certainly influenced Jung. In the Tavistock Clinic, Crichton-Miller (1933, 33/138/185) himself wrote both

⁶¹1896[1911].

that Jung's ideas bear a fundamental resemblance to Bergson's, and that Jung's use of the term *libido* is exactly analogous to Bergson's *élan vital* or to McDougall's *hormé*, while also noting that McDougall described Jung's scheme as entirely reconcilable with the conception of creative evolution. In all probability, therefore, Bion would have been well acquainted not only with Jung's views but also with Bergson's philosophy, when he was employed at the Tavistock Clinic.

In *Matter & Memory*, Bergson (1896[1911]) sought to review the relation of spirit and matter through a study of memory, or aphasia, reaching the conclusion that memory constitutes the intersection of mind and matter. In this work, Bergson (*ibid.*, 239) describes pure reality and intuition as an undivided continuity, which we break up into elements laid side by side, corresponding in the one case to *words* and in the other to independent *objects*, in adaptation to the exigencies of life. For him, man exists in "pure duration, of which the flow is continuous and in which we pass insensibly from one state to another: a continuity which is really lived, but artificially decomposed for the greater convenience of customary knowledge" (*ibid.*, 243). *Durée* or true reality is thus an endlessly indivisible temporal succession, and a living unity or panpsychism.

Bergson here describes the birth of consciousness in a vitalist fashion:

The progress of living matter consists in a differentiation of function which leads first to the production and then to the increasing complication of a nervous system capable of canalizing excitations and of organizing actions: the more the higher centres develop, the more numerous become the motor paths along which the same excitation allows the living being to choose, in order that it may act. An ever greater latitude left to movement in space – this indeed is what is seen. What is not seen is the growing and accompanying tension of consciousness in time. ... freedom always seems to have its roots deep in necessity and to be intimately organized with it. Spirit borrows from matter the perceptions on which it feeds, and restores them to matter in the form of movements which it has stamped with its own freedom. (*Ibid.*, 332)

Such a statement from *Matter and Memory* evidences a vitalist approach to the bodymind. Coupled with Torres' assertion of the influence of this work on Bion's thinking, this implies that Bion was influenced by Bergson in his understanding of an undifferentiated layer as a function of his the proto-mental system. Indeed, Torres draws a connection between Bergson's panpsychism, as conceived in *Matter and Memory*, and Bion's proto-mental matrix as a monism.

It would, therefore, appear that Jung and Bion were both influenced by the vitalistic conceptions of Bergson, insofar as their two concepts designate a deeply unconscious stratum, combining body and mind in an undifferentiated field from which consciousness arises. This is reinforced by evidence of some direct influence of Jung on Bion, as discussed above, and, it is here argued, account for the similarities between their psychoid and proto-mental concepts.

Conclusion

A comparison of the two concepts is shown in Appendix B, and yields some very interesting conclusions, since on the one hand both profit from a similar debt to vitalism, and a panpsychist or monistic account of the bodymind, leading to a conceptual notion of a deeply unconscious layer where body and mind are undifferentiated and out of which organisation and consciousness arise. Likewise, both suggest that this layer is ultimately unknowable, and that it is a source of very primitive states, that may manifest as much physically as psychically, and may be encountered in regression.

However, from this origin and almost certainly out of their actual WWI experiences and lived preoccupations, the two men ultimately developed entirely different accounts of the clinical experiences associated with such layer. Jung develops his

thinking further along the abstract lines of his vitalistic forebears, expanding on the biological understanding of instincts into his instinctual image and his archetypal image, as discussed in Chapter 4. His psychoid concept links body and mind, instinct and spirit, with the imaginal and the symbolic, emphasising the teleological aspect of its organising function in the service of individuation. Bion, by contrast, links his proto-mental concept directly with fragmentation and psychosis, and with specific clinical experience, developing the trajectory of his ideas in detail in this direction, whilst paying only brief attention to the more life giving aspect of its vitalistic origins.

Based on such history, this thesis argues that the fundamental similarities in the conceptual backgrounds and evolution of the two concepts render it appropriate to compare them both theoretically and clinically. Furthermore, their complementary development in opposing directions, firstly in terms of Jung's more abstract and universal conceptualisation versus Bion's more clinical and applied application, and secondly in terms of Jung's more teleological organizing function versus Bion's more fragmented psychotic mechanism, supports a view that such comparison may usefully yield a theoretical expansion of Jung's concept, by reference to Bion's far more detailed exposition of psychosis, to derive an effective clinical instrument having extended practical application.

The next chapter commences a discussion of the empirical strand of this project, and this comparison will be re-visited in the results of the empirical work and in the conclusion.

Chapter 7

The empirical work

Introduction

The investigation of the psychoid concept now moves into contemporary clinical practice, in an empirical study of a specific category of clinical event, through interviews with practising clinicians. The aim is to determine how they conceptualise such category of event, namely to determine their private theories in relation thereto, and afterwards to compare the results with the formulation for the psychoid concept established in the historical part of this thesis. The present chapter addresses the status of the analysts' private theories, how they sit between clinical practice and public theory. Accordingly, the chapter begins with some background on the relationship of clinical practice to public theory, and then, using a specific interview example, demonstrates the extraction of a respective set of conceptualisations, and reviews the nature and standing of these with respect to such relationship.

It is generally acknowledged that there is a gap between public psychoanalytic theory and the clinical practice of analysis, and that what guides clinical practice may be thought of as the private theories or models of the practising analyst, which may be adapted from public theory and which may be partially explicit and conscious and partially implicit and unconscious. These private theories both inform and at times, since they tend to be unexamined, interfere with the way the analyst practices.

As Sandler states, the more we study private theories, the more we will be in a position to advance public theory (1983, 38). Likewise, Dreher observes that

bringing private theories to the light through empirical research is an important task for the existing public theory, both for the purpose of monitoring variations that are unconsciously being introduced into such formal concepts, and for integrating new developments into and refining the existing state of the public theory (2000, 167).

There is a considerable body of literature on such private theories, addressing variously how they originate, what their relationship is with the unconscious, with formal theory and with clinical practice, how they function in the mind of the analyst, and what their role is in the analytic encounter, virtually all squarely located in the psychoanalytic arena (as opposed to analytical psychology) and based on an assumption of Freud's topological theory of the mind (cf, by way of example only, Sandler (1983), Fonagy (1982, 2003, 2006), Dreher (2000), Canestri (2006), Grossman (2006), Tuckett (2008)). Most of the writers employ the expression 'implicit theory', although they do not all appear to mean the same thing, even though they acknowledge the publications and ideas of one another as if they do, as will become apparent in the following discussion.

Background

The notion of implicit private theories influencing the clinical work of the practising psychoanalyst has a history that is usually acknowledged to commence with Sandler's discussion of the dimensions of meaning of psychoanalytic concepts in meaning spaces within: the psychoanalytic field, certain groups of psychoanalysts, and even and especially the minds of individual practitioners (1983, 35). Sandler proposes that psychoanalytic theories are pliable, elastic concepts that have a whole spectrum of context-dependent meanings and that are in a state of continuous organic development (*ibid.*, 35).

He describes the development individually, within the mind of the practising analyst with increasing experience, of “a whole variety of theoretical segments which relate directly to his clinical work”, constructed preconsciously out of his training, his reading, the official theories, and his clinical work (ibid., 38). Such body of ideas includes the products of unconscious thinking, and partial structures, whether theories, models or schemata, which coexist unconsciously in reserve unless conditions arise that are suitable for bringing them into consciousness (ibid., 38). He terms this body the implicit private theories of the analyst, and he sees them as adaptations of public theories emerging to suit the immediate situation and general practice of the analyst.

Sandler’s original contribution has been followed by a variety of papers, elaborating on his ideas and also raising a number of issues. The following discussion focuses on these issues, lifting out the salient references, rather than summarising the entire field.

1. Pre-conscious v. dynamic unconscious

Sandler places implicit private theories in the *preconscious*, with reference to Freud’s topographical model of the mind, without elaborating on his reasons and without addressing the possibility of such theories having their roots in the *dynamic unconscious*, although he hints at it when he says, “one of the difficulties in undertaking ... research is that posed by the conscious or unconscious conviction of many analysts that they do not do ‘proper’ analysis” (ibid., 38). Accordingly, he implies that analysts have a tendency to repress their private models due to critical self-judgement, and therefore that some unconscious elements may be situated in the dynamic unconscious, since they are repressed.

With the benefit of hindsight, afforded, for example, by Tuckett's statement, "insofar as they are dynamically unconscious, the analyst herself may well feel uncomfortable if aspects of her private theories, which are in conflict with the theoretical approach publicly held ... get revealed", it can be seen that Sandler does indeed encompass the dynamic unconscious as well as the preconscious (2008, 191).

The importance of this issue concerns the potential for researching implicit theories. Starting from Sandler's discussion of implicit private theories, Dreher divides implicit theories into two groups, namely preconscious thoughts based on training affiliation, and individual clinical development and practice, on the one hand, and dynamically unconscious ideas embedded in the analyst's personal pathology on the other. She thereby encompasses differing relationships of implicit theories *both* with the unconscious *and* with official theory and clinical experience.

Based on Polanyi (1966, 95-6) and his view of the tacit or implicit dimension of personal knowledge, as "a subsidiary awareness [that] ... functions as a clue to the object of our focal attention", as employed in the social sciences, Dreher asserts that implicit theories that are primarily preconscious can be investigated in a systematic way by appropriate techniques from the social sciences. She asserts that this understanding of implicit theories points to the role that such knowledge plays in the scientific process, and to the methods available to access it.

By contrast, she argues that implicit theories that are dynamically unconscious could only be investigated by a *psychoanalytic* methodology, and would require the integration of psychoanalytic supervision and personal analysis into the research process (2000, 169). She states, "those wanting to integrate the study of unconscious

ideas and motives ... would have to propose a form of conceptual research supplemented by *psychoanalytic* methods” (ibid., 172).

There are, however, difficulties in relying thus on Polanyi, firstly because he does not describe the tacit dimension in terms of, and indeed he specifically distinguishes himself from, Freud’s topographical model of the mind (1966, 95). Next, he describes tacit knowledge as being based on intuition and participant observation. Consequently, while such knowledge may be investigated by the social sciences, it is arguable that it can be seen as part of a scientific process, although Polanyi does indeed argue this (ibid., 23-5). Finally, he does not confine his tacit dimension to an area of mental functioning corresponding with the preconscious. Rather, he also envisages a deeply unconscious area of functioning, which would more nearly be an equivalent of the dynamic unconscious of Freud or the collective unconscious of Jung, involving the bodily roots of all thought (ibid., 15).

It is to be noted, in this latter respect, that Polanyi refers to Hans Driesch to substantiate his ideas concerning tacit knowledge as an emergent form, just as Jung refers to Driesch to substantiate some of his ideas on his *deeply unknowable* psychoid unconscious (ibid., 42-6).

The above discussion highlights an important issue in relation to implicit theories, namely that their accessibility to research, and the methodology to be employed for investigating them, is considered to depend on their location in the Freudian unconscious.

Whilst this appears to raise daunting problems for research into analysts’ conceptualisations of the clinical process, an alternative approach towards implicit theories may point the way out of the thicket.

2. Repression v. emergence

As indicated above, Sandler and Tuckett, amongst others, imply that the defensive attitudes of analysts towards their own implicit theories results in a tendency to repress them.

Fonagy (1982), writing before Sandler and referring to a personal communication from him proposing a study of private, preconscious theories, offers an alternative viewpoint. Fonagy does not use the term ‘implicit theory’, but his description suggests that he is addressing a generally similar arena:

It is possible that by using metaphoric language, theorists are able to incorporate into their developing ideas intuitions about the mechanisms of their own psychological functioning derived from preconscious sources. Such preconscious knowledge concerning the psychological processes taking place within ourselves may be expressed in the scientific metaphors of psychoanalysis in a manner analogous to the preconscious understanding of phonological mechanisms contained in the phonetic metaphors of grammarians. (1982, 135)

Fonagy suggests that such metaphors may have value in directing the integration of psychoanalytic hypotheses and empirical research.

Whereas Sandler implies that implicit theories tend to be *repressed* into the dynamic unconscious, and therefore introduce distortions, Fonagy through his discussion of ‘metaphor’ suggests that what constitutes a private theory reflects an *as yet unknown* theoretical function, for which there is insufficient information concerning the underlying psychological process. Sandler therefore appears to be considering a repressive process, while Fonagy appears to be considering an emergent one.

In a later paper on the role of implicit knowledge, Fonagy (2006) offers the view that psychoanalysts do not understand how or why their treatment works but that theories orient clinicians and support understanding, whilst practice may be the inspiration for

and lead to the evolution of new theory. He argues that implicit theories may be seen as metaphoric approximations at a subjective level for both analyst and patient of certain types of deeply unconscious internal experience of the analytic relationship, saying “Science uses metaphor in the absence of detailed knowledge of the underlying process” (2006, 82).

He refers to a container of knowledge, designated *the implicit psychoanalytic knowledge base*, gained through and deepened by intensive psychoanalytic work when two human minds try to fit together ideas and meanings⁶². Public theory, he asserts, grows out of the understanding of these processes through intensive psychoanalytic work, in that “proximity to another mind afforded by psychoanalytic treatment will inevitably deepen an implicit, non-conscious, procedural, action-focused understanding of mental function” (ibid., 84).

The importance of Fonagy’s approach is that he offers an emergent view of implicit private theory, by which conceptualisations come to light firstly as metaphor, before the underlying analytic process is fully understood, and later become elaborated. This alleviates the pressure on allocating implicit theories to one or other of the preconscious and the dynamic unconscious, and also the difficulty of establishing a methodology for investigating either, since what can now be contemplated is the notion of a private theory emerging into consciousness and available for investigation on this ground.

It is to be noted that the accounts of Sandler and Fonagy are not co-extensive, since Sandler specifically relates such implicit arena to a whole spectrum of context-dependent meanings of psychoanalytic concepts, and thus to formal psychoanalytic

⁶² Researcher’s underlining.

theory, whereas Fonagy refers simply to preconscious knowledge concerning the psychological processes within ourselves, implying more of a clinical bias for the term.

This raises the question how far the implicit theories that are in question are actually to do with theoretical concepts and how far they are to do with clinical technique.

3. Between theory and technique

Canestri (2006) and the European Psychoanalytic Federation working party on theoretical issues address this question specifically, in a project referring to Sandler and exploring the relationship between clinical practice and theory. As discussed in Chapter 2, the working party sought to design an instrument for identifying “in our clinical work the implicit theories of the analyst” (ibid., 25).

An interesting aspect of Canestri’s approach is the attempt to define implicit theories more completely than hitherto:

The psychoanalyst ... constructs, preconsciously and descriptively speaking unconsciously, ‘theories’ or models adapted to the circumstances present in his clinical work with that particular patient. ... It is not only a question of the normal re-elaboration that concepts undergo merely because they are being used, inasmuch as they inevitably pass through the meshes of the user’s language. A more complex operation comes into play; although it certainly includes this re-elaboration of the concepts of theory, it also, and perhaps above all, includes the integration of concepts drawn from different theories, in a mixture that incorporates ... many other elements of different origin. (Ibid., 13-4)

Such implicit theories may eventually be absorbed into the official theories, or alternatively they may invite proliferation and conceptual laxity, and thus the working party sought an instrument for discriminating implicit, private theories of value for integration into future public theory.

Acknowledging Dreher, Canestri (*ibid.*, 23) sees the creative activity of the analyst as essential to the work of transformation in the analytic process, and knowledge as having a personal component that is the result of the combined creative working of the unconscious, preconscious and conscious and that is metabolized in the preconscious. The preconscious is thus the arena where the part-theories, models and schemata that comprise implicit theories are organised, negotiated and elaborated.

Following extensive discussion with analysts from different psychoanalytical societies, the working party arrived at a definition:

Lived theory = public theory-based thinking + private theoretical thinking + interaction of private and explicit thinking (implicit use of public theory)

where lived theory means the living process of conceptualisation taking place in a clinical session, conscious or unconscious (*ibid.*, 29).

As discussed in Chapter 2, they conceived a map of the private theories employed by the analyst in clinical practice, comprising six vectors:

- (i) A topographical vector, taking into account the location of the analyst's theoretical thinking in the conscious, the preconscious or the unconscious, and the associated dynamics.
- (ii) A conceptual vector, covering the influences of cultural and clinical trends, and the analyst's technical assumptions as to process elements, such as theories of change, meaning and the transference, as well as approaches to interpretation, and the prioritisation of image or language.
- (iii) An action vector, pertaining to the analyst's actions towards his patient, including listening, formulating interpretations and delivering them.

- (iv) An object relations of knowledge vector, concerning the analyst's relationship with psychoanalytic concepts, and with his own internal objects relating to them.
- (v) A coherence versus contradiction vector, addressing the way that the analyst balances coherence and contradiction within his own process, tolerates contradiction, and handles these in his interactions with his patient. The use of metaphor is noted to be important here.
- (vi) A developmental vector, concerning the analyst's understanding of developmental models and attitudes to developmental stages/phases.

The working party conceived this map as “a methodological instrument for analysing the private, implicit and preconscious theories of the analyst at work”, for identifying the theories or models that the analyst is employing (ibid., 42). Accordingly, the map leads from practice towards theory.

A key feature of Canestri is the way in which he links implicit theories with public theory, by demonstrating how lived theory is a product of public theory and implicit theory, and how public theory evolves out of implicit theory. The map is useful in the number of specific guiding examples that it provides, and in the division of the areas potentially influencing implicit theories into a structured framework, although there is some ambiguity as to whether ‘implicit theory’ is to be conceived in terms of the analyst's theoretical approach and his own private theoretical model or in terms of his actual clinical approach in the consulting room. The examples given against the six vectors appear sometimes to be more inclined in one direction and sometimes more in the other.

Grossman notes the complex way in which the analyst builds up links between theory and technique, and argues for the need for systematic formulations of theory, technique, and process, and for greater attention to the role of consciousness in developing understandings of implicit processes (2006, 87-101).

Tuckett and the EPF working party on comparative clinical methods designed an instrument based on Canestri's map for use in their investigation of "the models that lay, usually implicitly, behind the different ways of working" of different analysts (2008, 1). They used this instrument to guide the discussion of case material in small groups of analysts, with the aim of eliciting through such discussion the explanatory working model of analysis of a presenting clinician.

4. Discussion

This background to the empirical strand of the present project is important, because it provides a context firstly for the design of an interview structure based around a single clinical session for use with practising analysts, secondly for understanding what is expected to emerge from these interviews, and thirdly for locating with respect to theory and practice the conceptualisations obtained through data analysis of the interview transcripts.

The writings discussed above reveal the complexity of the notion of implicit theories, whilst at the same time demonstrating their profound significance in relation to our actual clinical work. These theories arise in our clinical work out of a considerable range of influences. Most authors follow the early definition by Sandler of implicit theories as elastic, organically developing, context-dependent analytic concepts existing within a set of dimensions of meaning, or meaning-spaces. Earlier authors have been preoccupied with the location of the implicit theories in the unconscious

mind of the analyst, but later ones offer more dynamic understandings, which rely more on the process by which implicit theories are repressed from or emerge into consciousness.

In particular, Fonagy's (1982, 2006) notion of two minds struggling together to find meaning and understanding, and his emergent model for metaphors representing implicit theories, provides an approach in which knowledge of the unconscious origins of the implicit theory is not needed and in which the content can be monitored as it emerges. Fonagy describes implicit theories as metaphoric approximations of certain types of deeply unconscious internal experience, which reflect intuitions of as yet unknown mental function, implying that they first herald their appearance in metaphoric language.

This suggests not only an emergent mechanism, more in line with an evolution of public theory than with distortion, but also an approach to investigating implicit theory, because he sees this emergence as taking place in a relational setting involving two human minds trying to arrive at meaning together.

Such viewpoint is significant for a number of reasons. Firstly, it is consistent with Polanyi's view of tacit knowledge as being based on intuition and participant observation. Secondly, it is consistent with a methodology for locating implicit theories that is relational but that does not have to replicate a psychoanalytic methodology in its attitude to the analyst whose implicit theories are being investigated. And, thirdly, although Fonagy himself describes his ideas in terms of Freud's topographical model of the mind, nonetheless this approach permits the possibility of, or is contiguous with, an alternative model of the mind.

Accordingly, Fonagy's model offers a basis for the present interview-based approach, in which two people together, in a clinical discussion, seek to discover the conceptualisations of one of them. These conceptualisations, undergoing formulation or already formulated in the mind of the interviewee, can be expected to emerge directly or indirectly, or through metaphorical approximation, within the interview process, thence to be uncovered through data analysis. Furthermore, they may be delivered in theoretical or non-theoretical language, depending on the degree of prior theoretical or metaphorical formulation achieved by the respective interviewee.

Canestri's definition for, and account of the influences giving rise to, private theories is helpful in explicating, and providing specific illustrations for, the forms of private theory envisaged. It is noted that he allows private theory to include process elements, acknowledged theoretical influences, internal conceptual objects, and metaphor, amongst other things.

As discussed in Chapter 2, Canestri's map and Tuckett's instrument have been adapted for use in the present project to provide an instrument for guiding interviews with practising analysts. Therefore, the interviews may be expected to yield conceptualisations corresponding with Canestri's map, which will assist in locating the influences giving rise to the private theories produced, as well as providing a basis for validly comparing such private theories with official theory in the form of the psychoid concept, in order to validate, confirm, extend or contradict such concept.

As also explained in Chapter 2, the interview transcripts have been analysed by means of grounded theory techniques, since this approach is consistent with the generation of emergent theory.

In order to avoid confusion, in view of the variety of accounts for ‘implicit theories’ in the published literature, as discussed above, the term ‘private theories’ will be adopted, from now on, to cover the analyst’s personal theories, whether consciously elaborated or not. It is postulated that the private theories generated in this project are likely to be partially consciously worked out and partially pre-conscious or unconscious, and that they will emerge in the interview process through two minds working together to understand the process notes and through the grounded theory process.

Example

An example of a specific interview process and the subsequent data analysis using grounded theory will now be given, to show how certain themes or clusters of ideas emerged in the course of this process.

As with all the interviews, this one focused on a set of process notes including a vignette of a countertransference event combining the mental and the physical fact. The patient, a middle-aged woman, presented as dissociated from her feelings and her body. At the start of the session, she speaks, without affect, of fear of sinking back into depression. After the countertransference event, when the analyst experiences a sensory image of an adult offering a small carved object to a child, who snatches it with satisfaction, she engages much more directly.

1. 1st interview

S11(PA)⁶³ was the eleventh analyst to be interviewed for the project, and accordingly the interview process was by now familiar. Certain general topics, such as development and regression, were noted to be coming up frequently in the interviews,

⁶³ All interviewees are designated ‘he’, for reasons given in Chapter 2.

and some initial ideas as to different ways of conceiving the transference, as mutual and symmetrical or as hierarchical and asymmetrical⁶⁴, were beginning to crystallise out of the different interviews. Other such themes included the significance attributed respectively to emergence, symbolic capacity, and a relational approach. All of these formed a backdrop to the current interview, and meant in the data analysis that particular attention was paid to clues offering further evidence for them. The results from each new stage were being applied in a re-evaluation of the earlier stages, and the overall data analysis was becoming increasingly refined.

In a recent seminar, S11(PA) had presented some interesting case material about a somatising patient, and so he was felt to be able to offer relevant insights. The interview commenced with an explanation of the task and discussion vertices, and with S11(PA) reading the process notes in silent deep concentration. He then began discussing the session, and especially the vignette, guided by the discussion vertices, adding some associations from his own clinical experience. Following the interview, the field notes commented that two themes stood out, namely that: words have an action component to them that informs S11(PA) about the unconscious dynamic in the patient and that gets into the session in a form of enactment; and, he compares psychoanalysis and early parent-infant experience as two arenas where sensory or physical images and metaphors may arise.

2. Immersion and initial extraction

In order to become familiar with his views, and ensure that the transcript was accurate, the recording was re-played, and the transcript corrected, repeatedly, before sending a copy to S11(PA) for his agreement, and before starting coding.

⁶⁴ For a discussion of these terms, see Chapter 9.

An initial line-by-line coding, sticking closely to the language employed by S11(PA), served to pick out themes. Emphases, obscurities and potential queries were noted in the margins as comments.

Memos made straight afterwards captured immediate thoughts on the emerging ideas, including understandings of sensory experience, models of the transference, and references to regression.

The following excerpt picks up these themes⁶⁵:

<u>Line coding</u>	<u>1st interview transcript</u>
<p>Seeing event as: the analyst having thoughts about the transference relationship, that are not getting through to the patient, and moving intuitively from words to somatic images</p> <p>Feeling this is a more direct expression of the infantile basis of the situation</p>	<p>S11(PA): So, I would see that as [...] the analyst has a set of thoughts about the transference relationship and situation in that session, which in a way aren't really getting through to the patient. I mean they are, but they're not ... she's a bit stuck in this [...] being all frantic and not being soothed. And the analyst intuitively moves from trying to express that in ideas, which the patient is not really doing much with, to a set of somatic images and experiences, which express something much more direct about the kind of infantile basis or the infantile version of that situation. (I1, 5)⁶⁶</p>

The memos commented that S11(PA) employed the expression 'experience' frequently, in a variety of contexts, indicating a close attunement to analysis as process. Another significant theme was the notion that the words of both patient and analyst are unconsciously actions rooted in bodily experience. S11(PA) related this with infancy, considering that baby dynamics are at the centre of all our communications at an unconscious level, manifesting in our selection of words, grammatical structure and sentence flow. Linked with this, the interviewer observed

⁶⁵ Hesitations and repetitions have been removed from these excerpts.

⁶⁶ I1 and I2 herein refer, respectively, to first and second interviews with the interviewee.

that S11(PA) believes that regression is a necessary and central part of the analytic experience, for both patient and analyst, in order to get to the more primitive, base level of issues that need addressing.

S11(PA) implied a familiarity with sensory and somatic experience in sessions, both in the patient and in the analyst, ranging from symptoms, such as headaches, feeling sick, having restless legs, to experience in the form of ‘sensory’ or ‘somatic’ images. He specifically acknowledged that this latter *kind* of experience is known to him, giving an example from his own analysis, associated with an early state of mind.

The memos then noted that, based on the action level of words, S11(PA) felt, at the start of the session, the patient was like a complaining child, pushing mother away, while the analyst was employing words in a soothing way. He saw the event in the vignette as a turning point shifting the session into a different gear, ‘something emerging’ in the transference relationship, bringing the analyst and patient into engagement with one another at a primitive parent-child level. He observed that the precise countertransference experience of the analyst would be predicated on their own internal world of imagination, and thus only they could know its interpretation by reference to their own meaning space.

He referred a number of times to material ‘emerging’, although he did not highlight emergence as a primary characteristic of psychoanalysis⁶⁷. He described psychoanalysis as giving permission for self-disclosure, which opens the way for unconscious phantasy to emerge, and be recognised.

In his model of the transference, a form of ‘resonating’ takes place at adult verbal levels of functioning, and projective identification takes over at more primitive levels.

⁶⁷ By contrast with some interviewees, particularly amongst the Jungians.

He made one reference to baby and mother being fused, which did not seem to fit this model, and the memos noted a need to explore this further.

Finally, the memos highlighted the comments of S11(PA) on the role of interpretation. He feels that mere mirroring is insufficient, that the patient needs to receive an element of the analyst's self, and see that the analyst has personally created something out of the patient's communications. Therefore, relationship is an important part of analysis.

3. Shaping and further extraction

Next, in a focused coding, related ideas began to be apparent. The focused coding steps were re-done repeatedly, on each occasion noting key themes and commenting on them in the memos.

The following cluster headings started to emerge as worthy of exploration in conjunction with the elaborations and connections associated with them: Sensory images; words as actions, and their links with sensory images; levels of functioning, linking both with words as actions and with sensory images; regression, linking with levels of functioning; shifts in functioning and relating, or turning points; emergence; the transference field; and psychoanalysis as a joint experience.

The following examples pick up references to the transference field, levels of functioning and regression:

<u>Focused coding</u>	<u>1st interview transcript</u>
Seeing the vignette event as	<p><u>Excerpt 1</u></p> <p>S11(PA): It's a two-way thing, isn't it, because it feels to me as if the patient is managing to get through. It's not just that the analyst finds a way of getting through differently. But it's as if the patient,</p>

<p>two-way: the analyst gets through differently <u>and</u> the patient is felt on a more visceral level</p> <p>Noting levels of functioning: the drowning state of the patient is initially related to on an adult level, <u>then</u> a more primitive level is reached and the immediacy of the transference gets through</p>	<p>the impact of the patient is felt on a more visceral sort of level, whereas previously [...] it felt like a patient being a patient and the analyst being an analyst ... and a bit too much on the level of thoughts, and not quite real enough. And so the reality of the drowning state of the patient, where she's feeling, you know, "I'm getting worse; I'm sinking into depression again. Nothing is getting better. I'm really disappointed and angry, and all this crap is going on that I have to deal with and nobody is helping." [...] [A]nd she throws it all at the analyst. And yet it's related to as though it's an adult communication. And I think what then comes through, in that more visceral level of listening, is the immediacy, the panic actually, and also anger and frustration and clamouring quality of the transference. (I1, 7)</p>
<p>Associating levels of functioning with resonance and projective identification</p>	<p><u>Excerpt 2</u></p> <p>S11(PA): I think that probably links to what I was saying about the different levels of communication, the adult self, the continuing adult self of the patient, assuming it's an adult patient, and then the baby self, and actually the same for the analyst. And that the thing of two people resonating and having things going on and associating and having an interaction between the two is more like the two adult selves.</p>
<p>Linking resonance with adult interaction</p>	<p>And I felt to some degree that at the beginning of the session there was a bit about feeling that the patient comes along and says, "blah-blah-blah." The analyst says, "Maybe it's this," and she thinks, "Maybe, but blah-blah-blah," some more, and then gradually there is a joint regression, if you like, during the session, where access is opened up to the more basic levels of both people.</p>
<p>Noting gradual joint regression opens up access to more basic levels of both, increasingly yielding projective identification</p>	<p>And then I think the more that happens, the more it's in the nature of projective identification, where one person quite directly, although in a way that I'm still not sure how it happens, but quite directly interferes with the other person's psyche. ... And I think you see that most powerfully, or at least it has been most powerful in my experience, between an actual parent and a very new baby [...] [T]he two are really much more fused than I think any two people normally are in any other context. And so, I think that's an extreme form of locked-in projective identification from, on both sides. (I1, 14)</p>
<p>Describing projective identification as one person directly interfering with the other's psyche</p>	
<p>Linking with infant levels, and fusion</p>	

4. Uncovering confusions

The memos at this point noted that the first interview yielded some important questions, having a bearing on the private theory of S11(PA): One question is the origin in the thinking of S11(PA) of words as actions, since this informs his understanding of psychic structure and is a significant element in his explanation for the existence of somatic images. Another concerns the use by S11(PA) of the term ‘emergence’, since he employed the term almost unknowingly, but this dynamic is seen as crucial by a number of the other interviewees in their understanding of the analytic process.

Also, S11(PA) referred variously to projective identification, instances of locked-in projective identification on both sides, and fusion, and these terms would benefit from clarification, in order to evaluate the form of the transference field envisaged by S11(PA).

5. 2nd interview

A second interview was therefore fixed. This interview addressed only the transcript of the first interview, and not the process notes, to review these points.

S11(PA) began by giving a full account of the origins of his ideas on words as actions, as discussed further below.

Then, his attention was drawn to his use of the expression ‘emergence’ in the first interview. He acknowledged that he had not noticed, and proceeded to contemplate forms of emergence, including: a person emerging more clearly; internal aspects of the patient emerging; and issues emerging from the work, ‘like something being born’, starting with somatic experience for the patient and/or the analyst. He

observed how often a symptom that he had experienced had turned out to be key for the patient.

Next, referring to the transference field, it became apparent that S11(PA) envisages a shared experience not actually covered by the term projective identification, as follows:

<u>Focused coding</u>	<u>2nd interview transcript</u>
<p>Describing feeling that both regressed to a close, emotional place, where he felt part of the patient and intertwined with his situation</p>	<p><u>Excerpt 1</u></p> <p>S11(PA): [H]e conjured up so, not so much in words but in affect, such a fragile, falling apart feeling, and he was able to, he began to cry a lot [...] I felt as though we both slid into, and we regressed, regressed in the sense of very open and close and emotional, so that when he got to the bit where he started telling me how he visited X who's clearly near to death with cancer, and that they'd had a very, very important emotional conversation together about what they had meant to each other and so on, I felt as though I was right there with him almost in this deathbed scene, and his child-self [...] being sent away and not knowing anybody and going to a country with a different language. I mean that's a very, very hard experience as a fairly young boy. I felt as though he'd become that young boy again, and I'd become somehow part of him or very intertwined with his situation. (I2, 17)</p>
<p>Describing 'merging': feeling the patient still owned his own experience but induced it in the analyst, and something travelled the other way enabling both to emerge from a profound experience of loss</p>	<p><u>Excerpt 2</u></p> <p>S11(PA): It was more of a merging of experience rather than that he was disowning anything or relocating it in me. I felt he completely still owned it all the way through. But that he did induce it in me, and then there was something that travelled the other way as well, which I think enabled, it felt like, both of us to emerge from that experience of really a near death, the emotional experience going with really, really losing something that you absolutely need. And that of course, there is a transference dimension to that too, and by the end of the session we were talking again about [...] ⁶⁸ the reality of losing X [...]</p>

⁶⁸ A couple of short passages and identifying details of X are omitted for reasons of confidentiality.

<p>Contrasting with something disowned and split off into the analyst as projective identification, and not feeling this accounts</p>	<p>more in an ordinary adult way. But I think in the middle of the session both of us had felt almost like helpless, panicked children [...] I was aware that I was feeling it on his behalf, but I was remembering times that I had felt like that myself and really feeling for the degree of loss that he was confronting. [...] But I think I would, yes, I think projective identification in that case is not really ... I don't know what the right expression would be, exactly, for it. (I2, 17-18)</p>
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6. Clusters

Having coded both interviews, and noted the various themes emerging, clusters of linked themes began to form:

a. Words as actions, sensory images, levels of functioning

It emerged that S11(PA) had a structural notion of the psyche, relying on levels of functioning along a number of axes, adult and infant, cognitive and primitive, more rational and more physical. Commencing from what he called ‘the embodiment of thinking’, meaning that the roots of thinking and feeling lie in bodily experience, S11(PA) described words as having a level at which unconsciously they are actions, expressing bodily processes, like eating, vomiting or hitting. The choice of words, the smoothness or choppiness of their flow, the looping back or complexity of a communication, all give the lie to the kind of word actions taking place. In the second interview, he explained that this view derived partly from Isaacs (1948) on unconscious phantasy, and partly from work undertaken by Fonagy and Target (2007) on embodied cognition, linguistics and attachment. That opened up an understanding of the idiosyncratic forms of interaction arising between two people in analysis, comprising phantasy-to-action expressed through words, metaphor and images.

Referring to the vignette event, S11(PA) spoke about sensory and somatic images as: a more direct expression at an unconscious level of words as actions; a primitive base level of mental experience without the overlay of cognitive wrappings and cortical trappings; an expression of a shape of sensory experience, a tactile or action experience; a primitive or base level of mental experience; and imagery based on bodily infantile phantasies from the earliest baby experiences of sucking, taking in, getting hold of, pushing off, feeling breathless, internal-external negotiation, and parental holding. He also associated physical symptoms with infantile bodily phantasies.

With reference to the session, the memos summarised the views of S11(PA):

The session started with the patient like a grizzling child using words as though fussing about what was being offered, pushing mother away, feeling nothing was right; and with the analyst employing words that at an action level were soothing, reaching out, like an adult kneeling down to the level of a child. The patient's words were echoed by her posture on the couch, staring at the ceiling, giving the same message of refusal. The analyst then moved intuitively from words into a more somatic arena, expressing directly an infantile basis of the situation. *Both analyst and patient* then got through to one another, and the analyst's next words could be seen at an action level as an act of giving, received as such by the patient. (Memos)

Thus, S11(PA) felt the event represented a shift into a more primitive and accessible level, where, in Bion's terms, some alpha functioning gets applied to the beta elements. The question of shifts like this can go either way, according to S11(PA). Something experienced at a thought level may emerge in a physical metaphor, as here, or bodily experience may become more abstract verbal representation:

Just as adult verbal communication unconsciously incorporates bodily experience and bodily intention and impulses, I think that the things that are actually experienced as bodily impulses and intentions also have implicit within them the other side, which is the more represented, cognitively represented thought. (S11(PA), II, 5)

b. Regression, levels of functioning

In the first interview, this led to a discussion of the nature of the psychoanalytic process, in which S11(PA) sees regression, conceived as openness to more primitive levels of mental functioning, as central and necessary. This may take various forms, including increased contact with physical experience, an emergence of previously unconscious phantasy, and greater access to material from infantile experience. He indicated that regression in psychoanalysis is to be distinguished from actually going back to *being* like a child, since an aspect of the patient continues to function as an adult and the patient reverts to normal adult life at the end of a session. Rather, a unique state of separation arises between different levels of functioning, including reality and phantasy. As analyst, S11(PA) described himself as being attuned to the baby in the adult, even when the adult is speaking in a cerebral manner. Furthermore, he said, regression needs to occur in *both* patient *and* analyst for psychoanalysis to be effective (S11(PA), II, 14).

c. Emergence, regression, turning points

Early memos recorded that, for S11(PA), the regression of patient and analyst to more primitive levels of functioning gives rise to unconscious phantasy, in that “constellations of previously unconscious anxieties, wishes, physical states, and the need to express them, emerge” (S11(PA), II, 10). He defined regression as an openness, both to unconscious phantasy in a way that allows the recognition and elaboration of the phantasy through the analytic process, and to more physical and/or infantile kinds of experience. By way of example, he thought the session began with the analyst being an analyst and the patient being a patient, so that the encounter does not initially feel very real, and then there is a joint regression and a more vital level of

listening is engaged and the immediacy and clamouring quality of the transference come through. He described this episode as a typical crisis in a session, a turning point, where something breaks through or emerges.

In the second interview, he contemplated the nature of emergence in analysis:

[There are] issues emerging from work, and quite often I think it goes through that sequence, which involves some sort of sensory or physical experience, and commonly for the patient and sometimes for the analyst. And sometimes I've been cued into something, which I probably might not have made contact with otherwise, through a physical symptom of my own, which has alerted me to something about the patient, which then has turned out to be a key thing, either a physical issue that they've got or some phantasy that they have. ... [T]here's that kind of emergence where something... It's almost like being born, something is introduced into the analysis as something that can be known and worked on ... almost indirectly through some much more visceral kind of resonance. (S11(PA), I2, 11)

He gave two examples of this kind of 'painful birth' from his own practice, where 'something going on between' patient and analyst produced quite specific symptoms in him that were fundamental to the analysis, in the first instance migraine headaches and in the second asthma. These symptoms were very significant in the life history of the respective patients, and led eventually and quite spontaneously to something that proved a turning point for the patient.

- d. Transference field, resonance, projective identification, fusion, merging, symmetry

In the seminar mentioned above, S11(PA) had spoken about a form of play arising in psychoanalysis where the analyst resonates with something played out by the patient, and in the first interview he spoke about the analyst *resonating* with the patient's action speech. Enquiring what he meant by 'resonating', and how this linked with projective identification, he said, "I probably don't sufficiently distinguish between those two things, because I think there's a whole spectrum between the two ... I think,

practically always, there's both going on" (S11(PA), I1, 14). He described two people resonating as interaction at the level of their adult selves. Then, the more there is regression, the more access is opened up to the more basic levels, and the more the interaction is in the nature projective identification (S11(PA), I1, 14).

S11(PA) mentioned that projective identification can be witnessed most powerfully between a parent and a very new baby: The two are really fused in an extreme form of locked-in projective identification on both sides. He described this state as the infusion of one person's psychic experience with contents of the other person's experience, in a way that forces the recipient to take it in and react to it in some way. The memos noted that he spoke in terms of projective identification as a dynamic whereby one party (the baby/patient) acts on and interferes with the psyche of the other (the parent/analyst), which implied a hierarchical and asymmetrical notion of the transference field. However, when S11(PA) went on to describe the parent and very new baby as *fused* and existing in an extreme form of locked-in projective identification *on both sides*, it seemed that in his mind the field was actually more of a symmetrical one, where the two parties are at least in some respects in a relatively undifferentiated state and where differentiation is the developmental task.

Reverting to this in the second interview, S11(PA) gave an example, from his own analytic practice, of a brief moment in a session with a patient, confronting the loss of his dying guardian and facing childhood memories of his parents' deaths, where he felt there was a merging of the experience of analyst and patient. The patient did not disown anything, but S11(PA) had a very real sense of being right beside him in the presence of death. He described himself as feeling fused into the patient's experience. Similarly, he felt that he was able to share his own strength with the patient, and this enabled them both to emerge from the experience.

S11(PA) displayed some confusion over the language to be employed for this account, saying “I think projective identification is not really ... I don’t know what the right expression would be, exactly, for it” (S11(PA), I2, 18). He offered that these events are more of a shared experience than people tend to acknowledge. Consequently, the conclusion was reached that what he was describing was a transference field having levels, and that in the more primitive level what occurs is not projective identification or unconscious communication but an experience of a shared symmetrical field.

e. Psychoanalysis as a joint experience, interpretation, relationship

This discussion of the transference led to a consideration of the analyst’s role as container. The memos recorded that ‘relationship’ is key, in a very particular manner having two separate aspects, namely: the content of the analyst’s countertransference, and the nature of the analyst’s analytic response. Regarding the former, they noted that, for S11(PA), countertransference may be seen as a function both of the analytic relationship and of the analyst’s own history. In regression, the affect state in the patient constellates something in the analyst, calling forth something personal out of the analyst’s own imaginal world, so that the meaning can be divined only by the particular analyst by reference to their own self-analysis. Patient and analyst thus relate unconsciously, each out of their own experience.

The analytic response *may* simply comprise the insight thus achieved on the part of the analyst, even if not verbally communicated, since the patient may feel met. However, to achieve a shift in the patient’s situation, S11(PA) feels that the process needs also to include action on the part of the analyst, in the form of an interpretation. A significant point is that S11(PA) sees the otherness of the analyst as vitally

important. In his view, the primitive levels of both patient and analyst are processed in the analyst's mind as a joint experience. On attaining a meaningful form in the mind of the analyst, the analyst seeks to find a way to feed this back to the patient, such that the patient can recognise that it is centrally about what he/she has been struggling with, but is also about 'us' and has become a combined experience with additional meaning:

So, the otherness is really important in that, because the patient needs to recognize ... what's communicated back eventually, or over a number of interventions, as centrally to do with him or his ... and not all about the analyst, for example, but also not all, not only about him or her, but about us. ... [F]or me that feels very important. That it is an experience of a relationship that, that's built up ... the relationship is actually the central thing that's represented. (S11(PA), I1, 17)

7. The private theory of S11(PA)

From the above clusters, a profile for S11(PA) was constructed. In his private theory, psychoanalyst and patient both regress to more primitive levels of functioning, and, depending on the extent of the regression, thereby find themselves jointly in a symmetrical unconscious field, from which insight emerges. In this aspect of the transference, the dynamic is not unconscious communication in the form of projective identification, but rather a shared, mutual and synchronous experience, in which each party arrives at something from their own history and personality. The analyst out of their own self-analysis seeks to create something from this joint experience to offer to the patient as an interpretation.

In this understanding, S11(PA) sees psychoanalysis as a unique situation, in which different levels of body and mind, development, and functioning, of the patient and also the analyst, become bound with one another through regression, and can enable

the issues needing to be addressed to emerge. The body may play a key role in this, as primitive functioning is reached through the regression, in which material is released as symptoms and somatic images, and thus experienced in a direct form. Body and mind are closely woven together in this view, being seamlessly linked by levels of functioning, stages of development, and the action level of words, to produce symptoms, sensory images and metaphor, and ‘shapes of sensory, tactile and action experience’. This leads to the conclusion that S11(PA) effectively has a monistic understanding of a unified bodymind, manifesting different aspects in different contextual environments.

Discussion

The most salient of the above findings, for the purposes of the present project, are a symmetrical transference field and a monistic bodymind. The manner in which these findings emerged will be traced in the light of the discussion on implicit theories.

1. Symmetrical transference field

In the 1st interview, S11(PA), asked to speak about the nature of the analytic process, gave a relatively theoretical account of regression to primitive levels of functioning, describing unconscious communication in terms of projective identification. He employed standard terminology, adding his own understanding of the meanings that he was attributing to his terms. He then referred to the session forming the interview instrument, and the joint regression in patient and analyst that, he said, allowed projective identification to take place and the analyst to apply some alpha function to the patient’s beta elements. Thereafter, he shifted to a developmental comparison, and began referring to *fusion* and *locked-in projective identification on both sides* (S11(PA), I1, 14).

These inconsistencies prompted a query in the 2nd interview. At this point, he spontaneously produced a clinical example, and after recounting an unfolding clinical moment, reverted to his theoretical understanding in a new way. Now, he spoke about transient moments of merging and shared experience, and made the observation that the term ‘projective identification’ did not cover such experience. In the subsequent data analysis of both interviews, this generated an understanding of a symmetrical field existing at certain primitive levels of functioning.

Here is evidence of a private theory in accordance with Canestri, having topographical aspects in terms of thinking at conscious levels, as discussed in interview, pre-conscious levels, in terms of partially thought through ideas, and unconscious levels, accessed by reference to clinical material. A conceptual vector is demonstrated in terms of S11(PA)’s account of the transference field, referring to Kleinian ideas of projective identification and Bion’s notion of alpha functioning. The reference by S11(PA) to his clinical material may be seen as recourse to metaphor to assist in clarifying something not as yet understood, and this brings in Canestri’s coherence versus contradiction vector, and its reference to the function of metaphor in dealing with contradiction. It also brings in Fonagy’s understanding of the role of two minds trying to fit together understandings of the analytic process, and arriving at metaphor as a way of integrating psychoanalytic hypotheses and empirical research.

2. Bodymind monism

In the 1st interview, S11(PA) spoke of words having an action level. He referred to the embodiment of thinking rooted in bodily experience, mainly in early infancy, and the way that this shapes language. He went on to describe primitive equivalents of

words as actions, manifesting as sensory images and symptoms, these more direct versions of words as actions often being released in analysis.

Asked in the 2nd interview about the origins of such understanding, S11(PA) gave a detailed account of the evolution of his views, starting from Isaacs' paper on unconscious phantasy (1948). Next, he referred to work on embodied cognition, and various training and research projects involving evaluation of tape recorded sessions, bringing together ideas from the fields of linguistics, attachment and cognition. His account was full and coherent, and demonstrated views based in years of careful thinking.

Referring to Canestri, it was clear that by now the topographical vector was operating mainly in the conscious mode, supplemented in the conceptual vector by a range of well-formed technical assumptions, demonstrating S11(PA)'s established relationship with his own internal conceptual objects in the object relations of knowledge vector. Canestri's developmental vector also features in an elaborated fashion.

Conclusion

The above description shows how two interviews with S11(PA), and an accompanying data analysis, yield a private theory for S11(PA), which is partially conscious and partially unconscious, in accordance with the literature on implicit theories. It takes the interviews of S11(PA) as a detailed example of the manner in which the other interviews were conducted and analysed, to yield the results of the empirical aspect of this project, as set out in the next two chapters.

Chapter 8

Analytic method: dialectic between undifferentiation and differentiation

We need differentiating knowledge to clear up the confusion which the discovery of the soul has brought in (Jung, 2009b, 471)

Introduction

The present chapter introduces the results of the empirical strand of the present research. More especially, Chapter 7 discussed the notion of the analyst's private theories and demonstrated, by example, how the private theories of 12 interviewees have been extracted from 24 interviews⁶⁹, using grounded theory techniques. The present chapter and the next, Chapters 8 and 9, now assess these private theories in comparison with one another.

As noted in Chapter 5, the empirical researches undertaken by Jung and The Berlin Group, foreshadowing the psychoid concept, delineated two strands of enquiry, pertaining respectively to:

- (i) The dynamic of undifferentiation/differentiation.
- (ii) The transference field.

For the sake of consistency, Chapters 8 and 9, respectively, take up these same strands, the present chapter focusing on the first.

⁶⁹ As stated in Chapter 2, the empirical study also included a small group discussion with 6 discussants. The transcript of this discussion was also subjected to data analysis by grounded theory, and yielded results entirely similar to those of the individual interviews. For this reason, these results are omitted from the present account.

Jung's early work on *The Red Book* led him to conceive the process of individuation, in the sense of becoming oneself, as a dialectic between undifferentiation, defined as regression to unconscious states of unification of self and other and/or body and mind, and differentiation, defined as progression to conscious states of increasing distinction of self from other and/or mind from body. As described in Chapter 5, such dialectic may be seen as a series of such regressions and progressions, each cycle increasingly separating the individual out from the collective and enabling further integration of his/her personal psychological function and individual corporeity. Jung's conceptualisation of the psychoid concept has roots in this work.

The present chapter interrogates the dynamic of undifferentiation and differentiation, by reviewing respectively the attitudes of different interviewees towards unconscious and conscious states within the analytic dyad, and by contemplating the analytic techniques they employ for fostering a dialectic between them. These techniques compose the analytic method, and this chapter proposes that such method is a living and adaptive conceptual situation, in which the particular conceptual elements selected as important, and the analyst's attitudes towards them, are part of the private theory of the individual.

As Dieckmann (1991, 7) writes, "there are certain fundamental ideas that have crystallized as methodological essentials with which every analytical psychologist works. Each of us must create the necessary conditions for setting an analytic process in motion, and certain techniques are part of it". The unfolding analytic process then "cloth[es] the archetype per se in a specific imago capable of giving a symbolic direction and meaning to drives and instinctual energies", in the service of individuation (ibid., 8).

Dieckmann does not specify particular techniques, but Canestri (2006) and Tuckett (2009), discussed in Chapter 2, list certain factors defining the analytic method, including for Canestri (2006, 36-9) ‘clinical generalisations’ employed to manage the clinical situation, for example: privileging relationship or here and now with the patient; prioritizing image or language; the analyst’s theory of change; and his approach to action, in terms of listening and interpretation. Tuckett (2009, 148-9) refers to dimensions, which he terms ‘How does analysis work?’ and ‘Furthering interventions’, concerning the analyst’s ideas about how an analytic session can bring about change and how the analyst can assist the analytic process. Here, he offers such elements as: working through conflicts; facilitating representational capacity; and working through unconscious repetitions; as well as the prioritization of clinical facts for interpretation.

Certain of these elements arose in the interviews, including both the analyst’s understandings of and attitudes towards: regression; development; unconscious interaction; enactment; symptom and image; symbolic capacity; a relational approach; the here and now; interpretation; and theories of change.

Accordingly, in the present chapter, such elements that define a dialectic between unconscious and conscious will be isolated in the accounts of the different interviewees, and then a comparison will be made with the counterpart dialectic of undifferentiation and differentiation, as an aspect of Jung’s psychoid concept.

The private theories of both psychoanalysts and Jungian analysts⁷⁰ are reviewed and are individually compared, but it is to be emphasised that the present chapter does not set out specifically to compare the Jungians as a group with the psychoanalysts as a

⁷⁰ Referred to as PA and AP, respectively, herein.

group. Rather, it proceeds from the assumption that there is merit in drawing interviewees from both traditions, on the grounds that: Firstly, this ensures that the results are not contaminated by affiliational influence, and, secondly, it acknowledges the fact that any conceptualisations by the psychoanalysts in accord with Jung's psychoid concept, albeit employing alternative language, would carry greater weight than such conceptualisations by the Jungians. In fact, confirmation of the concept through the psychoanalytic channel would count as Popperian evidence for the validity of the concept.

Overview

Although the interviewees⁷¹ were all given the same process notes, and the same set of discussion vertices, their responses varied widely linguistically and conceptually, which brings in a complication over terminology. Every analytic concept mentioned has its own public, i.e. established, meanings, but, in their private theories, each interviewee may have their own personal, but possibly not conscious, definition for any term, and be employing public theory in their own idiosyncratic, but possibly neither conscious nor accurate, fashion. Further, the interview process was designed to encourage free association, and so it was not practical to interrupt interviewees repeatedly for definitions. Accordingly, the meaning in the moment is prioritised here over conceptual precision applied to public theory.

Some interviewees tracked the process notes closely from a clinical or theoretical standpoint, while others used them to free associate into metaphorical accounts of theory and practice, only loosely based around the session. The different voices were

⁷¹ All interviewees are referred to as 'he', for reasons given in Chapter 2.

all, without exception, distinctive and idiosyncratic, and an attempt is made to convey this.

The data analysis results will now be discussed, starting with observations on the session, and then moving on, respectively, to method elements serving to mobilise the patient's unconscious dynamics (undifferentiation) and method elements serving to render these dynamics conscious for integration by the patient (differentiation). For practical reasons, only the most prominent such elements are addressed.

Session

The session⁷² took place just before the Christmas break in a 5x per week treatment. The patient, a woman in her mid-50s, came into treatment for depression, saying that she felt dissociated from her feelings, her body, and other people.

Initially, she mentions fear of going back into a black cloud of depression, and describes a family conversation about homeless people making demands. Her words are delivered in a cut off manner, without any affect. Interpretations about the break are dismissed. Eventually, after an interpretation about being pushed out and made homeless by the analyst, she says that what comes to mind is how busy she is, and produces an agitated account of everything pressing in. When the analyst interprets the way that busy-ness pushes out an aspect of herself that then feels made homeless, she quietens. At this point, an event occurs ('the phenomena'), in which the analyst experiences a visceral image of an adult placing a small carved object on a child's bedside table, accompanied by a sensory shape incursion into the analyst's stomach of a small hand grabbing the object, and by an instinctual sense of satisfaction apparently coming from the child. This leads to interpretations of the child's

⁷² The process notes are omitted for reasons of confidentiality, but researchers wishing to view the full text may contact the author on abaddi@me.com.

experiences of absence, now received by the patient. Towards the end of the session, the patient recounts a dream of a woman diving over a cliff, leaving the analyst anxious and floundering to find an interpretation.

Results

1. The session

Some interviewees (S3(AP), S5(AP), S12(AP), S8(PA), S10(PA), S11(PA)) began with the session opening, while others (S2(AP), S5(AP), S6(PA), S9(PA)) launched straight into a consideration of the phenomena. A few (S3(AP), S8(PA)) made direct links between the phenomena and the closing dream. The responses generally fell into two camps, namely those (S1(AP), S2(AP), S3(AP), S5(AP), S12(AP), S8(PA), S9(PA), S11(PA)) who felt the event marked a real moment of meaning, a turning point in the session, and those (S6(PA), S7(PA)) who acknowledged the event simply as one clinical fact amongst a number. Only one interviewee (S10(PA)) felt that the phenomena were not significant.

It is interesting to look at the beginning, middle and end of the session in terms of these different responses.

Beginning: Those who commenced here picked up on a quality of dissociation, observing that the analyst was tracking the patient's words, and the patient responding, but the interchange lacked life. S3(AP) commented that the analyst did not feel very embodied when she took up the patient's anger over the approaching break: the interpretation was probably correct, but not something the patient could use. S11(PA) said that it was like the analyst being an analyst and the patient being a patient. S8(PA) noticed how cut off the patient was from an attentive, available

analyst, saying he would be monitoring this splitting. These interviewees stressed a dynamic involving *two separate people* speaking to the conscious material and not managing to meet one another.

Middle: All but one interviewee felt that the session shifted gear, and an unconscious element took over, when the event occurred. For example, S1(AP) described the moment as a significant shift, bringing the analyst to something deeper or earlier, the approaching break having engendered in the patient psychoid memory at a level of early separations where body and mind are the same thing (S1(AP), I1, 10)⁷³.

S3(AP) referred to Jung's psychoid concept:

[W]here distinctions between people do not really exist. [...] [T]his thing that happened in your body and in your fantasy, that's the deepest level of communication from her to you, around the deepest issue requiring healing still. [...] [T]his is psychoid material in the body. (S3(AP), I1, 12/15)

For S2(AP), the phenomena emerged from "the complex system, which results from the meeting of the analyst and the analysand. [...] [I]f we talk about unconscious, I would say that it's the unconscious of the meeting" (S2(AP), I1, 3).

These interviewees envisaged a shift to body-mind and/or self-other *undifferentiation*.

S8(PA) described the patient's fear of 'going back' as fear of regression to an earlier stage involving a powerful, visceral demand for someone to watch over her, as in the phenomena. He observed that patients in the more somatic range of experience bring a literal need for objects that reassure, linking this with a central confusion on the part of this patient as to what belongs where and with whom. S9(PA) noted a deep level of aloneness in the patient, and the need for regression to a more primitive state of mind, to get to a place where the aloneness could be reached through the analyst

⁷³ I1 = 1st interview; I2= 2nd interview, herein

being present in silence beside the patient. And, S11(PA) contemplated regression as a move to more primitive levels of mental functioning, involving the emergence of unconscious phantasy and/or increased contact with physical experience. He noted that the phenomena indicated a shift, where:

[T]he analyst intuitively moves from trying to express [the transference relationship] in ideas, which the patient is not really doing much with, to a set of somatic images and experiences, which express something much more direct about [...] the infantile version of that situation. (S11(PA), II, 5)

S1(AP), S8(PA), S9(PA) and S11(PA), therefore, isolated a dynamic of *regression*.

End: Various interviewees highlighted a flow from the phenomena to the patient's final dream, and some (S3(AP), S8(PA)) specifically moderated their view of the dream, on the ground that a turning point took place when the phenomena arose. S3(AP) felt that the phenomena constituted a transitional object signalling that the patient could now manage separation, and in consequence the final dream was prognostic of the disappearance of an old, out-moded complex. S8(AP), likewise, considered that the phenomena represented something for the patient to hold onto, and that they indicated a clinically significant shift or turning point in the session, possibly in the treatment, from a dissociation, where the analyst feels cut off, towards a real capacity for primitive communication. He thought this enabled her actually to bring the final dream, but that such forwards movement might also terrify her. Therefore, he felt that the dream was probably more about the patient's fear that the analyst might not catch her rather than any intimation of actual disaster. S9(AP), whilst not specifically linking the phenomena and the dream, nonetheless juxtaposed comments about the primitive state of the patient, leading in the phenomena to somatic states of mind, with observations about her teasingly withholding information that she is alright in relation to the dream.

These interviewees, therefore, implied that, by the end of the session, some self-other *differentiation* has taken place, enabling the patient to bring the dream as a disclosure of her own and to be less exercised about the potentially disastrous dive in the dream.

Aliter: By contrast, S6(PA) viewed the session in terms of splitting. He felt that the patient was resistant to interpretations about the break, and then the phenomena came in a direct way, representing a form of transitional object to provide comfort over the break; this was helpful in assisting the analyst to understand what was split off and to shape an interpretation that could be received. However, he saw the closing dream as representative of disaster, and hence a worrying, disturbing attack on the abandoning object, indicating another split. The first split involved something comforting, the second something disastrous.

S10(PA) felt that the phenomena should have been ignored, being the analyst's material, and that the focus should have been the patient's conscious communications about 'black cloud' and 'being made homeless'.

The discussion will now move onto the wider observations of the interviewees, starting with those concerning method elements serving to mobilise unconscious dynamics.

2. Unconscious dynamics

a. Regression and development

Clinical regression was a prominent topic, and S7(PA), S9(PA), S11(PA) emphasised its importance linked with development. Only S10(PA) specifically indicated that he did not believe in regression.

S7(PA) observed that “the patient experiences the analyst and everything that is connected with the analyst [... as] connected with early experiences, with early objects. [...] [T]here's an enactment based on these experiences” (S7(PA), I1, 5). The patient thus regresses to early developmental states, and object relations, and these are then enacted in the analytic setting, *either* by the patient *or* by the analyst.

S9(PA) considered that *both* patient *and* analyst need to regress:

[A]s Freud says, if it can't be done that way [through words], it has to be done through enactment. And then we get to the interesting idea about, what of regression. [...] I think that in regression there's the possibility of hearing a great deal which can't be put into words, which then becomes the royal road to discovery and uncovering of history and the possibility that one gets into the room with the patient as an alive object. (S9(PA), I1, 5)

He defined regression:

Regression figures early in Freud. [...] Patients come with all their baggage, which includes not just the present tense of their life, or the present tense of what they think their problems are, but all the imagos that they have lived through, have experienced as well as their relationship systems. So, a regression is going back to a previous state, which might be a more primitive state, it might be a more juvenile state, or the patient giving up some of their grown up autonomous sense of being the age they are and finding themselves thinking, feeling, dreaming of an earlier structure, structures of their life. (S9(PA), I2, 12)

For S11(PA) also, regression of *both* patient *and* analyst is a central part of analysis, seen in terms of an openness to more basic, primitive levels of functioning, at which a separation of reality and phantasy occurs with respect to a number of axes, adult and infant, cognitive and primitive, more rational and more physical:

I think constellations of previously unconscious anxieties, and wishes, and physical states, and the need to express them, emerge in analysis in a way that's uncommon [...] I think one would call that regression, because I'm assuming it does pull in, pull from quite infantile experiences. But it's not regression, in the sense that there's a separation. I think there's a part of the self, which remains quite adult, [...] so that [...] at the end of 50 minutes [...] you pull yourself back together and go off back to work. And so, it's not a total regression of the person, I think it's a separation into different levels of functioning, and different levels of experience. (S11(PA), I1, 9)

These interviewees all relate regression with a shift to earlier and/or more primitive levels of functioning, in which infant-adult and psyche-soma experiences are less clearly demarcated. The function of the regression is discovery, in order to allow isolation and integration of early material.

b. Unconscious interaction (self-other)

This section addresses interviewees' understandings of unconscious interaction between analyst and patient. Only a brief account will be given here, since the subject is covered fully in the next chapter on the transference.

Basically, three categories of interaction emerged, namely: a condition of mutual self-other immersion, designated by some as participation mystique (S2(AP), S3(AP), S12(AP)); a condition wherein a shared imaginal third area exists between self and other (S5(AP), S7(PA), S9(PA)); and a condition wherein the patient communicates their unconscious material to the analyst by means of projection or projective identification, thereby 'putting' their material into the analyst and creating an area of self-other mix-up within the psyche of the analyst (S6(PA), S10(PA)). Some referred to more than one of the above categories (S1(AP), S2(AP), S7(PA), S8(PA), S11(PA), S12(AP)).

S3(AP) described participation mystique:

Jung used that term of Levy-Bruhl's at the beginning, then eventually he replaced it, in my opinion, with the psychoid. [...] [A]ll he's really saying is psyche emerges out of something that is en route to being psyche but it isn't exactly psyche yet. That something is the psychoid. [...] [It's] a more basic level in which there is no real subject/object split, and there also is no body/psyche split. [...] [A]ttachment and healing are psychoid phenomena. (S3(AP), I2, 5-6)

S2(AP) referred to a third, to which he gave the mythical term 'chimera':

[T]he meeting of the analyst and the analysand [...] creates a new system, which is neither the one nor the other, which is the encounter. [...] I am thinking when I say that about what Winnicott says "There's no baby without a mother." At the beginning, we don't have a mother and a baby. We have a mother-baby and baby-mother. (S2(AP), I1, 3)

Likewise, S9(PA) offered a model of mutual unconscious interaction, discriminating between a hierarchical model of analysis, where the analyst is the expert, and a situation where the analyst and patient are engaged in something together and an emergent dynamism *between* them aids transformation:

I think that when you come into an analytic consulting room, you have the potential for the emergence of things other than the usual repressed stuff. It's a potential space. [...] The deeper the repression, the more vital the emergence of something else, and the more difficult to allow that to happen. No, emergence is a potential space. (S9(PA), I2, 20-1)

These analysts thus envisaged the first and second categories above. The following covered the last.

S6(PA) conceived the analytic process primarily in terms of splitting, envisaging a "value appearing in the analyst", which is the patient's projected split off material, and the analyst resonating to this split off experience (S6(PA), I1, 11). S8(PA) also referred to splitting, describing a developmental model of projected emotional states, with active processing by the analyst as container. S10(PA), too, defined his model in terms of projective identification and containment, seeing the patient as repeating a dynamic with an early object, such as mother, and looking for a container for their anxiety.

Accordingly, for these interviewees the patient's material is projected to create areas of unconsciousness lodging temporarily within the psyche of the analyst.

The remaining interviewees employed terminology from two or more of the above categories. S1(AP) used language, such as meshing, identifying, empathising,

sympathising, to describe the way that the infantile stuff of *both* analyst *and* patient combine, and linked the countertransference with a psychoid level of experience, in which self and other are not separate. He then acknowledged using Kleinian ideas of splitting and evacuation in his work with borderline people. S7(PA) initially distinguished between communication *from* one party, the patient, *to* the other, the analyst, and a *shared* situation, in which both are affected. Subsequently, he employed the term 'projective identification' but, when queried, observed that actually he considers the total situation is not clearly demarcated between patient and analyst.

S12(AP) struggling to find language for the analytic process, offered a range of terms both technical and otherwise, including splitting off, projective identification, unconscious identity and participation mystique, as well as mirror-touch synaesthesia, a third area, a shared imaginal field between patient and analyst, a psychoid area linking with the unconscious of both patient and analyst, and the Pleroma. He also employed descriptions of a more symbolic nature, such as umbilical connection, the patient growing into the veins of the analyst, and a silence between two people, out of which something may emerge. Accordingly, his understanding embraced, both theoretically and symbolically, all three categories, firstly in participation mystique and the Pleroma, secondly in a shared imaginal space, and thirdly in a hierarchical situation of projective identification. He contemplated that different ones of these variants might apply in different stages of an analysis.

S11(PA) came to a similar view, referring generally to projective identification, then describing a situation, where both parties are fused in an extreme form of locked-in projective identification on both sides (S11(PA), I1, 14). He gave an example from his practice, an emotional moment of meaning, where he had really felt part of the

analysand and very entwined with their situation. “It was as though we’d been together through some sort of fire or flood”, he said (S11(PA), I2, 17). Musing, he felt that projection was the wrong word in this instance, “it was more of a merging experience” (ibid., 17).

Accordingly, the models offered by the different interviewees were very varied, and some were more internally coherent than others.

c. Unconscious interaction (body-mind)

Embodiment was generally found to be more important for the Jungians than the psychoanalysts. Some interviewees (S1(AP), S2(AP), S3(AP), S4(AP), S11(PA), S12(AP)) were familiar with embodied experience in the countertransference, and considered imagistic sensory phenomena to be common. These analysts tended to have relatively developed ideas about, and language for, such experience, some (S1(AP), S2(AP), S3(AP)) believing the sensory experience of the analyst to be central to the analytic process. Other interviewees (S6(PA), S8(PA), S9(PA), S10(PA)) were not familiar with sensory forms of image but could recollect having vague symptoms, e.g. sleepiness. These interviewees tended to place less importance on sensory aspects of the analytic process, although some (S6(PA), S9(PA)) had well developed models for understanding patients’ psychosomatic symptoms. A few interviewees (S4(AP), S11(PA), S12(AP)) spoke of a taboo in the analytic community against mentioning embodiment in the countertransference.

For S1(AP), S2(AP), S3(AP), S4(AP), S12(AP), the analyst’s sensory experience is crucial.

At the outset, S3(AP) framed the field of enquiry as ‘what is happening in the body’, indicating that he considers the embodied response of the analyst the *most reliable* source of information about the analytic process (S3(AP), I1, 2). For him, the personal is in the body, and the body is needed in order to process the archetypes, since:

This thing that happened in your body and in your fantasy, that’s the deepest level of communication [from the patient] around the deepest issue requiring healing still. [...] [T]his is psychoid material in the body. This is the part of all of our organisms that’s below the cerebral cortex. It’s the level of the sympathetic nervous system. (Ibid., 15)

S1(AP) said that he had developed his own theory for an ‘embodied countertransference’⁷⁴ informing his understanding of the patient. He described this theory as an internal theoretical object, combining ideas from Jung, Bion, other psychoanalysts, and especially from philosophers, such as Spinoza, Herder and the German Romantics. Noting that Jung described body and mind as two aspects of a unitary bodymind, he said, “it’s interesting to always have in mind and in experience that they [body and mind] are not different” (S1(AP), I1, 13). Such dual aspect monism is thus a lived experience, for which he had coined his own term, ‘sensuous imagery’, meaning imagery that has an effect on all the senses, the body, the brain and the emotions, that conveys “the hardness of things, the colour of things, the emotional tone of things” (S1(AP), I2, 3/6). He related this to Jung’s psychoid concept, described as intimacy at the level of the autonomic nervous system, activating an unconscious *meshing* of experience in *both* patient *and* analyst, generating in the analyst psyche-soma information that then requires critical

⁷⁴ Acknowledged as a reference to terminology coined by Andrew Samuels, to refer to physical, sensual, embodied expression in the analyst of a patient’s emotional experience in their inner world of a significant other.

reflection on his part, in order to discriminate out material that belongs to the patient (ibid., 5/9).

S2(AP) described clinical meaning as “emerging from the unconscious through the body”, implying that the analyst lends his body to being shaped by ‘the encounter’ created by the meeting of analyst and analysand (S2(AP), I1, 7). He clarified this, by reference to Winnicott, commenting that the developmental process of differentiation begins with the differentiation of the bodies of the baby and the mother. The analytic process is similar, and the analyst assists this by bringing consciousness to bear and enabling meaning to emerge in his own imagination through his body. S2(AP) emphasised that true imagination involves the whole body.

Thus, these two interviewees consider the analyst’s sensory experience to be crucial, but also link embodiment with imagery.

Whilst, for S1(AP) and S2(AP), sensory countertransference images yield symbolic understanding and meaning generally, S12(AP) described suffering sensory images that later turned out to correspond quite literally with physical memories of the patient, which are un-thinkable. He referred to Jung’s psychoid concept to explain this situation, and also mentioned research on mirror-touch synaesthesia conducted at UCL by Banissey and Ward (2007)⁷⁵.

Amongst the psychoanalysts, S11(PA) considered it normal for the analyst to experience the countertransference in a sensory fashion. Commencing from what he called ‘the embodiment of thinking’, meaning that the roots of thinking and feeling lie in bodily experience, S11(PA) described words as having a level unconsciously at which they are actions, expressing a shape of a sensory or tactile experience, like

⁷⁵ This research describes how synaesthetic touch, in the form of tactile sensations that are phenomenologically akin to actual touch, arises in response to the witnessing of physical touch.

eating, vomiting or hitting. Physical images and metaphors are more direct versions of words as actions, arising at a primitive base level of experience associated with regression. Symptoms arise at an even more primitive level. For S11(PA), therefore, body and mind are seamlessly linked by levels of functioning, implying that S11(PA) has a monistic understanding.

S9(PA) associated an analyst's sensory experience with primitive states of mind and regression in the patient. Elsewhere, in his published work⁷⁶, he mentions an interpenetrating psychotic muddle, and the need for the analyst to bear the auditory, visual and tactile hallucinations that occur in such states.

In summary, the Jungian interviewees generally approach embodied countertransference as essential to analytic work, and two of the psychoanalysts (S9(PA), S11(PA)) were clearly familiar with embodied countertransference. These interviewees all consider body and mind to be inextricably bound together, S2(AP) and S3(AP) both referring to deeply unconscious levels where body and mind are undifferentiated, and S1(AP), based on the ideas of Spinoza and Jung, quite specifically referring to a dual aspect monism.

In contrast, most psychoanalysts gave less credence to embodiment. Specifically, S6(PA) described himself occasionally having vague symptoms, but being more focused on psychosomatic patients. S10(PA) indicated that analytic listening involves getting into a particular state of mind, corresponding to Bion's 'abandoning memory, desire and understanding', Freud's 'evenly suspended attention', and Heimann's 'freely mobile sensibility'. Accordingly, he seeks to avoid being drawn into events, including his own internal images and sensory experiences, which would

⁷⁶ Included in the bibliography but here omitted for anonymity.

disturb such state of mind. He observed that it would be different if he felt that sensory experience was due to the patient, and gave an example where he could not shake off the idea that intense stabbing headaches were caused by elements that are:

[P]rojected, either into the patient's own body or into their analyst's body, pretty directly, sometimes by resonance of voice, or what Meltzer used to say temperature of voice, or a mysterious way that we don't yet understand. [...] But whatever it is that's projected, it's not, as Bion would say, it is not suited for articulation, symbolic thought, communication. It's suited only for expulsion. [...] In fact, one often ends up feeling something the patient doesn't want to feel, doesn't want to know about and doesn't want back, in any shape or form. [...] That probably might have to be sat with for a year, before you could say anything about it. So these phenomena, proto-mental, I would take to be β elements. (S10(PA), II, 15-6)

Thus, virtually all the interviewees acknowledged the existence of sensory countertransference phenomena.

3. Conscious dynamics

Next, conceptualisations of the interviewees concerning the manner in which analyst and patient develop understanding of the patient's unconscious situation will be reviewed.

This section will cover method elements, such as: enactment, symbolic capacity, and the selection of clinical facts for interpretation.

a. Enactment

All of the psychoanalysts, save S6(PA), but only one Jungian, S5(AP), spoke about enactment. The focus varied from enactment by the analyst, by the patient, and as a mutual event, to enactment as an important communication of the patient's unconscious scenario, as collusion, and as offering either such possibility.

More especially, S5(AP) highlighted enactment by the analyst, while S9(PA) noted the significance of enactment by the patient, both considering the positive benefits. S7(PA), S8(PA), S10(PA) and S11(PA) spoke about mutual enactment, variously considering positive and negative aspects.

For S5(AP), the phenomena in the session represented an enactment by the analyst from a deeply unconscious level of the psyche, constituting a congruent response to the patient of a kind that advances the analysis (S5(AP), I1, 15). Enactment may here be seen as a response to an archetypal stimulus, enabling something to be made conscious.

S9(PA), associating enactment with regression, sees it as the door to the patient's unconscious:

[M]y model is that most of the time we live an unconscious life, and the little bit that we're conscious of is the smallest bit. One can occasionally reach back to the other bit that's unconscious, through dreams, through daydreams, and through enactments. I don't know that I can say more than that. It seems a good Freudian position. (S9(PA), I1, 13)

He described enactment as a psychic holding of the patient's early history, until something emerges through the analytic process enabling the patient to break free.

Making conscious is an important function of enactment. S7(PA) described the transference as the analyst having thoughts, feelings and fantasies that are a product of the psychoanalytic relationship: these are to be considered enactments. In his model, the relationship between patient and analyst produces in the patient a regression to early object relations, and both then enact in the present a range of experience evoked by such relations. He added that "maybe we tend to enact more when sometimes we could reflect more", implying that enactments may be destructive (S7(PA), I1, 7).

For S8(PA), likewise, early experience informs the internal world of the patient; that drama gets played out in the session, and the pressure to re-enact is very real (S8(PA), I2, 8). Similarly, S11(PA) indicated that enactment is going on all the time in every session. Asked for a definition, he said:

[W]hat I mean is making concrete, palpable, not necessarily an action in a completely literal sense that somebody moves or whatever, but making real in the room something which had been unconscious and usually in a way that is unconsciously meant to change something. [...] For example, there could be [...] the prolonging of the session, where there's a wish to prolong intimacy or a truce after a difficult period in the relationship [... and] the analyst doesn't notice that the session has ended and the patient also doesn't do anything, [...] which is expressive of, quite a deep underlying wish, perhaps on both parts, and which is enacted jointly. (S11(PA), I2, 6-7/9)

Finally, S10(PA) described enactment as the action component of the countertransference. In a session, when two people meet, there is turbulence, an emotional storm and two frightened individuals, as described by Bion. The patient gets into a repetition compulsion, involving: a negative transference in the sense that the patient repeats with the analyst *uncomfortable patterns* from the past; the here and now in the sense that the patient is *doing it in the room* in the present; and enactment in the sense that the patterns are being repeated *in the relationship* with the analyst.

As he said:

The way transference works is that there's a scene, or a scenario, and the patient is attempting to make it actual. Instead of talking about it and working it through, they're trying to make it happen between two people, so that it becomes real through, not symbolization, but mutual acting out. (S10(PA), I2, 11)

Accordingly, these psychoanalysts all saw enactment as an expression of unconscious content, some associating enactment more with making material conscious and some more with collusion. Further, they individually envisaged differing kinds of enactment, in the complete range from behaviour, to thought, to fantasy.

b. Symbolic capacity

Almost all of the interviewees were interested in symbolic capacity. In some instances, the significance of symbolisation was implicit, being evident rather in their personal use of symbolic language than stated as a clinical aim (S1(AP), S2(AP), S3(AP), S4(AP), S9(PA), S12(AP)). For example, S1(AP) employed the term ‘sensuous imagery’ to describe imagistic experience having a sensual component, associated with the psychoid unconscious, that informs his understanding of the patient and hence his interpretations. Likewise, S2(AP) mentioned Jung’s reference to true imagination, in relation to interpreting, dreams and active imagination, as informing *both* his own emerging understanding of his patients *and* their developing sense of self (S2(AP), I2, 4).

S5(AP) offered a more developed view of symbolizing function, which he discussed in relation to patients who bring apparently symbolic dreams and yet have no conscious capacity for formulating symbolic meaning: the symbolic meaning is at a higher level than their conscious attitude can accommodate. He proposed the idea that symbolic meaning requires the addition of consciousness, on the ground that it is the “unconscious that’s organizing all the information, and therefore what comes into consciousness has already got a lot of organization and symbolic potential in it, but it needs to have this extra thing that consciousness does, to bring it alive” (S5(AP), I1, 8). This suggests that the analyst may at times need to provide consciousness and a symbolising function for the patient.

By contrast, S6(PA), S7(PA), S8(PA), S10(PA) and S11(PA) all referred specifically to the development of the patient’s symbolic capacity as a clinical aim.

S11(PA) contemplates assisting the patient to shift from a more symptomatic concrete level to a more symbolic level, and S8(PA) described himself as interested in a patient's ability to represent things in their mind, seeing "part of the therapeutic process being facilitating some movement from something that's less metabolised, less digested, less conscious, less formed, into something that becomes more conceivable, more elaborated" (S8(PA), I2, 4). He implied that enactment is a step on the way to symbolisation (S8(PA), I1, 14-5). S7(PA) made a link between the body and symbolic capacity, indicating that he contemplates how the body is used by the patient, and whether it is connected to a capacity to mentalise and symbolise (S7(PA), I1, 6).

S6(PA) described an analytic model, which seeks to help patients elaborate their symptoms symbolically. He considers symptoms to be split off paranoid-schizoid objects displaced into the body, seeing them as primitive symbols approaching the symbolic equation of Hanna Segal. They are often associated with early developmental difficulties over symbol formation, and may be difficult to convert in the direction of symbolisation, but working through generally begins to be possible when affect or representations arise. He gave an example of a man with hair loss:

[It was] as if the hair loss represented the painful loss of the object [...] which the patient is quite unaware of, since it's been projected, and split off and projected into the body. [...] He feels he's lost his beautiful hair, and his attractiveness, and so on, but it doesn't contain feeling and it is a very limited symbol as it were. [...] There's feeling about the distress of the symptom, the sense of pain and loss in the symptom but it is not ... It's nowhere represented or symbolized as the relation to the loss of the object. (S6(PA), I2, 2-3)

He described working this through:

It moves from something like quite a primitive thought that might be lodged in the body, in a rather persecutory way, because the important thing about the psychosomatic individual is he suffers from a persecutory object lodged in the body, his hair falls out or his stomach is terrible. And it seems that the

symbol would be something that represents that partly verbally, perhaps partly in a dream or a picture, that makes sense of that and contains it and allows it to be worked with. For example, the alopecia patient starts to think about loss, of being abandoned, and he starts to, he feels angry. He can represent that. And, I think there was a dream about a damaged house that was very helpful. (Ibid., 6)

S10(PA) is interested theoretically and clinically, in a *lack of* symbolization, but he also described seeking hidden parts of the patient and trying to help them to make a shift towards the depressive position, to enable symbolic work and thinking to take place (S10(PA), I2, 13-4).

Accordingly, these interviewees aim to develop symbolic capacity.

c. The selection of clinical facts for interpretation

Approaches to interpretation varied considerably, some interviewees considering that this should be determined by emergence of meaning in the mind of the analyst, and others based on a ‘here and now’ approach favouring a close tracking of the patient’s words, in order to frame interpretations based on the patient’s psychic position in the moment. Still others leaned towards a relational approach, in which interpretations highlight the relationship between patient and analyst.

i. Emergence

The interviewees for whom emergence occupies a significant role were S2(AP), S3(AP), S5(AP), S9(PA) and S11(PA).

S2(AP) (I1, 3) was the most articulate, stating that “he would like to use the word ‘emergence’” to describe the phenomena:

For me, the important [thing] is not the phenomena itself, it is how the phenomena is going to shape our thoughts. And to allow us to think what we would be unable to think without that. [...] It is an emergent process. [...] These phenomena are linked to the complex system, [...] which is the

encounter. [...] [F]rom this system emerges something which would not have emerged in another system. [...] I would say that, in this moment, the important thing for the analysis is that you have been able to accept to lose your [...] boundaries, so that this complex system, which is the transference, will then take the place of your ego, inside your psyche, inside your body first, and then your psyche. And will create inside you some shape or representation, using your consciousness for that. And then you recovered your boundaries, and you have been able to think something, to be conscious of a thinking, which has emerged from this experience inside you. [... There is also] the necessity of time for the analyst to lose his boundaries and the necessity of time for the patient to be able to hear something about an important insight. And what is very mysterious for me is that this necessity of time is coming from the encounter, and no one decides, it emerges. And usually, when it emerges like this, [...] if the analyst is able to say something, usually the analysand is able to hear. (S2(AP), I1, 3-5)

He emphasised that this emergence can assist in reuniting a split in the analysand, observing that the area from which such emergence arises is 'the psychoid' (S2(AP), I1, 10).

S3(AP) described emergence in terms of Jung's *Seven sermons to the dead*:

[M]ost Jungians tend to get more excited about what the *Sermons* call the Pleroma, because that is the ultimate, unknowable source from which archetypes emerge to foster psychological development. But, the *Sermons* also speak of the Creatura. [...] Creatura is the Latin word for creature, i.e. our creatureliness, the body. [...] You need the Creatura to process [the archetypes] so that what they have to offer can become your own. (S3(AP), I1, 8-9)

[Jung] presents these two ideas, the Pleroma, out of which all the archetypes are constantly emerging, and the Creatura, which is the needy, human embodied creature that has to experience things, with attachments needs and with interdependence. And he creates his psychology of a relation to emergent archetypes, which may have the capacity of building psychic structure, experienced by a Creatura who is still a creature, a human creature, very much living in what I would call the psychoid realm. (S3(AP), I2, 16)

S11(PA) also discussed the process of emergence:

[Q]uite often I think it goes through that sequence, which involves some sensory or physical experience, commonly for the patient and sometimes for the analyst. And sometimes I've been cued into something, which I probably might not have made contact with otherwise, through a physical symptom of my own, which has alerted me to something about the patient, which then has turned out to be quite a key thing, either a physical issue that they've got or some phantasy that they have. So, there's that emergence where something ...

It's almost like being born, something is introduced into the analysis as something that can be known and worked on, but almost indirectly through some much more visceral kind of resonance. (S11(PA), I2, 11-2)

The remaining interviewees made brief references. For example, S5(AP) described the session phenomena in terms of:

[A] purposive unconscious, or perhaps as I might say an unconscious that is organized and organizing, so that the material that comes out of the unconscious is not random and is not simply chaotic or instinctual but I think there is also a lot of work that goes on in the direction of meaning, and formulation, that goes on unconsciously before things emerge into consciousness. (S5(AP), I1, 4)

He indicated that he found 'the emergence idea' helpful, because it means that organization arises through process (S5(AP), I2, 7).

S9(PA) did not employ any of the same terminology, but he implied that his model of unconscious interaction is emergent. Regression enables the history of the patient, and understanding, to emerge. Interpretations should also emerge and be made in the authentic moment for *both* patient *and* analyst. He described the analytic consulting room as a potential space, where there is "the potential for the emergence of things other than the usual repressed stuff" (S9(PA), I2, 21).

S12(AP) referred to unconscious imagery bubbling up out of the blue, saying that the phenomena might be described in various ways, including Jung's transcendent function, emergence and synchronicity: "They're just different ways of describing phenomena that come from [the psychoid realm] and that have their feet in it, that are rooted in it. And there is a dynamic, energetic movement, between mind, between body, between spirit and psychoid" (S12(AP), I1, 15).

Accordingly, these interviewees contemplate an organising function in the unconscious, actively shaping material to produce an emergent understanding in the analyst that fosters interpretation.

ii. Here and now

Not many interviewees described interpretation based on the here and now. S10(PA) was the main proponent, while S8(PA) discussed the demerits of this.

S10(PA) observed that he had been taught to work in the here and now in the transference, seeing all the communications by a patient as observations about his/her current mental state *right now*. Influenced by Bion, his model of the transference is based on projective identification of early infantile states of anxiety, including nameless dread and fear of dying, originating in the deepest instinctual layers of the psyche, and on container-contained.

Clinically, S10(PA) is tracking the processes in the session, by noting what the patient says prior to an interpretation, indicating the patient's state of mind, and what the patient says after an interpretation, indicating what they consider to be the analyst's state of mind. With reference to the process notes, he made an interesting comment about the transference being close enough to consciousness to be grasped, and it became apparent that his interpretations might generally follow the conscious level, until he felt convinced that something more unconscious should be addressed.

S8(PA) described a struggle between working in the here and now and a relational approach:

So, I would think about [the phenomena] very relationally, and about what is going on between us. I struggle because my own training is a Kleinian training. I know within it there's a lot of variation, in terms of actually being very much in the here and now focused, that everything is transference phenomena, and I personally struggle with that. I struggle with it because I think it can so easily be used in a cold, mechanical way. So the patient says "I feel my boyfriend is remote and unavailable". "Oh, you feel that here with me too." Clunk! [... F]or me one of the challenges, and I think it's what is difficult about this work but also extremely interesting, is being able to really feel that what is being described, about 'there out there' with someone else, might in a way pertain to 'here with me' between us, that actually can be

talked about in a way that has some authenticity, by really finding the words, different words from the patient's words, to talk about that. (S8(PA), I1, 11)

Thus, he combines dialogue with the patient to open up their history, and self-reflection on the transference, before interpretation, and he would note how the patient responds. A balance is needed between 'there out there' and 'here with me now'.

iii. Relationship

By contrast, the following interviewees contemplated a specifically relational approach to the patient, distinguishing this from the transference: S1(AP), S3(AP), S5(AP), S7(PA), S9(PA), S11(PA). S5(AP), S9(PA), S11(PA) described the intimate relationship built up in analysis as key. Its importance was also implied by S2(AP), S12(AP), S6(PA).

Asked about the aims of analysis, S5(AP) observed that, for him, the relational aspect, including attachment, is primary:

[E]specially because analysis is such a long term therapy, in which the relationship is so crucial and what happens to people over time through being in a relationship, and the slightly more controversial end of it is that I actually think all the things that can be summed up by the word 'love' are enormously important. (S5(AP), I2, 15)

S9(PA) spoke in terms of authenticity. He described waiting, simply being there alongside the patient and waiting for something to emerge. He mentioned the importance of being in the authentic moment for both analyst and patient for meaning to be reached. The implication is that in this moment, the analyst and the patient are alive and in relationship with one another, and *that* is when the patient can experience being met through interpretation.

S11(PA) believes that a shift in the patient's situation is only achieved by interpretation that is more than a mere mirroring of the patient's communications. It must include an aspect of the analyst's self, in order to show that the analyst has put something together with their own mind, created something. In his view, the primitive levels of both patient and analyst need to be processed in the analyst's mind as a joint experience, and to be fed back to the patient, such that the patient can recognise that it is centrally about what he/she has been struggling with, but also about 'us'. "[F]or me that feels very important, that it is an experience of a relationship that's built up, not just an experience of the self, that's built through a relationship, but the relationship is actually the central thing that's represented" (S11(PA), I1, 17).

S1(AP) related the question of relationship to Jung's psychoid concept, seeing the psychoid as "something that's happening to mind and body, not just to me but between us and trying to see it as relational, interpersonal" (S1(AP), I1, 12).

These interviewees, therefore, are very mindful of the reality based relationship with their patients, as well as the transference, and incorporate this knowledge into their interpretations.

Conclusion

The above discussion demonstrates clearly that all of the interviewees give consideration to an analytic method aiming firstly to mobilise the unconscious dynamics of the patient, and secondly to assist their emergence into, or bring them to, consciousness, for interpretation and for integration by the patient. Further, this process may be seen as a dialectic.

Certain clusters of ideas appeared to be independent of the interviewee's theoretical orientation, namely: familiarity with sensory experience in the consulting room, language difficulties for describing such experience, dissociation/splitting, primitive states of mind, development, regression, enactment, and symbolising function/symbolic capacity⁷⁷.

Most of the interviewees displayed an interest in symbolic capacity as a clinical aim of analysis, and communicated that this would involve a trajectory towards a living symbol rather than a mere sign or designation. Further, all of the interviewees conveyed a sense of an alive and vital process in their own work, and in their attention to the process notes brought for discussion, and this leads to a conclusion that Jung's original distinction between a reductive method according to Freud, i.e. seeking causal origins in the past, and his own synthetic method, i.e. seeking prospective living meaning and purposive construction, is not apt.

Hence, all the interviewees aim to enhance their patients' understandings of, and abilities to manage, their lives in ways that would seem to fit with a definition of individuation generally as a process of becoming oneself.

Comparing the results with Jung's description of individuation as a dialectic between undifferentiation and differentiation, in the particular sense of regression to unconscious states of unification of self and other and/or body and mind, and progression to conscious states of increasing distinction of self from other and/or mind from body, a number of things are to be said:

Firstly, it is to be noted that 'regression' is employed by Jung in a different sense than it is by the majority of the interviewees, who considered regression to be a reversion

⁷⁷ All defined in various ways, as indicated.

to earlier or more primitive states, not necessarily involving unification of self-other or body-mind. Secondly, most of the Jungians, and two of the psychoanalysts, S9(PA) and S11(PA), envisaged unconscious dynamics involving states of self-other undifferentiation. Thirdly, all but one of the Jungians and the same two psychoanalysts conceived unconscious dynamics involving unified body-mind states, and S3(AP) quite specifically referred to the Pleroma and Creatura as did Jung.

Turning to the issue of making conscious the patient's dynamics, this was the aim of all the interviewees, albeit via attention to different process elements, and via different mechanisms for the selection of clinical facts for interpretation. Again, the Jungians, as well as S9(PA) and S11(PA), all spoke of a model involving emergence in the countertransference for increasing differentiation of self from other and of the patient's mind from body.

Consequently, the conceptualisations of these particular interviewees accord with Jung's description of individuation generally, and with this particular aspect of Jung's notion of the psychoid. The contrary views of the remaining interviewees will be discussed in the next chapter on the transference, and Chapter 10 will review the empirical results against the definition of the psychoid concept derived from the historical study.

Chapter 9

The transference field

“The psychoid nature of the archetype contains very much more than can be induced in a psychological explanation. It points to the sphere of the unus mundus, the unitary world” (Jung, 1958, par. 852)

Introduction

The previous chapter, Chapter 8, began discussing the results of the empirical study, by starting to assess the private theories of 12 interviewees in comparison with one another. The present chapter continues this evaluation.

As noted in Chapter 5, the empirical researches undertaken by Jung and The Berlin Group, foreshadowing the psychoid concept, delineated two strands of enquiry, pertaining respectively to:

- (i) The dynamic of undifferentiation/differentiation.
- (ii) The transference field.

Chapters 8 and 9, respectively, take up these same strands, the present chapter focusing on the second. Chapter 8 discussed various elements of the analytic method according to the interviewees, and noted three categories of conceptualisation for unconscious self-other interaction:

- (i) Mutual self-other immersion, namely participation mystique;
- (ii) An imaginal zone between self and other, constituting a shared third;

- (iii) A hierarchical condition, wherein the patient communicates events to the analyst by means of projection or projective identification, thereby creating an area of self-other mix-up within the psyche of the analyst.

These three categories lead to very different notions of the transference field, and of the dynamics pertaining thereto. Categories (i) and (ii) designate a *symmetrical* field, to which analyst and patient contribute equally, and category (iii) designates an unequal and *asymmetrical* field, as discussed below. These two designations for the transference field emerged directly from the data analysis: they were not terms employed by the interviewees but were coined for the purposes of the present research. The use of similar terminology by Matte-Blanco (1988) is acknowledged, but can be distinguished because he is referring primarily to forms of logic applicable in clinical work to the conscious and unconscious thinking of the patient, including the effects of this in projective identification, whereas here the two terms designate the overall field encompassing the whole of the analyst-patient dyad⁷⁸.

The nature of the model employed by the interviewees for unconscious interaction was isolated as a key distinguishing factor in the empirical results. Accordingly, the present chapter interrogates these results, and considers their implications, as discussed below.

Unconscious interaction

Some interviewees, primarily but not solely the Jungians, described the transference as an undifferentiated field, in which differentiation is the task. Here, the unconscious arena may be considered as symmetrical, although the fact that the analyst has had a training analysis, and is therefore better able to process and

⁷⁸Matte-Blanco's account is elaborated in considerable detail, but reasons of space here prohibit a complete discussion of the differences.

discriminate his own material, means that there is inequality in the analytic dyad at a more conscious level. As already indicated, there were differences of understanding as to whether patient and analyst are both *immersed* in this undifferentiated field or whether it is situated *between* them.

Others of the interviewees, primarily the psychoanalysts, described a transference field between patient and analyst, in which the focus is on the patient and their unconscious, the patient is seen as projecting onto or into the analyst, and the analyst whilst seeking to discriminate out their own material before making interpretations nonetheless is viewing the dynamic primarily as being generated by the patient. This is considered to be an asymmetrical model.

A few managed to combine both models, with a greater or lesser degree of coherence, for example contemplating an asymmetrical field at a personal level or at the beginning of analysis, and a symmetrical field at an archetypal level or as analysis progressed. A further possibility embraced moments of symmetry, based on regression, in an otherwise asymmetrical field.

Interestingly, it was found that this distinguishing factor effectively determined whether or not the data results were congruent with the psychoid concept. It will be recalled from Chapter 5 that the psychoid concept relates to a deeply unconscious and unknowable area, in which there is no differentiation between self and other, and body and mind, and that the research of the Berlin Group found such characteristics to be prevalent in the transference. Accordingly, they demonstrated a symmetrical transference. It may, therefore, be assumed that those interviewees displaying symmetry in their models of the transference hold psychoid-congruent views, while

those interviewees having solely asymmetrical models display psychoid-antithetical views.

Common clusters of ideas in the interviews of those inclining to a symmetrical field were: undifferentiation, participation mystique, emergence, moments of intensity and meaning or turning points, and embodied countertransference, leading on to Jung, psychoid, and synchronicity. In the interviews of those favouring an asymmetrical field, the following clusters of ideas were prominent: projective identification, pushing material onto/into the analyst, Klein, Bion, container-contained, alpha/beta elements, proto-mental.

A number of the psychoanalysts, albeit employing entirely different language from the Jungians, were amongst the interviewees having symmetrical models, and this is especially significant. Whilst it might be expected that the Jungians would produce psychoid-congruent results, such views amongst the psychoanalysts would not be foreseen and therefore constitute Popperian evidence in support of Jung's concept.

The discussion below divides the results according to the symmetry or asymmetry of the model for the transference field.

Session

The previous chapter addressed interviewees' observations on the session forming the basis for the interviews from the point of view of the flow from beginning to middle to end, noting that some saw the designated event as a turning point. The present one briefly addresses the question whether the event is to be considered as countertransference, and, if so, the nature of the transference field.

All of the interviewees considered that the event constituted countertransference, save S10(PA), who thought that it comprised primarily the analyst's own material. The following described the mechanism as based on an undifferentiated self-other state or participation mystique: S1(AP), S3(AP), S12(AP). S5(AP) referred to the unconscious connection⁷⁹ in Jung's symmetrical transference diagram (1946, 221). And, the following felt that the mechanism was based on the generation of a third zone between analyst and patient: S2(AP), S9(PA). The next set of interviewees considered the mechanism to be projection or projective identification: S6(PA), S8(PA), S11(PA). The remaining interviewees did not specify a mechanism, S4(AP) simply describing the analyst's countertransference as "the sense of being one has contemporaneously with the patient", and S7(PA) speaking about the event as countertransference, and then observing that he would resist definitions as being too concrete. General views are elaborated below.

Psychoid congruent results

This section focuses first on conceptualisations, which are consistent with the psychoid concept, whether or not this particular terminology is employed, and then it reviews how the concept is understood by the Jungian interviewees.

1. Symmetrical model

Most of the Jungian interviewees conceived a purely symmetrical model for the transference field, as defined above.

S3(AP) contemplated a total self-other undifferentiation, and distinguished two levels of clinical work, namely a process level associated with the ego, and an analytic level associated with the unconscious:

⁷⁹ Described by Jung in certain phases of analysis as participation mystique (1946, par. 376).

[I] draw on Jungian theory throughout: first by invoking an understanding of the psyche and of psychic interaction that's connected with [Jung's] psychological types, i.e. types of consciousness that either meet or don't meet when people interact, including analyst and analysand in their present realities, and then Jung's theory of the psychoid to explain that level in which patient and therapist are just commonly human at the somatic level, which is always connecting us to each other. Probably, all of this turns into a very elaborated Jungian theory of attachments. (S3(AP), I1, 12)

In the case of the psychoid level, he employed the term 'participation mystique', acknowledging that Jung borrowed the term from Levy-Bruhl to refer to a relationship in which the subject and the object are undifferentiated, and implying joint *immersion* in the transference field. In the opinion of S3(AP), Jung employed the terms 'participation mystique' and 'psychoid' as coterminous, using participation mystique earlier on in his theoretical development, and psychoid later. For S3(AP), individuals are "amazingly connected" at this level, where "there is no real subject/object split, and there also is no body/psyche split" (S3(AP), I2, 6). According to S3(AP), analysis fosters the development of an individual psyche, that has the capacity to reflect and that gradually becomes more and more differentiated (*ibid.*, 7).

S2(AP) was also clear about this. For him, the meeting of patient and analyst in the clinical session creates a new system, which he calls *the encounter*, that is neither one nor the other but both. He had his own metaphor of *the chimera* for this, a symbol having a mythical aspect, as creature combining bodily parts from lion, goat and serpent, and a biological aspect, as a single organism combining cells of two zygotes, being neither one nor the other. There is a lack of differentiation in the encounter, which may be conceived like Winnicott's mother-baby unit, that there is no mother without a baby and no baby without a mother, but only a mother-baby and a baby-mother, and the task of analysis like the task of life is differentiation. When the analyst is able temporarily to let go of his ego boundaries, so that the encounter takes

the place of the ego, a shape or representation may emerge as an affective event first within the body, and then within the imagination, of the analyst. He considered the phenomena in the session to be an instance of this process. As a result of the inhibition against acting imposed by analysis, eventually, through reflection, a thought may emerge in the mind of the analyst. Furthermore, the emergence of timing is also a feature of the encounter. If this is respected, then when the analyst is able to interpret, the patient is often able to hear, and this may assist the patient to heal a dissociation within themselves.

Accordingly, the encounter constitutes a third area *between* the patient and the analyst. The analyst moves in and out of this undifferentiated zone, allowing himself to be possessed by the encounter and then bringing his consciousness to bear to differentiate his experience.

The next few interviewees also conveyed notions of a shared unconscious arena.

S12(AP) employed terms, such as participation mystique, Pleroma and psychoid, as well as imaginal third zone, and mirror-touch synaesthesia. His overall account emphasised primarily a shared imaginal zone or third area, a transference field *between* patient and analyst, where sensual images can be experienced, and he spoke of his own work in a manner clearly displaying a sense of two people with such a dynamic between them. He described different stages of analysis, an early stage when analyst and patient are struggling together, and a later stage when this transference field arises. For him, the phenomena in the session represented the heart of the analytical process, an indication that patient and analyst are now in harness together and that such transference field has instantiated, with the phenomena

bubbling up (emerging) from the depths out of the blue. Often, this kind of experience reflects turning points in a session or in the analysis as a whole.

He also made a distinction with projective identification:

I think [there] is a crucial difference between projective identification and participation mystique. So, projective identification is seen, certainly by some, as a means of getting rid of unwanted unconscious material from one person *into* another, so that they feel it. And that's, you can certainly look at it that way, but that's not my standpoint. (S12(AP), I2, 4)

He sees participation mystique as something that many patients need:

[I]n the hope that we will listen under the words, below what is visible, and pick up something that probably goes back to a mother-infant experience in terms of togetherness. And particularly to do with early infancy and the way that the sensory system is, certainly for very small babies, it is all interlinked. [...] It's both archetypal and developmental, because it comes from such an early stage that it has to have big archetypal elements. (Ibid., 5)

Although S12(AP) did not link this account of the difference between projective identification and participation mystique with different stages of analysis, nonetheless such link can be inferred from the above account.

S1(AP) referred to a meshing of experience between patient and analyst, in which the analyst is affected and infected at the level of the autonomic nervous system. He described it as something that is happening to the mind and body, not just of the analyst but *between* analyst and patient, i.e. in a third zone, engendering in the analyst experiences that he terms *sensuous imagery*. S1(AP) considered the phenomena to be an example of this, arising out of infant experience of the patient “terribly reactivated” at a psychoid level of early separations and intimately shared in the psyche-soma of the analyst (S1(AP), I1, 5/9). Critical reflection is then required on the part of the analyst, by contemplating his own pathology and potential influence on the interaction, in order to differentiate himself from the patient.

A few of the psychoanalysts also envisaged a shared unconscious area *enveloping* or *between* analyst and patient, although they did not employ the same terminology.

The account of S11(PA) at first presented some ambiguity: The analytic process, according to S11(PA), involves the analyst resonating with a scenario of the patient that is being played out, where resonating may be seen as two people associating and having an interaction at the level of their adult selves. Gradually, a *joint* regression takes place, where access is opened up to the more basic levels of *both* people. Then, the interaction is more in the nature projective identification, where one person's psychic experience is infused with that of the other in a way that forces the recipient to take in and react to the other's experience. Such projective identification can be witnessed most powerfully between a parent and a new baby. He described this state as the two being *fused* in an extreme form of locked-in projective identification on *both* sides. This mutuality combined with use of the term 'projective identification' lent some confusion to the nature of the transference field being envisaged.

Asked for further elaboration, he gave an example of a brief clinical moment, where he felt a merging of experience took place with a patient, who was confronting the loss of his dying guardian and facing childhood memories of his parents' deaths. There was a very real sense of being right with the patient in the presence of death. He described himself as feeling fused into the patient's experience, and as sharing his, the analyst's, strength, thus enabling both to emerge from the experience. S11(PA) displayed some confusion over the language to be employed for this account, saying "I think projective identification is not really ... I don't know what the right expression would be, exactly, for it" (S11(PA), I2, 18). S11(PA) thinks in terms of levels of the unconscious, and, therefore, the interviewer concluded that his model envisaged levels in the transference field, including a primitive one in which the

experience is not hierarchical but shared and symmetrical. S11(PA), therefore, may be considered to hold a model displaying asymmetry normally but symmetry at a deeply regressed primitive level.

S9(PA) also implied that his model embraces a deeply unconscious area that is mutual. For him, patients in primitive states of mind are often in one person states, where words do not reach them and the analyst does not exist. Referring to Freud, he observed that regression is then needed to get into the room with the patient as an alive object, regression of the analyst as much as the patient. Only then can the history of the patient, and understanding, emerge.

He implied that transformation involves an emergent dynamic between patient and analyst:

I think that when you come into an analytic consulting room, you have the potential for the emergence of things other than the usual repressed stuff. It's a potential space. So, I think that it's always there, potentially, whether it's used or not at any given time, or might take time to be used. The deeper the repression, the more vital the emergence of something else, and the more difficult to allow that to happen. No, emergence is a potential space. (S9(PA), I2, 20-1)

Noting to him that he had not used the expressions 'projection' and 'projective identification', he responded that this was astute, and discriminated between a hierarchical model of analysis, where the analyst is the expert, and a shared situation where analyst and patient are engaged in something together:

[T]here's nothing special about being an analyst because, if an analyst doesn't have a patient, they actually can't do analysis. It needs an analyst and an analysand to do analysis. [...] What we have is two different positions in analysis. You're in one, I'm in another, but each on their own is not about analysis. Each, one on the couch, one on the chair behind, together, the wholeness of that structure is that analysis can happen. (Ibid., 16-7)

This account is remarkably similar to that of S2(AP) of Winnicott's mother-baby unit. Thus, S9(PA)'s description of the consulting room as a potential space involving two positions implies a symmetrical field situated *between* analyst and patient.

S7(PA), referred to projection just a few times, rather describing analysis as a *shared* situation, a complex whole, in which the patient experiences everything associated with the analyst as linked to early objects, and fantasies are evoked and enacted by *both* patient *and* analyst. He resisted any notion of delineating the process, saying, "I am more interested in this ongoing relationship in interaction between two people" and emphasising that he looks for the meaning within the complex wholeness of particular work (S7(PA), I2, 9). Asked how he arrives at interpretation, he responded:

I'm smiling because it would sound very strange. It has to be dreamed. [...
It's about allowing experience to evolve to the level of thinking, but not to forget the experience, because experience is crucial, staying with experience, staying with ambiguity, staying with, not rushing into thinking. (Ibid., 7)

This account also implied a symmetrical model for the transference field.

2. Psychoid theory

Some of the Jungians (S1(AP), S2(AP), S3(AP), S12(AP)), unprompted, brought in Jung's psychoid concept as the theoretical underpinning for their model of unconscious self-other interaction and/or the body-mind relationship. S3(AP) also worked in the historical development of Jung's ideas, which is of particular interest in relation to the historical strand of this project. S4(AP) and S5(AP) both mentioned the psychoid concept briefly, S4(AP) simply to acknowledge it as relevant. Likewise, S5(AP) noted that the psychoid concept applied to ways of thinking in and with the body, but indicated that he himself found phenomenology more helpful for this.

For S1(AP), the significance of the psychoid concept lies in its linking of the body-mind relationship and the transference field:

I've tried to bring the idea of the psychoid as something that's happening to mind and body, not just to me but between us and trying to see it as relational, interpersonal. And I'm interested in where one would locate the psychoid under such circumstances. Is it between us? Are we both sitting on it, so to speak? Or is it a state we create around us? And this is a question of how imaginal it is, or how actual it is. (S1(AP), II, 12)

In his view, the concept encompasses a developmental standpoint, early mistakes being alive in the patient, and psyche-soma information from this early experience informing the body-mind of the analyst at a level where body and mind are the same thing.

S1(AP) described psychoid fantasy as sensuous imagery affecting the mind and body of *each* individual in the session. He described Jung's psychoid concept as a materialist concept, and referred to Santayana's materialism:

I find that tremendously healthy, as I also find the idea of how matter stops us from being free imaginal beings, to a certain extent. We're constrained by matter. He calls this animal faith. We've got to have faith in matter, which is Santayana. And I find this, like faith in body, faith in the fact that we're physical beings sitting together in the analytic room, conditioned by our gender, by our sex, by our physical illnesses, by our age, by our genes, I find that terribly liberating, the fact that we're constrained by this. I find it liberating to know that I'm predetermined, which is why the psychoid is so important to me. (S1, II, 14-5)

When it was pointed out that he had not anywhere used the word 'spiritual', he countered that "it must be a part of the psychoid whole" but is almost too difficult to talk about (S1(AP), I2, 11). For S1(AP), this sets limits on what can actually be said about Jung's psychoid concept.

S2(AP) defined Jung's psychoid concept as "the field of complexity that we are completely unable to be conscious of, just because all consciousness is an emergence from this field" (S2(AP), I1, 8).

He sees the psychoid as Jung's way of writing about the complex system of life, in the body, between bodies, and in nature itself, and about a process organising differentiation in an undifferentiated field of energy (S2(AP), I2, 7). Associating the psychoid with analysis, he said, the job of the analyst is *just to be* and to allow whatever is going on inside himself to happen and emerge.

Turning next to S12(AP), he spoke of a psychoid area linking the unconscious of both patient and analyst, and generating images that come out of the blue, bubbling up from the depths (S12(AP), I1, 12). He attributed qualities of the Pleroma to the psychoid, as if it is filled with a dark energy that we do not understand, a difficult territory between body, mind and something divine (ibid., 12-3).

He offered a metaphor:

The god Indra made this wonderful net that extends in every single direction as far as eternity. And at every single intersection, where threads cross, there is a jewel, and if anything changes in any one of the jewels, it's reflected in all the jewels. So, it's a lovely ancient Hindu myth about interconnectedness. (S12(AP), I2, 6)

S3(AP) offered a similar metaphor, describing the psychoid as a basic underlying matrix of embedded human attachment and referring to a childhood fantasy of his bedspread extending out to join with the bedspreads of every other individual in the world and create a single overarching canopy connecting him with everyone else. As an adult, he saw this as an expression of a need to re-connect with an initial state of human interdependence residing in the psychoid level, in order to promote simple human attachment and healing (S3(AP), I2, 5).

According to S3(AP), "the individual psyche is a developmental achievement. I think probably the first thing was the human group" (ibid., 3):

[B]efore we have a psyche, we have to have a matrix out of which a psyche emerges. Moreover, psyche can never forget it's embeddedness in that original psychoid level, because it does so at its peril. In other words, we can only be individual consciousnesses so much, attachment matters to us. We are surprised by joy and embarrassed by tears all the time, because our connection to each other is being felt in all these ways. [... T]hese processes that link us all are far more fundamental to the human condition than the psyche that is able to reflect on them, which is built out of certain dramatic disappointments at that psychoid level that have become certain necessary evolutionary complexes, unconscious anxieties about survival. [... What Jung is] really saying is psyche emerges out of something that is en route to being the psyche but it isn't exactly psyche yet. That something is the psychoid. (Ibid., 5-6)

In analysis, the first order of business is thus to undo dissociation from the psychoid level, the second order of business being to develop a psyche.

In his view, *The Red Book* was Jung's attempt to overcome precisely this dissociation, having estranged himself not least through getting involved with Freud and the psychoanalytic movement. Through recording his experiences of his unconscious in his Black Books, and then through entering into a sensate imaginative dialogue with such experience and developing his technique of active imagination, he came to the *Seven Sermons to the Dead*, in which he presents:

[T]he Pleroma, out of which all the archetypes are constantly emerging, and the Creatura, which is the needy human embodied creature that has to experience things with attachment needs and with interdependence. And he creates his psychology of a relation to emergent archetypes, which may have the capacity of building psychic structure, experienced by a Creatura who is still a creature, a human creature, very much living in what I would call the psychoid realm.

So both these elements of the psychoid give us a kind of the dynamics of the psychoid: The embodied creature with needs for attachment, and these amazing symbolic archetypes that give us the opportunity to engage with them en route to building psychic structure. (Ibid., 9)

For S3(AP), therefore, the Pleroma is the ultimate unknowable source of the archetypes, and the Creatura provides the embodied experience that is needed to process them by discriminating, incarnating and humanising them, in order to make

what they have to offer our own. Both of these elements constitute the psychoid realm.

To S3(AP), the contribution of Jungian analysis is its understanding of how valuable it is for individuals to dip back into that level of experience in the moment when the psychoid is at its earliest emergent state of becoming psyche.

[P]atients need to live at the threshold between psychoid and psyche. They have to have a kind of borderline state for the longest time in which we're partly relating to them in a very interdependent way en route to their building individual psychic structure, which will one day take them away from us. And take them away from us profoundly connected to that realm, and perhaps never forgetting it. (Ibid., 10)

3. Summary

These interviewees offered varying degrees of coherence in their private theories.

S3(AP) and S12(AP) gave accounts that were almost entirely in terms of Jungian concepts and language, supplemented in both cases by personal metaphorical examples. Among the psychoanalysts, S9(PA) relied primarily on Freudian theory, also supplemented to a large extent by metaphorical illustration. S11(PA) had elaborated his own theoretical model, based on Freud, Klein and developmental theory. All of these accounts displayed a remarkable degree of internal consistency.

Paradoxically, both S1(AP) and S2(AP), while describing their private theories in terms consistent with Jung's ideas, also referred to ideas terms from psychoanalysis, such as projective identification, and Bion's alpha and beta elements. Their ideas are further discussed in the next section.

The key common themes, arising out of these interviews, were:

- (i) A model of the transference based on an undifferentiated self-other unconscious area, namely a symmetrical field (S1(AP), S2(AP), S3(AP), S5(AP), S12(AP), S7(PA), S9(PA), S11(PA))
 - a. Having a developmental aspect (S1(AP), S2(AP), S3(AP), S12(AP), S7(PA), S11(PA))
- (ii) An embodied countertransference (S1(AP), S2(AP), S3(AP), S12(AP), S9(PA), S11(PA))
 - a. Implying an undifferentiated, monistic bodymind (S1(AP), S2(AP), S3(AP), S12(AP), S9(PA), S11(PA))
 - b. Needed for healing a dissociation in the patient (S2(AP), S3(AP), S12(AP), S11(PA))
- (iii) An organising function in the unconscious combined with an emergent dynamism (S2(AP), S3(AP), S5(AP), S12(AP), S9(PA))
 - a. Associated with pivotal moments or turning points (S2(AP), S3(AP), S5(AP), S12(AP))
 - b. As a source of meaning and imaginal material (S2(AP), S3(AP), S5(AP), S12(AP), S9(PA))
- (iv) A psychoid factor responsible for the above features (S1(AP), S2(AP), S3(AP), S12(AP))
- (v) A psychoid unconscious as ultimately unknowable (S1(AP), S2(AP), S3(AP), S4(AP), S12(AP))

Whilst only the Jungians actually employed the term ‘psychoid’, nevertheless the cited Jungians and psychoanalysts all recognise a deeply unconscious and undifferentiated arena relating to primitive, archaic or developmental states of mind, an arena that is seen as a source of embodied transferential experience and of an

emergent dynamism yielding an authentic, living process that brings about transformation.

Psychoid contrasting results

This section focuses on conceptualisations by interviewees that contrast with the psychoid concept.

Then, it addresses the associated theory, in particular that concerning Bion's proto-mental concept, brought by one interviewee.

1. Asymmetric model

The psychoanalysts, with the exception of S7(PA) and S9(PA) discussed above, all described a model for unconscious interaction based primarily around projection and projective identification, implying that there are two people in the room in a hierarchical situation. Accordingly, the models of S6(PA), S8(PA), S10(PA), and to some extent S11(PA), may be considered asymmetrical.

S6(PA) described the transference in terms of a primitive arena, filled with the patient's persecutory objects and anxious phantasies⁸⁰. In his model, the patient deals with events, such as unmanageable affect and loss that cannot be mourned, either by projecting them into the analyst, in whom "a value" then appears, representing the split off experience in the countertransference, or by displacing them into his own body, as a symptom, leaving the analyst stuck in a rather stark position as an observer, worrying about the symptom but feeling powerless to make sense of it.

Consequently, S6(PA) is monitoring for the splitting occurring in a session.

⁸⁰ In each case, the psychoanalytic interviewees were queried as to whether they would employ the expression 'phantasy' or 'fantasy'. Some (e.g. S6(PA)) indicated they were talking about unconscious phantasy, some (e.g. S11(PA)) employed both expressions depending on whether they were speaking about conscious or unconscious material, and some (e.g. S7(PA)) felt that theory was too delimiting and so chose not to specify.

His descriptions of his own work suggested an idea of analysis functioning as a relationship, in which the transference serves to convey crucial information about the patient's split off elements and in which the analyst works on this basis and his knowledge of the history of the patient to formulate and make interpretations in the appropriate moment, which may be quite a struggle. On a number of occasions, he referred to a patient having a fight with him as the analyst, and then he employed pronouns like 'we' or 'us' to indicate that it was thus possible for them mutually to contain or survive something paranoid-schizoid. He also employed the pronoun "we" to indicate that analyst and patient were trying to understand something together. He spoke about split off affect coming into the relationship between patient and analyst, as if the relationship helps to bring this about, and therefore gave a strong sense of mutual work in a relational approach.

S8(PA) indicated that, for him, analysis has a significant relational aspect and the actual life experience and history of the patient are important. The challenge is how to bring the history of the patient and the transference together in an authentic fashion. He seeks to track the projective processes in the session:

[T]ransference is actually the way in which you are perceived by the patient, which fits with their earlier experiences and with other significant relationships. And in that way you're being cast into a particular kind of role. The pressure of that is very real. (S8(PA), I2, 8)

He added that he also monitors for symbolic capacity, considering that patients who are in primitive states of mind, including the somatic register, are the ones who seek concrete demonstrations of interest. He described this as a model of self-other in the domain of projection and introjection, based on an early developmental approach to projected emotional states, and active processing by the analyst as container.

S8(PA) said that he sees change as occurring when the transference is most alive and immediate and direct and, when asked what he meant by alive, he said:

[I]t has something to do with affect and emotional connectedness. [... B]ringing it into the here and now and working with the transference makes it a much more emotionally laden experience. And I think that the emotionally laden experience actually means that you are more able to effect therapeutic change. (Ibid., 11)

Both of these interviewees conveyed a very alive sense of their work combining working in the here and now with knowledge of the history of the patient, and bringing in a relational approach at the same time. The ways in which they described the transference were consistent with an asymmetrical understanding but they also gave a sense of being alongside their patients.

As mentioned earlier, S11(PA) conceives the transference field mostly as an asymmetrical situation. He also sees the otherness of the analyst and the role of relationship as vitally important. In his view, the primitive levels of both patient and analyst are to be processed in the analyst's mind as a joint experience, to be fed back to the patient such that the patient can recognise not only their personal issue but also the relationship of the analyst and patient. The relationship is the central thing being represented, not just the self of the patient.

Next, there is a contrasting approach from S10(PA). S10(PA) works mainly in the here and now, observing that reconstruction of the patient's history does not play much part in his work. He acknowledged himself to be strongly influenced by Bion, describing his model of the transference as being based on an early stage of development involving a powerful degree of anxiety, for which the patient seeks a container, and thus as based on projective identification of early infantile material and container-contained:

[T]he theory of containment suggests that if projective identification is too severe, or the containment is too thin, a person might not even be able to develop a mind that is structured enough, or has enough of a distinction between conscious and unconscious. It renders someone too vulnerable to severe breakdown. (S10(PA), II, 12)

He observed that countertransference is the analyst's most useful instrument, and the issue is whether this can be grasped and brought to a focus, which as Freud said is painful for both patient and analyst. He also discriminated between genuine countertransference, and affective responses that are more of a resistance or avoidance on the part of the analyst:

I think countertransference is very informative. It's the most useful tool that we have about what's being projected into us, but *only* if we have really allowed ourselves to be stirred up enough. The danger of countertransference is that, in order not to be so stirred up by what's being projected powerfully, we may have experiences which are not so much experiences of the countertransference, they may be affective responses. So part of my thinking is that David Tuckett's distinction⁸¹ between affective responses to the patient and countertransference, because in the early days, in the 50s, Paula Heimann, they used to say countertransference was *all* the analyst's experiences, the emotional experiences in relation to the patient, which I don't think that can be right, because it doesn't make a distinction between affective responses and things which actually genuinely are a resonance to what's being projected. (Ibid., 8)

Referring to the session on which the interview was based, S10(PA) felt the phenomena constituted such an affective response of the analyst. In his view, based on the here and now, the patient's *actual* descriptions were transference communications, and there was enough that was "graspable and close enough to consciousness to address" (ibid., 19). Interestingly, this suggests a model for analysis that involves monitoring manifest content, as much as any unconscious dynamics experienced in the countertransference.

⁸¹A number of publications by Tuckett (1993, 2005, 2011, 2012) show an evolution in his thinking on this topic, at least some partially at variance with the understanding of S10(PA), rendering this an example of implicit theories at work in the moment in the interview, as discussed in Chapter 7.

Tuckett (2011) proposes two different modes for analytic listening, based on a theory of free association and free-floating attention. The first, employed by S6(PA) and S8(PA) as discussed above, assumes that something happening outside the room has been brought inside it for discussion and insight, enabling the analyst to sense and interpret unconscious patterns in the patient's material to show the patient how what happens outside and inside the room have something in common. The second, here proposed by S10(PA), regards the analytic material as solely originating inside the room⁸².

Certain of the Jungians also need to be mentioned: S1(AP) seemed to manage to combine an asymmetric model with his primary symmetric model discussed above, since on a few occasions he employed Kleinian terms, such as splitting off, pushing out, evacuation, whilst qualifying his comments with the caveat that for him it is all information irrespective of the mechanism. Asked about this paradox, he said:

I do think in terms of evacuation, I certainly think in terms of splitting, I do. I do, I do, because evacuation, the idea of evacuating something, partly in communication, is surely, it's poetically at least, or conceptually, it is an incredibly psychoid idea, isn't it?

Projective identification, I mean it's, good God, what is, so to speak, pure psychic and what is, happens almost somatically, which seems to me incredibly mixed up. [...] That's where my sort of monism comes in. It's so basic as an experience, I just think yes, it's a projective identification. And, bloody hell, I feel it. And it's just a psychic event, but it isn't. I don't find that difficult, it's both.

But the other one, splitting, is much more of a really useful concept to me, because I work a lot with borderline people, and I see it in groups too, the process of splitting, going on, [...] it's what people do, splitting, to defend themselves, to play people off against each other, or parts of themselves, it's just the process, which I can observe and watch, and it's bloody powerful too. [...]

⁸² However, in response to a request for clarification, he did indicate that he also takes note of the patient's external situation.

I don't think these two ways of looking at something transferentially, countertransferentially, those two different angles, are they that far apart? (S1(AP), I2, 12)

Comparing this statement with the account of S1(AP)'s Jungian views given above, it appears that S1(AP) manages to combine mutually exclusive viewpoints and both symmetrical and asymmetrical models for unconscious interaction (which of course is possible in the arena of implicit theories, having as they do a significant unconscious component).

S2(AP), with a symmetrical model, also referred to Bion's alpha and beta elements as a way of describing understanding coming through the body. When asked if he was making a link to Bion's proto-mental matrix, he responded, "but is that not simply beta elements" (S2(AP), I2, 12)? He did not overtly bring in the concept of projective identification, although this is an established aspect of beta functioning.

2. Theory

The psychoanalysts mentioned various theoretical approaches to somatic functioning, including Freud and his body ego, Joyce McDougall and her work on alexithymia, and the Paris School of Psychosomatics. Concerning embodiment in the countertransference, some referred to Bion's alpha and beta functioning, as did some of the Jungians, but most confined themselves simply to discussions of projective identification and/or splitting.

S10(PA) spoke in some depth about Bion and his proto-mental concept, unprompted making a link to a physical countertransference and saying, "I've had intense stabbing headaches with one particular patient, and I can't shake off the idea that it might be to do with them, forcibly projecting something at a deep proto-mental level" (S10(PA), I1, 15). He linked the concept to elements that are suitable only for expulsion and

that are projected either into the patient's own body or into their analyst's body in a mysterious way that is not understood, observing that he would take these elements to be beta elements (ibid., 15). Seeking to clarify the term 'proto-mental', the interviewer asked whether he was referring to the work of Bion on groups or to something that might be described in ordinary language as 'proto' mental. S10(PA) responded that he was talking about groups, and that he thought what Bion said about groups, including his proto-mental concept, was just as true about the individual psyche, "because to my mind there is *complete* continuity between his work on groups and individuals" (S10(PA), I1, 18). He said he meant *both* that Bion's work on groups can be applied to the individual psyche *and* that the individual has a group mentality:

If you read *Experiences in Groups* after having had quite a bit of experience of the individual situation, you realise just how much of *Experiences in Groups* comes from the fact that, even at that stage, Bion in the '50s was not making a big distinction between groups and individuals, he was interested in mentality. So he was interested in the mentality that we have in a group situation and the mentality that we have in a situation with one other person in a consulting room. And, recently, I've been teaching *Experiences in Groups* again and there're so many pages, which just come right off the page in terms of the individual psyche. If you look at pages 148 and 149 of *Experiences in Groups*, there is a definition there pretty much of countertransference and projective identification. And it's all taken from his experience in a group situation. But it's directly related to what goes on between two people in the consulting room. So if you look back at proto-mental, but then you look forward into *Learning from Experience* and *Catastrophic Change*, proto-mental and beta elements are, I think, so connected. (S10(PA), I2, 6-7)

He described the proto-mental arena as a very primitive stratum, a base level, which brings body and mind into relation through Bion's notion of beta elements:

So proto-mental, he said I think was the matrix, a primitive matrix, from which a lot of these other things flowed or emerged. [... T]o come back to beta elements in a clinical situation, I think clinically a state of hallucination and bodily states, such as psychosomatic conditions, are often linked as well with the pressure on the analyst to act, to be reassuring, or to make suggestions. (Ibid., 7)

Asked for a more definitive definition, S10(PA) offered:

[T]o me, proto-mental means all those layers of the mind, where there's hardly any symbolization, and organization even, it's like the deep unconscious, that Freud felt we probably couldn't plumb, that not everything can be known. And Hannah Segal talks about symbolic equation, doesn't she, not just symbolic relations, where there's a huge degree of concreteness. So, to me, these are the things which link with the concept of proto-mental. (S10(PA), I1, 18)

He added:

Plumbing, I mean that is like, plumb the depths. It reminded me of one of these Attenborough programmes, where they show the kind of organisms that live in the deep oceans, they don't look the same, they're adapted to different conditions. (S10(PA), I2, 12)

You realise you are in this area, he indicated, when:

[Y]ou're having all kinds of ideas about the content of what's happening and the symbolic links, and you suddenly realize that the patient is not thinking symbolically, they're thinking really concretely. And so all the interpretations that you might have had, which suggest that you have a patient in front of you who is functioning in a way, a normal creative way, is not actually representing things. [...] And what it usually suggests is that the level I'm thinking with a patient is not right, it needs to be more basic, and what I sometimes end up reflecting on is, why have I then been on the wrong level? Is it that the patient wants to be thought of as more neurotic than anything else, functioning fairly well, or is it that there's something really deeply fractured, crazy, despairing, unmetabolisable? (Ibid., 11)

This account of S10(PA) leads to some important points concerning Bion's proto-mental concept.

Firstly, the concept applies as much to the individual as to the group, and it can be understood not only by reference to Bion's statements in *Experiences in groups* but also through his work on alpha and beta functioning. Secondly, the proto-mental arena according to S10(PA) may be defined as:

- (i) A layer so deeply unconscious that it cannot be known
- (ii) A layer wherein body and mind are undifferentiated

- (iii) A primitive matrix from which emerge or flow beta elements, and experience that manifests in a huge degree of concreteness, lack of symbolisation and symbolic equation and that is associated with hallucination, bizarre states and psychotic functioning.

3. Summary

Various common themes arose out of the interviews discussed in this section:

- (i) A model of the transference based on projection or projective identification by the patient, namely a hierarchical and asymmetrical field (S1(AP), S6(PA), S7(PA), S8(PA), S10(PA), S11(PA))
- (ii) Embodiment, mainly symptoms, associated with primitive states of mind, seen as split off elements projected into the body of the analyst or the patient (S6(PA), S8(PA), S10(PA), S11(PA))
- (iii) Accordingly, a dualistic view of the body and mind (S6(PA), S8(PA), S10(PA)).

As can be seen, from the above discussion, the notion of an asymmetrical field attracts various clusterings of ideas concerning projective identification and projective processes, by which aspects of the patient's psyche are communicated to the analyst. A linked theme is splitting, referring to elements that are projected or displaced, including elements that are split off either into the body of the analyst or into the patient's own body.

The asymmetrical field is associated with the particular theoretical models of Klein and Bion, all implying duality, in contrast to the undifferentiation respectively of

analyst and patient, and body and mind, propounded primarily but not solely by the Jungian analysts with respect to a symmetrical field.

Discussion

For reference, a table summarising the overall results discussed in this and the previous chapter is attached as Appendix C, it being noted that the complexity of the ideas expressed by the interviewees does not lend itself well to this kind of chart, and that each chart entry therefore represents a very considerable simplification.

The methodological significance of these results is profound. The interviews yielded two very different conceptual models of the transference, symmetrical and asymmetrical, linked with differing approaches to understanding and technique. Interviewees supporting the symmetrical model mostly conceive analytic work to be directed towards a deeply unconscious, undifferentiated and unknowable area, from which emerge, in moments of intensity or meaning, both the issues needing to be addressed and the analytic response or interpretation. At least some of these interviewees felt that there was a numinous aspect to such area, which fosters the healing function. Those favouring the asymmetric model tended to locate analytic work in a more personal unconscious arena and to focus more closely on the tracking of projective processes for determining their analytic responses. These analysts conceive an evolving process, which is directed at overcoming deficit and in which understanding and transformation are seen as emerging gradually over time. Attached as Appendix D is a chart showing a comparison of the two different models, it being appreciated that a considerable simplification is again involved in producing this kind of chart.

More especially, many of the analytical psychologists (S1(AP), S2(AP), S3(AP), S4(AP), S12(AP)) start primarily from an assumption of an equal and undifferentiated couple in a symmetrical transference field. By contrast, many of the psychoanalysts (S6(PA), S8(PA), S10(PA), S11(PA)) hold primarily hierarchical and asymmetrical models for the transference field, relying as they do on ideas of projective identification and splitting elements off into the analyst: at least overtly, the focus is on the patient's material and the analyst is seen as the recipient and the one who processes, discriminates and knows. Alongside this, however, the relational aspect, whether avowed or manifest but not discussed, as in the cases of S6(PA), S8(PA), S11(PA), suggested to varying degrees something shared and mutual at a relatively conscious level in their asymmetric models and hence a more living and equal balance.

Importantly, one psychoanalyst, S9(PA), eschewed notions of projection and projective identification altogether and described a symmetrical model with a potential unconscious space *shared* between analyst and patient.

Further, the exceptions to the classification entirely *either* by symmetry *or* by asymmetry, namely S1(AP), S2(AP), S10(PA), S11(PA), S12(AP), bear mention.

Firstly, both S1(AP) and S2(AP) managed, albeit briefly, to contemplate, alongside their symmetrical models, hierarchical models from Klein and Bion. The former described the psychoid concept as situating experience symmetrically *between* the analyst and patient and happening to *both* at the level of the autonomous nervous system, whilst also bringing in asymmetrical notions of projective identification onto, and evacuation into, the analyst by the patient. The latter felt that Bion's notion of beta elements was compatible with his description of understanding emerging from

an undifferentiated field through the body of the analyst, but without acknowledging the mechanism of projective identification attached to such elements. Thus, the private theories of these interviewees lack conceptual coherence in the way proposed by Canestri (2006, 41).

S11(PA) and S12(AP), respectively, started out from entirely asymmetrical or symmetrical viewpoints, but then brought in contrasting examples. S11(PA) began by referring to projective identification as the mechanism normally taking place in the transference, then described an analytic situation of locked-in projective identification on both sides, and finally, working from an example from his own practice that felt more like fusion, came to the conclusion that projective identification could not account for this and instances of symmetry must be accommodated. Set in the context of his model of levels of functioning arising in analysis⁸³, the conclusion may be drawn that projective identification accounts for less deeply unconscious, and mutual identity for more deeply unconscious, processes. S12(AP), by contrast, produced an account of a deeply unconscious and symmetrical transference field, but offered the view that early stages of analysis might not have reached this depth and might thus be based more on projective identification and an asymmetrical position. Both of these interviewees thus appeared to have coherent accounts, envisaging a similar, symmetrical model for the transference field when working with deeply unconscious processes or primitive states of mind.

Finally, S10(PA), although firmly declaring an asymmetrical model based on projective identification, nonetheless spontaneously brought in Bion's proto-mental concept, acknowledging that at that deeply unconscious level elements are

⁸³ Discussed in Chapter 7.

communicated in some “mysterious way that we don’t yet understand” (S10(PA), I1, 15).

These last examples all bring in notions of unconscious levels, respectively conceptualised differently according to depth. Most of the Jungians, S1(AP), S2(AP), S3(AP), S4(AP), S12(AP), mentioned the deeply unknowable nature of the psychoid realm. Whilst a number of the psychoanalysts also mentioned depth, in relation to shifts to something deeper and developmentally earlier, only S10(PA) spoke about a deeply unconscious layer of the psyche, which he linked variously with Bion’s proto-mental concept, Freud’s deep unconscious, and Hannah Segal’s symbolic equation. It could, therefore, be helpful here to compare Jung’s psychoid concept and Bion’s proto-mental concept, as depicted in the interviews, respectively, of S1(AP), S2(AP), S3(AP), S12(AP) on the one hand and S10(PA) on the other.

The two concepts are similar in encompassing a deeply unconscious arena, that the Jungians conceived as unknowable and that S10(PA) described in terms of Freud’s deep unconscious, which we cannot plumb and of which not much can be known. The Jungians all associated the psychoid concept with an undifferentiated field, described in various ways, including participation mystique, and emergence. S10(PA) did not identify Bion’s proto-mental concept with such a field, and yet he described it *both* as a primitive matrix from which emerge or flow a lot of things *and* as those layers of the psyche lacking in organisation, which implies an area that is not differentiated.

Both concepts were also described in terms of a bodymind connection, which in the clinical arena may generate in the analyst a bodily response in the countertransference. For the Jungians, such response comes out of a unified

bodymind, and an emergent dynamic in an undifferentiated transference field. For S10(PA), it comes out of an uncertain mechanism that might possibly be splitting and forcible projective identification of beta elements.

Significantly, however, these Jungians and S10(PA) held mutually exclusive views concerning the effects of psychoid processes and proto-mental processes.

For the Jungians, psychoid processes mediate between body, mind and spirit in a way that acts as an organising function, promoting the emergence of new positions and of symbolisation, as well as the integration of dissociative splits, and therefore healing. For S10(PA), the proto-mental arena lacks organisation and is linked with hugely concrete experience, as described by Hanna Segal in relation to symbolic equation. S10(PA) related such arena to hallucination, and bodily experience in the form of psychosomatic symptoms.

Following on from this distinction, the emergent dynamic associated with psychoid processes is believed by the Jungians to create insight in the analyst in the service of the patient, whereas S10(PA) sees the lack of organisation of the proto-mental arena as being communicated by the patient to the analyst in a concrete and potentially disturbing symptomatic form. According to his account, S10(PA) would then refer to Bion's ideas concerning alpha and beta functioning for assistance with the analytic processing, given his belief that there is complete continuity between Bion's ideas on mentalisation for groups and for individuals, and that the proto-mental concept is a forerunner and direct pre-cursor of his notion of beta functioning.

Within the ambit of this thesis, it is not possible fully to explore the implications of this distinction, but nonetheless it is highly significant, since it implies that Jungians ideas about the possibility of healing dissociation through the psychoid unconscious

are not sufficiently developed to address the psychotic or borderline functioning that is often an indication of dissociation. This will be discussed further in the next chapter.

Chapter 10

Comparison of historical and empirical results

Introduction

This chapter compares and evaluates the results of the historical and empirical strands of the present project, drawing together the threads from Chapters 4-6, 8 and 9.

A number of comparisons have been made already. In particular, the historical strand has compared Jung's psychoid concept with Bion's proto-mental concept, and the empirical strand has compared symmetrical and asymmetrical models of transference field.

Further, Chapter 8 has compared the empirical results with Jung's notion of undifferentiation and differentiation as aspects of the individuation process, as set out in Chapter 5, and Chapter 9 has compared the empirical results with notions of the transference according to Jung and various post-Jungians, as set out in Chapter 5. Such comparisons have yielded the view that the symmetrical transference field demonstrated in the empirical study is in accord with Jung's earlier notions of individuation, and the associated transference in the clinical setting, whereas the asymmetrical transference field demonstrated in the empirical study is not.

In the present chapter, it is proposed to carry these comparisons further, by comparing the empirical results, divided according to the symmetrical and asymmetrical transference models, with the overall results of the historical study, especially the definition for the psychoid concept obtained from this.

It will be shown that such comparisons are sufficient to demonstrate quite conclusively the research finding that Jung's psychoid concept is valid and useful and current in clinical practice today.

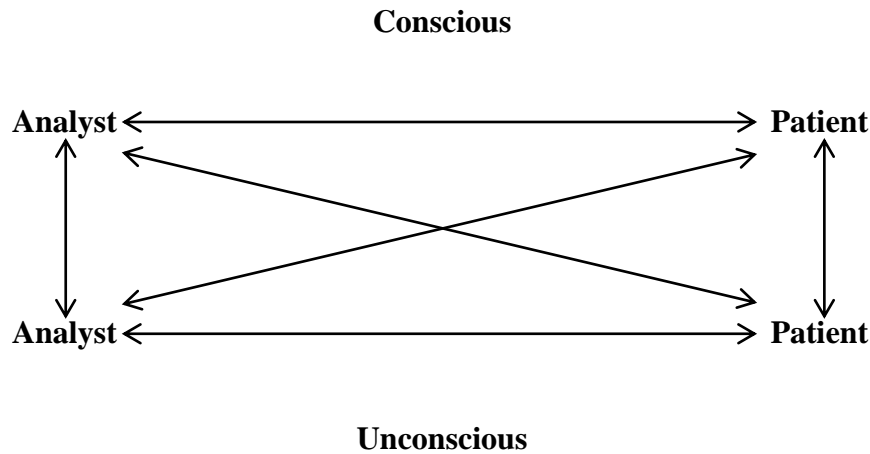
Before proceeding with these comparisons, however, it is necessary to place the findings in a context, since both the historical study and the empirical study have been set generally against a European tradition with respect to the theory of the transference. Developments elsewhere have proceeded along different paths and accordingly have generated alternative understandings of the transference.

More especially, the empirical work has involved Jungians from a global base, whereas the psychoanalysts were all from the British Psychoanalytical Society (BPAS) in U.K. Accordingly, the empirical results need to be set in the context of local transference models, as between different schools, Jungian and psychoanalytic, and different regions, Europe and elsewhere, since had the empirical study been carried out in an alternative geographical location, this would undoubtedly have influenced the findings, as discussed later in this chapter.

The transference

The extent and variety of approaches to the transference in analytical psychology and psychoanalysis today, and the complexity of the topic, mean that it is beyond the scope of this thesis to do the subject justice, but a general appreciation of certain main differences is needed.

The starting point and main source for the Jungian model of the transference is Jung's original fourfold diagram (1946, par. 422). This has not been superseded in the Jungian literature, even in the present:



The vertical arrows represent an intrapsychic link between conscious and unconscious, in each of analyst and patient. The horizontal arrows represent an interpsychic link between them, respectively at conscious and unconscious levels. The diagonal arrows represent interpsychic links from the conscious of one to the unconscious of the other. In each instance, the arrows represent a two-way flow. As Jung (1946, par. 414) indicates, the different possibilities cannot always be kept apart, because they are invariably mixed up, and, especially in the initial stages of analysis, an unconscious identity⁸⁴ arises. The model is entirely symmetrical.

In the empirical study, it was evident that this symmetrical model underpins the private theories of *all* of the Jungians interviewed for the present research, irrespective of their geographical location.

The psychoanalytic literature on transference models in Europe is manifold, including, by way of example only, Heimann (1950), Little (1951), Money-Kyrle (1956), Racker (1957), Sandler (1976, 1993), and Brenman Pick (1985). Freud's initial view of the transference was that it was a hindrance to psychoanalysis and needed to be eliminated, although later he came round to the idea that it could be employed in the service of understanding the patient. Hinshelwood (2002) gives a

⁸⁴ He describes this as participation mystique (1946, pars. 376, 462).

useful contemporary account of the different schools and their attitudes, starting with the designation by Heimann (1950, 81) of the countertransference as the analyst's total response to the patient. He highlights a number of different strands to be found in the BPAS, depending whether the aim of analysis is viewed as knowledge or as the creation of new patterns of relationship. In the first instance, the countertransference is considered an indication of the role projected onto the analyst by the patient, and therefore a clue to the intrapsychic dynamics of the patient; and, in the second, the countertransference is considered an enactment of the analyst facilitating the creation of a transitional⁸⁵ space between analyst and patient (Hinshelwood, 2002, 58-9). In both cases, the countertransference is instantiated in response to projection or projective identification on the part of the patient.

These hierarchical or asymmetrical models were found to underpin the views of most of the psychoanalysts interviewed for this project, all of whom practice in UK. This is important, because different models are to be found amongst psychoanalysts in USA and Latin America, for example.

In USA, the intersubjectivists, such as Renik (1993) and Ogden (1994), for whom the emphasis is on the subjectivity of both patient and analyst, constitute a significant grouping. For them, the analyst's subjectivity is an inherent and irreducible part of the analytic process. In their transference model, patient and analyst form an interdependent subject and object through projective identification, constituting a jointly created analytic third. *Both* parties contribute to a body of intersubjective clinical facts, including mutually created moments of meaning.

⁸⁵ Referring to Winnicott's notion of a third area, the transitional space, having characteristics of me and not-me at the same time.

In Latin America, a similar model is advanced by the field theorists, including Racker (1953) and the Barangers (2008). Racker proposes the existence of an interdependence between the phenomena of transference and countertransference, creating an interpersonal relationship. He describes different forms of identification occurring in this unit, respectively concordant and complementary countertransferences. In the former case, the analyst identifies with the patient through empathy and understanding, and, in the latter, the analyst also finds their own infantile neurosis reactivated, which may have a disturbing effect on the analytic process.

The Barangers have developed an idea of the analytic situation as a dynamic field, including its own spatial structure, temporal structure, functional configuration, dynamics, and developmental aims, namely everything to do with the analytic process. Their main focus of interest is the unconscious dynamic prevailing in the dyad, which they designate bipersonal unconscious fantasy. “[T]he analytic couple depends on the process of projective identification and the unconscious phantasy of the bi-personal field is an interplay of projective and introjective identifications and counteridentifications” (Baranger & Baranger, 2008, 808). They view such dynamic as participation, after Levy-Bruhl, and consequently envisage a corporeal aspect to the identifications, going in both directions.

Accordingly, the transference models prevalent in USA and Latin America are closer to a symmetrical model as described in Chapter 9 than the European model. None of the psychoanalysts interviewed for this project was located outside UK, and therefore it was to be expected that their views would approximate more to an hierarchical European model than to either of those from USA and Latin America. This proved to be true.

These latter traditions are mentioned, however, to highlight the fact that their influence could have biased the results (even) more towards a mutual, symmetrical theoretical understanding of the transference according to Jung than was actually demonstrated.

Comparisons

1. Historical research and empirical results relating to a symmetrical field
 - a. General comparison

Referring to the historical strand of the research, Chapters 4 and 5 yielded a definition for Jung's psychoid unconscious as a deeply unknowable arena, thereby limiting what can be said about it, and an area of undifferentiation, where psyche and soma are two aspects of the same unit, i.e. monistic, and self and other are in a participation mystique, from which the individual separates and differentiates himself in the process of individuation. The historical study also envisaged a purposive, structuring and organising principle giving rise to psycho-physical patterns: having emergent properties, by which the psyche is differentiated out of the body-mind matrix and new individual positions come to be realised; manifesting in a symmetrical transference, in the synchronising of associations of analysand and analyst in terms of physiological and psychic facts; and symbolically linking instinct and spirit by means of instinctual images and archetypal images. Finally, a vitalising function of the psychoid unconscious has meaning-making or dissociation-creating aspects, depending on ego strength.

Turning now to the empirical strand of the research, the combined results of Chapters 8 and 9 yielded for all of the Jungians and two of the psychoanalysts a symmetrical transference model including, at least during certain phases or moments of analysis, a

shared undifferentiated area of unconsciousness. This model also envisaged a dialectic between undifferentiation and differentiation of self and other⁸⁶, for five of the Jungians and two of the psychoanalysts. Further, four of the Jungians and two of the psychoanalysts incorporated in their transference model notions of embodiment in the countertransference, and notions of a dialectic between undifferentiation and differentiation with respect to body and mind, which for the Jungians was needed for healing dissociation in the patient. For four of the Jungians and one of the psychoanalysts, the empirical findings further yielded a model of analysis including an organising function in the unconscious combined with an emergent dynamism, seen as a source of meaning and imaginal material.

The Jungians applied the term ‘psychoid’ to these models, attributing a deeply unknowable unconscious factor to the dynamic, but naturally enough the psychoanalysts did not employ the same terminology, even though their conceptualisations were congruent in all respects except for the deeply unknowable aspect (on which most of them were silent).

Even a brief comparison of these two outcomes shows immediately that the empirical results match the historical ones to a very significant extent, but for closer inspection a table of comparison is attached as Appendix E.

A very important aspect of this match is that not only the Jungians but two of the psychoanalysts offered private theories in accord with the psychoid concept.

These empirical results are completely free of bias, in that none of the interviewees was led to discuss particular theory; they were simply asked to talk about a set of

⁸⁶ Defined here, according to Jung, as regression to unconscious states of unification of self and other and/or body and mind, and progression to conscious states of increasing distinction of self from other and/or mind from body, as discussed in Chapter 5.

process notes and embodied clinical experience and to offer their own associations and conceptualisations. The Jungians spoke, unprompted, about psychoid processes from their own perspective, while the psychoanalysts offered their own private theories on embodiment and the transference, in their own terminology.

Significantly, this demonstrates that the psychoid concept is current and applicable today, for the following reasons.

Especially, the psychoid concept was found to be relevant to present day Jungians. It is familiar, incorporated in their private theories, and guides their thinking in their clinical work. Specifically, S2(P), S3(AP) and S12(AP) had all incorporated it in a very developed and thought-through fashion to their understandings of the analytic process, and of the ways in which a) the analyst arrives at understanding through their countertransference, and b) change emerges in the analytic process.

In other words, the psychoid concept is a prominent element of the theoretical thinking of the Jungian interviewees, even though Jung himself did not lay especial emphasis on it in his published works and thus Jungian practitioners might not be expected to recognise its full significance. This in itself validates and supports Jung's theory.

More importantly, however, even though there is a substantially lower probability of the psychoanalysts supporting such a concept, because it is not part of their official language, and they have no real counterpart in their theoretical structure, nonetheless two of them espoused private theories concordant with the psychoid concept. This is particularly significant, because it provides an unexpected confirmation of the validity of the psychoid concept, in the tradition of the philosophy of science as proposed by Popper.

An interesting aspect of these results, and further finding, is the manner in which the various clinicians had applied the notion of the symmetrical transference, and hence the application of the psychoid concept, to their notions of different stages of the analytic process and/or different moments within a session.

For example, the private theory of S11(PA) embraced a symmetrical transference model applicable to certain clinical moments, arising occasionally in emotionally intense periods during specific sessions only. By contrast, the private theory of S12(AP) incorporated a symmetrical transference model as the norm, but only after an initial transitional period of analysis when an asymmetrical model would be expected. Thus, the work would shift from an asymmetrical model to a symmetrical model when it deepened. This is something that emerged from the data analysis, but was not consciously manifest in their interview comments.

Accordingly, the application of Jung's psychoid concept to clinical work may be considered valid in certain clinical circumstances.

b. Historical psychoid concept and views of S3(AP)

Reverting to the historical strand of this research, and the discussion in Chapter 5, the vitalist origins of Jung's psychoid concept in his *Red Book* work, his active imagination, and its product in his seven sermons, were discussed. This generated a view of the psychoid unconscious as a deeply unknowable area of undifferentiation in the Pleroma, where psyche and soma are monistic, and self and other are in a participation mystique. Through the *Creatura*, the individual differentiates himself out of such undifferentiation by means of a separation of, and negotiation or dialectic between, the opposites, in the course of individuation. Such differentiation is assisted through the action of psychoid processes, which offer a pattern-creating, structuring

and organising principle, symbolically linking instinct and spirit by means of instinctual images and archetypal images, and which engender an emergent dynamism, lifting the psyche out of the body-mind matrix and out of the self-other participation, so that new individual positions come to be realised. They also impart a vitalising function having meaning-making aspects. Psychoid processes, therefore, have a purposive aim in driving towards individuation.

Jung's imaginal experimentation, and interrogation through his active imagination, followed by his later and ongoing theoretical conceptualisations led him to this view.

Very interestingly, S3(AP) had incorporated elements of the seven sermons into his clinical understanding, with some modification according to his own private theory. For him, the Pleroma "is the ultimate, unknowable source from which archetypes emerge to foster psychological development"; and the Creatura is the personal in the body, "our creatureliness" where our "self is palpably felt by us in an ongoing experiential way" (S3(AP), II, 9). Through such embodied experience, the archetypes are "discriminated, humanized, and incarnated by the patient". The Creatura is needed to process the archetypes, so that "what they have to offer can become your own" (ibid., 9-10).

As S3(AP) stated:

[Jung] presents these two ideas, the Pleroma, out of which all the archetypes are constantly emerging, and the Creatura, which is the needy human embodied creature that has to experience things with attachments needs and with interdependence. And he creates his psychology of a relation to emergent archetypes, which may have the capacity of building psychic structure, experienced by a Creatura who is still a creature, a human creature, very much living in what I would call the psychoid realm. So both these elements of the psychoid give us a dynamics of the psychoid: The embodied creature with needs for attachment, and these amazing symbolic archetypes

that give us the opportunity to engage with them en route to building psychic structure. (I2, 16)

Accordingly, S3(AP) was directly employing Jung's original hermeneutic, experiential work on the psychoid concept in his own lived theory and practice, which provides additional corroboration of the concept's validity.

c. Summary

These results confirm Jung's psychoid concept as currently valid and more especially relevant, in a definitive manner. Not only do most of the Jungians subscribe to Jung's theory, applying it in their clinical work, but also certain of the psychoanalysts demonstrate a similar understanding, albeit employing alternative terminology.

It is to be noted in these results, however, that both the historical research and the empirical research lay emphasis on the aspect of the psychoid unconscious that concerns an organising function and an emergent dynamic, in other words on its purposive or teleological direction in individuation. Little was offered in either strand concerning its relationship with pathology.

Jacobi (1959), mentioned in the literature review, discusses how dissociation may result from an overwhelming of the ego by archetypal material constellated through the psychoid unconscious. One of the Jungians interviewed in the empirical study discussed his work with borderline patients, commenting how his understanding of psychoid processes informs his views of the transference, which is very powerful with these patients, and how it assists him in addressing the difficulties of converting schizoid states into affective relationship by giving him a solid theoretical base. However, more of the Jungian interviewees, namely four of the six, focused on the

beneficial, purposive aspects of the psychoid concept, and certain of them even mentioned the healing effect of psychoid processes with respect to dissociation.

Thus, neither the historical study nor the empirical study addressed in any detail or depth a potential relationship between psychoid processes and psychotic functioning.

This leads on to the results of the empirical study relating to an asymmetrical transference field, as indicated below, which results proved to be psychoid-antithetical.

2. Historical research and empirical results relating to an asymmetrical field

- a. General comparison

The combined empirical results of Chapters 8 and 9 from two of the Jungians and five of the psychoanalysts generated an asymmetrical transference model, displaying a hierarchical field based on projection or projective identification by the patient, although the views of the psychoanalysts were more developed than those of the Jungians. Embodiment, mainly in the form of symptoms, was associated by the psychoanalysts with regression to primitive states of mind and seen as split off elements projected into the body of the analyst or the patient, implying a dualistic view of body and mind. In this model, only one of the psychoanalysts saw embodiment in the countertransference as central to the analytic process.

A comparison of the asymmetrical empirical model with the historical view of Jung's psychoid concept is shown in Appendix F, and really shows how completely at variance the two approaches are, since the asymmetrical model is based on a hierarchical transference field, a dualistic approach to body and mind, splitting and symbolic equation, by contrast with a mutual shared field and participation mystique,

a monistic bodymind, and a purposive growth or individuation through symbolic functioning, in the case of the symmetrical model.

It makes more sense to compare the psychoid-antithetical asymmetrical model with the historical definition for Bion's proto-mental concept, as per Appendix G, since both envisage a hierarchical transference field based on projection or projective identification, splitting as a defence against anxiety, and primitive states of mind involving psycho-physical experience. As shown, there is a considerable overlap between these two conceptualisations, apart from the two areas of: group functioning; and the relation of body to mind, respectively, as dualistic or monistic.

Significantly, S10(PA) actually offered Bion's proto-mental concept as a theoretical underpinning for certain forms of embodied countertransference experience, and therefore it is interesting to make a comparison of his understanding with the historical concept.

b. Historical proto-mental concept and views of S10(PA)

Chapter 6 provided an historical definition for Bion's proto-mental concept, as a deeply unconscious matrix, where body and mind are undifferentiated. Such matrix has a collective or group aspect, arising in regression to early, primitive states, when the individual is threatened by loss of his distinctiveness through identification with the group. These states are associated with the respective basic assumptions of dependency, fight-flight and pairing, where splitting and projective identification, in attempts to rid the psyche of accretions of stimuli and persecutory objects, act as a defence against unbearable suffering and give rise to part-object functioning and bizarre objects. Such dynamic was seen by Bion as arising in situations where psychotic anxiety and elements emerge, although he does indicate that proto-mental

phenomena are also a precursor to emotional and psychological functioning, and a function of all group situations, both pathological and healthy.

In Chapter 6, it was argued that Bion's theorising is continuous between his group work and his individual analytic work, so that understandings from one may be applied to, and thereby elaborate, understandings from the other. Accordingly, his proto-mental concept may be applied to individual functioning, and his ideas on psychosis may be applied to his group work and his proto-mental system. The proto-mental arena may thereby be associated with his ideas concerning beta elements and the raw sensory experience of the infant, requiring metabolisation by the mother's alpha function to be made manageable, as well as with his developed views on projective identification and psychotic functioning.

To this theoretical view may be added some important points concerning Bion's proto-mental concept, offered by S10(PA), who held an asymmetrical model of the transference but elaborated, in his private theory, by parameters associated with the proto-mental concept, since he attributed certain instances of countertransference symptom to proto-mental processes.

To S10(PA), this concept represents a layer so deeply unconscious that it cannot be known or plumbed, in which body and mind are undifferentiated, and which applies as much to the individual as to the group. He observed that the proto-mental arena can be understood not only by reference to Bion's statements in *Experiences in Groups* but also through his work on alpha and beta functioning.

Accordingly, he defined the proto-mental arena as a primitive matrix from which emerge or flow beta elements, and experience that manifests in a huge degree of

concreteness, lack of symbolisation and symbolic equation⁸⁷ and that is associated with hallucination, bizarre states and psychotic functioning.

Comparing the historical definition of Bion's proto-mental concept with the empirical view of an asymmetrical transference field, combined with the observations of S10(PA), yields an interesting view of current thinking on the proto-mental concept, in which Bion's ideas on groups and on the individual are much more integrated than the historical review suggests.

This view associates the proto-mental system specifically with the transference and with concrete experience, hallucinations, bizarre objects, psychotic functioning, and symbolic equation, and thus elaborates the historical view of defensive mechanisms arising in the face of psychotic anxiety, bizarre objects and part-object functioning. Further, the contemporary view brings in Bion's notions of alpha and beta elements, and thus points the way, in an asymmetrical model, towards addressing and overcoming proto-mental events in the consulting room. For closer inspection, a table of comparison is attached as Appendix H.

c. Summary

Consequently, these empirical results offer an asymmetrical model for the transference field, which is psychoid-antithetical but which is in accord with Bion's proto-mental concept. More especially, these results generally confirm Bion's proto-mental concept, and in the case of S10(PA) do so specifically.

And, in this latter instance, such confirmation demonstrates current thinking on Bion's proto-mental concept to be in line with a view, discussed in Chapter 6, that his group work and his individual work are to be seen as continuous, or coterminous.

⁸⁷ Referring to Hanna Segal.

With reference to these results, it is to be noted that the emphasis on a hierarchical and asymmetrical transference field amongst the psychoanalysts might have been significantly reduced had the interviewee profile included individuals practising in USA or Latin America.

Discussion

These results demonstrate a number of points concerning current understandings of Jung's psychoid concept and Bion's proto-mental concept.

A fundamental similarity in the two concepts resides in their assumption of a deeply unconscious and unknowable layer, in which body and mind are undifferentiated, and self and other are indistinct, and out of which organisation and consciousness arise. Both concepts are similar in attributing primitive states to such layer, states that have developmental roots with an instinctual foundation and that may manifest physically quite as much as psychically. And, both concepts also embrace an individual concerned with psychological growth.

However, here the similarities end. Whilst Jung's formulation of the psychoid concept permits of dissociation within its ambit, since he has written of dissociative states in relation to pathological conditions, such as hysteria and dementia praecox, and since Jacobi has noted dissociation resulting from archetypal effects swamping a weak or undeveloped ego, nonetheless, the bulk of Jung's writing on this concept envisages a teleological ordering function associated with the archetypes and an emergentist dynamism. Such dynamism is present from birth and manifests first in the constellation of instinctual images and later in the constellation of archetypal images, leading to individuation.

By contrast, Bion's original formulation of the proto-mental concept touches only briefly on organisation, in terms of the proto-mental system serving as a precursor to emotional and psychological functioning. Rather, it focuses almost entirely on psychotic mechanisms, including part-object modes of being and bizarre objects, designed to rid the psyche of accretions of stimuli and persecutory objects through splitting and projective identification. Hence, an important function of Bion's concept, namely its purposive intent, is defensive. His early conceptualisations attribute this experience to group processes, manifesting in the individual, who is faced with the conflict of identifying himself with the current unconscious emotional state of the group or with the more sophisticated attitude of a wished for work group in order to develop as an individual. His later accounts assume a group mentality in the individual alone and elaborate on the nature of psychotic functioning.

As discussed in Chapter 6, this leads to a bifurcation between Jung's psychoid concept and Bion's proto-mental concept. They have a common root in a deeply unconscious layer prior to the differentiation of mind from body, but diverge over their purposive drive. The former is teleological and seeks wholeness in terms of growth and individuation, while the latter is defensive in the face of conflict over individual growth and consequent anxiety.

As in the historical study, so it is in the empirical study.

A comparison of the two concepts is useful, however, because their common root ensures that both provide models of a similar, unknowable, undifferentiated level of the unconscious, and their differences in each case highlight potential deficiencies in the other.

Whilst Jung's psychoid concept has been demonstrated, in the present research, to be current and relevant in the Jungian community today, there is not such strong evidence from this research that the same applies to Bion's proto-mental concept. The historical study has produced clear supporting evidence for the relevance of this concept in group and individual work, and in the theoretical thinking of clinicians, and the empirical strand has offered evidence from one interviewee, in particular, whose data is unbiased and supports the hypothesis that the proto-mental concept is current and relevant.

Thus, a contemporary comparison is appropriate. Further, it is of particular interest in the area of clinical application.

Such comparison shows that the psychoid concept has lacunae, in its approach towards psychotic functioning, where elaboration is lacking and practical clinical guidance is absent. By contrast, it is in just this area that the proto-mental concept is more complete in the clinical arena, being elaborated by Bion with his many papers on psychotic mechanisms and his notions of alpha and beta elements, and by current psychoanalytic practice, as evidenced by the views of S10(PA).

Interestingly, both concepts have been found to have a purposive function applied to clinical practice, albeit of a completely different nature. The psychoid concept offers a teleological aim directed at becoming more completely oneself in individuation, and, with its organising and emergentist dynamic, is thus seen inherently as something that mobilises integration for the patient and as an aid to clinical efficacy. By contrast, the purposive nature of the proto-mental concept is in its defensive aspect, where unmanageable and as yet undifferentiated experience is split off and expelled and needs to be processed and made manageable by the analyst before it can

be accepted by the patient. Accordingly, in the case of the proto-mental concept, the emphasis is on analysing and/or interpreting the defensive nature of the dynamic, and on metabolising experience for the patient.

It can be seen that the two concepts are complimentary in this respect, and that both offer important assistance in furthering the aims of analysis.

Conclusion

The primary finding of the present research falls easily out of the above comparisons, namely that Jung's psychoid concept is valid, and relevant and useful in clinical work today. It provides theoretical understanding of an area of clinical experience in the transference, where body and mind are in relation and where issues concerning early developmental deficits, such as trauma and separation, are prominent.

The complementary nature of Jung's psychoid concept and Bion's proto-mental concept, both historically and empirically as discussed above, also points to the usefulness of Bion's concept for addressing lacunae in Jung's concept in the clinical treatment of dissociation, and the associated psychotic functioning and schizoid states. Whilst such argument is primarily derived from the historical strand of the research, it also follows through into the empirical strand, where a significant proportion of the Jungian interviewees were more concerned with notions of organisation and emergence, while a significant proportion of the psychoanalysts were more concerned with splitting mechanisms and projective identification.

The present thesis thus demonstrates, as a secondary finding, that a combined view furnishes a more comprehensive frame than the psychoid concept alone, for

understanding dynamics surrounding clinical experience of psycho-physical phenomena.

These are important findings, in that they validate, clarify and advance a current definition for a clinically useful concept, namely the psychoid concept, in line with the methodology for conceptual research proposed by Dreher (2000) and modified for this particular piece of research, as discussed in Chapter 3. But they are also significant in advancing a practical proposal for addressing and elaborating clinical use of the psychoid concept by reference to the proto-mental concept.

Chapter 11

Conclusion

Introduction

The previous chapter has demonstrated the findings of the present conceptual research, as follows:

1. Jung's psychoid concept is valid, and relevant and useful in clinical work today. Especially, it is useful during certain periods within analysis in application to states that are pre-mental and unified, of which the clinical example employed in the interview process is one. And, it is useful as a way of naming and mapping trends in the clinical process associated with these states, within and across sessions.
2. Theoretically, a contemporary definition features a deeply unknowable area of the unconscious, where self and other are undifferentiated and in a participation mystique, and body and mind are undifferentiated and monistic. A psychoid factor is immanent as potential in the human organism and as a source of living meaning and imaginal life, providing a purposive, organising function associated with an emergent dynamism, which engenders the development of psyche out of the bodymind matrix, and fosters individuation.
3. Clinically, the psychoid concept pertains to an area of experience, prior to the differentiation of psyche from soma, often encountered in regression to earlier or more primitive states, where issues concerning early developmental deficits, such as trauma and separation, are prominent. It is associated with a

mutual or shared unconscious area in a symmetrical transference field, manifesting in experience of the analyst in the countertransference in events where body and mind are in relation, and further manifesting in analytic sessions in the emergence of moments of meaning, or turning points, shared between analyst and patient, representing change or advance in the analytic process.

4. The psychoid concept, however, has lacunae in its clinical relevance, since theoretically it relates more to development and growth than to understandings of borderline conditions and psychosis. In this regard, Bion's proto-mental concept is relevant and useful, as a supplementary source of knowledge with regard to the nature of psychotic mechanisms.
5. The psychoid concept and the proto-mental concept have similar roots in a deeply unknowable stratum of the human organism, where body and mind are undifferentiated and the individual is not distinct from other humans. Both represent a purposive drive, respectively, towards individuation and as a defence.
6. Theoretically and clinically, the proto-mental concept is associated with an asymmetric transference field based on projection, projective identification and splitting, applying especially to psychotic mechanisms, an area fully documented by Bion and in the psychoanalytic literature, as evidenced in both the historical and the empirical strands of this project.
7. The asymmetrical transference model is thus psychoid-antithetical, but it offers complementary features that are of assistance in the understanding and treatment of borderline conditions and psychosis.

These are important findings, in that they validate a clinically useful concept, namely the psychoid concept, and they clarify and advance a current definition for that concept, associated with a particular symmetrical transference field. They are also significant in advancing a practical proposal for addressing and elaborating clinical use of the psychoid concept by reference to the proto-mental concept.

The present chapter now evaluates the present research, noting avenues of interest opened up by the research, and other benefits, as well as limitations of the research, and, finally, possible future directions for further research.

Research significance

Apart from the specific findings outlined in previous chapters and above, this project has important ramifications for the psychoanalytic field, addressing as it does a clinical area of psycho-physical experience, previously covered by a Babel of theories, paucity of descriptive language, and considered by at least some clinicians as taboo. It charts the overall topography, clarifying the parameters involved, within a locus that is historical, contextual and empirical. In so doing, it has opened up an area of psychoanalysis, in a grounded, practical fashion, to much needed discussion, and it has also touched on a number of areas of significant interest.

The methodology for the project has been based on the proposal for conceptual research by Dreher (2000), starting from a historical study combined with an empirical study applied to Jung's psychoid concept, but modified, as discussed in Chapter 3, by investigating the concept against a wide historical background of cultural developments in the twentieth century to the present day, rather than in a narrow historical psychoanalytic context, and by interrogating the concept through

expert interviews, based on clinical practice rather than theoretical discussion. The investigation of both strands has been enlivening and informative.

The historical study has considered the psychoid concept from a variety of different contextual angles surrounding the evolution of psychoanalytic theory and practice, including: the history of ideas; the history of attitudes towards experimentation, research and admissible forms of evidence; and different cultural events and milieux. Particularly, this study has, respectively, set the psychoid concept against a vitalist background, and against the debate concerning the scientific and hermeneutic conceptions of psychoanalysis. Remarkably, Jung contributed to the science/hermeneutics debate quite explicitly from both sides, as discussed in Chapter 5, since he began a scientific tradition of psychoanalytic research, founded in his WATs and the discovery of complexes, and later initiated another, hermeneutic, tradition, with his self-experimentation and active imagination in his *Red Book* work and subsequent conceptualisations of the archetypes and the psychoid unconscious.

The empirical study has addressed the very interesting area of the implicit or private theories of the clinician, and their relationship with theory. This is something that has been much more fully researched by the psychoanalysts than by the Jungians, as discussed in Chapter 7 on implicit theories. It is interesting, however, to note that whilst the psychoanalysts have published a number of studies on this topic, addressing the nature of implicit theories and methods for researching them, there are very few publications offering examples of individual implicit theories under the microscope, or actually scrutinising implicit theories in practice⁸⁸. This limits the available understandings of the nature of such theories, as well as the possibility for

⁸⁸ Tuckett (2008), whilst acknowledging the existence of implicit theories, sets out to investigate rather the question of analysts' explanatory models for analysis, enquiring how does analysis work?

evaluating their pertinence to the psychoanalytic method, their influence on psychoanalytic efficacy, and any need for adjustment, individually or collectively, in the face of such situation.

One author addressing this area is Hamilton (1996), who conducted a study of analysts' interpretive practices, focusing on their preconscious models for various psychoanalytic concepts, most especially the transference. She interviewed 65 analysts in Los Angeles, New York, San Francisco and London, using semi-directed interviews, and analysed the results in an attempt to "systematize the beliefs and actions that are typical of practising American and British psychoanalysts today" (ibid., 2). Her aim was to obtain generalised theoretical profiles amongst groups of analysts linked by affiliation, rather than to track closely particular implicit theories in individual clinicians, although she noted as her project progressed that analysts are guided preconsciously by many dimensions and tend to practice much more loosely than some publicly claim (ibid., 3-4).

The present project, by contrast, sought to understand the actual private theories of a specific set of individuals, in relation to a quite specific type of clinical event, and then and only then to generalise from these individual private theories to a common model for the type of event, independently of theoretical affiliation, for interrogating a specific concept. The result is a much more detailed account of particular private theories, associated with a much more focused area.

One of the issues that the project especially brings out is how discrepant is the relationship between theory and clinical practice. The disparity between theory and clinical practice is significant. To deal with this discrepancy, it was necessary to devise a methodological instrument for use in the interviews, to make possible the

tracking and isolation of private theory in practice. The research instrument devised here has proved equal to this task, and furthermore is reproducible, not only in a repetition of the present research, but also in other similar situations, where it is desired to research other particular clinical concepts through expert interviews. This yields an important additional benefit of the research.

Even more interestingly, and unexpectedly, it turned out that the private theories of certain individuals from differing theoretical traditions were more similar than the private theories of other individuals from the same theoretical traditions. Apart from the validation of the psychoid concept that this led to in the present instance, there is clearly scope for consideration as to why such a situation arises, and as to what conclusions are to be derived from it, in terms of the evolution and current state of the psychoanalytic field. Advantageously, therefore, the present kind of empirical study could form a fruitful basis for dialogue between different groupings from the psychoanalytic field, both as to the nature of theory, public and private, and as to the nature and professional parameters of clinical practice.

Confirmation of the validity of the psychoid concept, and its association with a symmetrical transference field, was one aspect only of the research results. It also became apparent from the hermeneutic aspect of the historical study, and more especially from the empirical study, that the psychoid unconscious is a process-oriented concept applicable to individual human development throughout life, and applicable also to the development, and efficacy, of the analytic method in any individual case.

More especially, a further outcome of the present study is the finding that the psychoid concept can be seen as a methodology, representing a *process* of

individuation, arising in analysis through a dialectic between undifferentiation and differentiation, linked with an emergent dynamic having an imaginal dimension represented in the transcendent function, and with analytic progress. The account by S2(AP) in the empirical study effectively demonstrated that this analyst was employing such methodology himself in his own analytic work. Thus, the psychoid concept also has a methodological significance in its own right, whether applied to individual analytic sessions for gauging the current state of the session or the analysis, or whether applied to the progress of the analysis as a whole.

The study has also had a comparative aspect, setting the psychoid concept against different theoretical traditions and clinical approaches within the psychoanalytic field, both historically and contemporaneously, taking account of the fact that psychoanalytic theory is in a state of constant evolution. These comparisons, between Jung and Freud, Jung and Bion, post-Jungians and post-Freudians, have yielded interesting counterpoints, both from early psychoanalytic theorizing and from contemporary psychoanalytic practice.

One result is the discovery as to how different were the early methodologies of Freud and Jung, in spite of apparent agreement between them according to the popular literature. By contrast, the historical study showed areas of theoretical agreement between Jung and Bion, in spite of considerable overall differences, respectively, in the contextual development of their psychoid and proto-mental concepts. Finally, as mentioned above, the empirical work demonstrated, not surprisingly, that individuals and groups from the same theoretical tradition do not always hold similar viewpoints, and, more unexpectedly, that similarities are to be found between individuals and groups from different theoretical affiliations.

Research limitations

A few more points need to be addressed. The project has necessarily been limited by a number of factors, not the least of which is that it is the work of a single researcher only, within the ambit of a PhD study, and this affects the methodology, the range of the investigation, and the amount of qualitative data that can be collected and analysed.

Most of the earlier studies into psychoanalytic concepts⁸⁹, and implicit or private theories, have been generalised researches conducted by groups of researchers, making verification by group consensus a possible validation instrument and increasing the potential depth and/or range of the investigation. Tuckett (2008), addressing the question of the analyst's explanatory models for analysis, falls into this category. Such verification has not been possible here, but it is believed that this need not be an issue in this, more focused and less ambitious, investigation. An advantage of an individual study is that group dynamics do not have to be taken into account in the methodology and in the analysis of the data, although safeguards against individual bias do need to be introduced.

In the present conceptual research, these safeguards have been achieved by: firstly, undertaking comparisons repeatedly throughout both the historical and the empirical strands, for continually scrutinising, reflecting on, and tightening, definitions; secondly, utilising an interview technique as a methodological instrument in the empirical strand that seeks understanding by two minds working together at the limits of their knowledge to understand clinical events metaphorically, as proposed by Fonagy (2003, 2008); and, thirdly, employing grounded theory for the data analysis, a

⁸⁹ With the exception of Hamilton, mentioned above.

technique whereby the data leads the results to generate private theories for the clinicians concerned, which can later be compared with definitions obtained from the historical study.

Likewise, the sample size for the interviews has been limited. However, by selecting a range of interviewees from different theoretical traditions and orientations, and making comparisons between them, using the methodological instrument designed for the project, a clear and reproducible, and therefore believed satisfactory, result has been obtained, although it is acknowledged that a more complete overall account of models for the transference field and for countertransference embodiment would have been obtained by extending the range of interviewees from the BPAS or by additionally selecting interviewees from USA and Latin America.

Since the empirical investigation contemplates the private theories of the interviewees, it follows that their references to public theory may be neither consistent nor at times accurate. A query may then be raised as to whether these interviewees thus diminish their credibility or distort their results, if their references to public theory turn out to be inaccurate. In response, it is pointed out that the empirical study seeks to conceptualise certain clinical experience, when body and mind are in relation, and starts from this point and not from public theory. The exercise did not aim to obtain direct accounts of any public theory, but rather to understand *how* clinicians conceptualised their clinical experience in a private theory. In such exercise, it is of greater interest *what* the private theory is, than *whether* it is an accurate reflection of any particular public theory.

The present study thus sought to encapsulate and compare private theories relating to certain psycho-physical clinical events, whatever the nature of those private theories,

and only thereafter to compare the private theories extracted with one particular public theory, in order to interrogate, and possibly expand, the definition of that public theory. Hence, the accuracy or otherwise of particular assimilations of public theory was not the issue. It might have been, had the exercise started from public theory and had the interviewees been requested to talk about such theory directly, when their knowledge and understanding of the theory and its application would have mattered.

It is accordingly believed that the present project has provided a satisfactory investigatory and validation methodology for an individual researcher in the conceptual field.

Next, basing the research on the use of one set of process notes only, in the interview process, might be criticised. Here, it is to be reiterated that this is not a single case study: the process notes are *not* the research data but are merely an interview tool, to assist the interviewees to associate freely around the research topic of embodiment in the consulting room, akin to the questions employed in semi-structured interviews.

Further, to have expanded the interview process by including more than one set of process notes for different analytic sessions in the same case would have pinned the subject down, and would have rendered it harder for the interviewees to avoid a supervisory stance. And, to have included more than one case would have overloaded the interviews. Actually, where interviewees wanted to illustrate particular points not forthcoming from the process notes offered, they advanced their own clinical examples freely, although these have not been cited in detail in this thesis for reasons of confidentiality.

Accordingly, such criticism would be irrelevant.

Turning to the question of evidence and the weight of the evidence relating to the different concepts, psychoid and proto-mental, it is acknowledged that the historical study has devoted less attention to the proto-mental concept, and the empirical study has covered it less fully in the interviewees' responses. The initial aim of the project was a conceptual study of the psychoid concept, and the primary research findings have been confined to this concept, its validity and its usefulness, and thus it is appropriate that this concept should have received the attention and that the methodology herein should focus on this concept.

The proto-mental concept, having an apparent similarity with the psychoid concept, was brought in initially *only* as an instrument of comparison, in order to refine the definitions for the psychoid concept, and not as an object of study in its own right. This refinement it achieved, in isolating the fact that the psychoid concept is deficient in its delineation of psychotic mechanisms. It was only subsequently that it became apparent that there was merit in consulting the proto-mental concept for making good these deficiencies, as a secondary finding. At that point, the benefits of conducting an additional conceptual study into the proto-mental concept became apparent, but the study was far advanced and it was considered more important to ensure that the psychoid study was completed fully and in detail. Although these are secondary findings of the present research only, a complete conceptual study of the proto-mental concept would have enhanced the current results.

To some extent, this deficiency is mitigated by Torres (2008, 2013a, 2013b, 2013c), who has investigated the proto-mental concept more fully, both historically and empirically. However, his research was undertaken with respect to social conditions and not with respect to individual psycho-physical functioning. Extending the present study, by further investigation of the proto-mental concept, both historically

and empirically, by interviewing further clinicians known to have a leaning towards Bion's theory, and by setting the proto-mental concept in the context of Bion's overall opus, would have strengthened the secondary findings of the present research.

Future directions

Apart from the research benefits and limitations, discussed above, a number of extremely interesting avenues of possible future research became apparent in the course of this study, avenues which could not be investigated within the present project, either for want of time or for divergence of focus. Some of these avenues would have extended the present research and some of them would have branched out and taken it in new directions.

Most particularly, given further time and/or resources, expansion of the investigation of the psychoid concept into other avenues, or by other techniques, might be considered. For example, an expansion of the historical strand of the present thesis, by further investigation of the phenomenological background to and influences on Jung's thinking in his development of the concept, particularly in the French tradition of philosophy, including Bergson and others, would pay dividends. Jung's interest in philosophers of this tradition, such as Bergson, is already known and is discussed in Chapter 6, including early overlap of the circles of these two men through the Society for Psychological Research. However, little has been written about the phenomenology of Jung's ideas, other than by Gunter (1982), who compares Jung and Bergson, and Brooke (1991), who contemplates Jung as a phenomenologist, and considers it necessary to see him as such in order fully to understand his work. The psychoid concept is fundamentally phenomenological in nature, with its emphasis on the relation of body and mind, and on manifestations of this relation, and would benefit

from such a lens. It would be very interesting, therefore, to study more fully the influence of Bergson and the other French phenomenologists on Jung, on his work generally and on his psychoid concept in particular, and to consider thereby the implications of such influence.

In a still further extension of this avenue, a comparison of Jung's notion of the ethical Self, as an offshoot of his psychoid concept, with the ideas of Husserl and the phenomenologists would offer an expanded understanding of Jung's work, and its professional application to the clinical arena.

Turning to another aspect of the present study that has not been fully explored, namely the area of synchronicity, this was omitted from the present study, as has been discussed in Chapters 1 and 2, the introduction and the literature review, because of differences of scientific foundation and origin, conceptual differences, and complexity of the links with the psychoid concept, needing the present study before it could be considered. It would be very interesting to repeat the conceptual investigation of this project, employing a similar methodology, applied to this alternative strand of Jung's psychoid concept, and then to compare the findings with those of the present study.

As well as the possibility of extending this study to embrace synchronicity by employing a similar method, there is a further aspect to consider, in that the interesting question of a foundation of the psychoid concept in biology, based on the experimentation of Hans Driesch with sea urchins, or in quantum physics, based on Jung's discussions with Wolfgang Pauli, has not been fully settled. Although both Haule (2010/2011) and Gieser (2005) mention this issue, neither really resolves it. A

study of this particular question, by reference to Jung's original sources and to contemporary scientific knowledge would be of particular interest.

From a more contemporary point of view, the research might also be extended into an investigation into the basis in neuroscience for Jung's psychoid concept. This was in fact actually contemplated as a base at the outset of the present project, but felt to be premature without first having completed a conceptual study based on Dreher's notion of conceptual research and including an historical understanding.

Furthermore, one of the interesting findings of the present research has been the lacunae in the locus of Jung's psychoid concept. A more complete study of the overlap in conceptualisation between Jung's psychoid concept, and Bion's proto-mental concept, as well as the respective or common influences on the two men, and potentially of one on the other, would be interesting. Such investigation would advantageously also compare Jung's psychoid concept with a combination of Bion's proto-mental concept, as applicable to psychotic functioning, and his other ideas, such as his notion of 'O', the unknowable and numinous thing-in-itself.

In a different area, the methodological instrument designed for the present project is reproducible, and could readily be applied to the investigation by an individual researcher of other clinical concepts, and this is a very important future avenue of research.

Endnotes

Apart from the quite specific findings of the present research, primarily delineating and validating Jung's psychoid concept in its application to clinical work today, and secondarily proposing an extension of its ambit by reference to Bion's proto-mental

concept in relation to psychotic processes, there has been another interesting outcome of the research, which is in itself totally unexpected. That is the effect that the research has had on this researcher.

Commencing the research as someone who saw analysis as a vocation, and therefore something to be experienced and practiced rather than scrutinised, and who was therefore somewhat doubtful about the merits of research into clinical work, a conversion has taken place over the duration of the project. The research work has very noticeably deepened the clinical analytic practice of this researcher, profoundly altering the way that embodied states in both patient and analyst are viewed and addressed, and extending the range and stability of the researcher's analytic capacity. In part, this is due to the richness and transformational experience of interviewing senior clinicians of differing persuasion and seeking to understand their clinical approaches, but in part it is simply due to the disciplined experience of researching, interrogating, and thoroughly digesting research data in the pursuit of knowledge. In the completion of this project, therefore, this researcher has become fully committed to psychoanalytic research.

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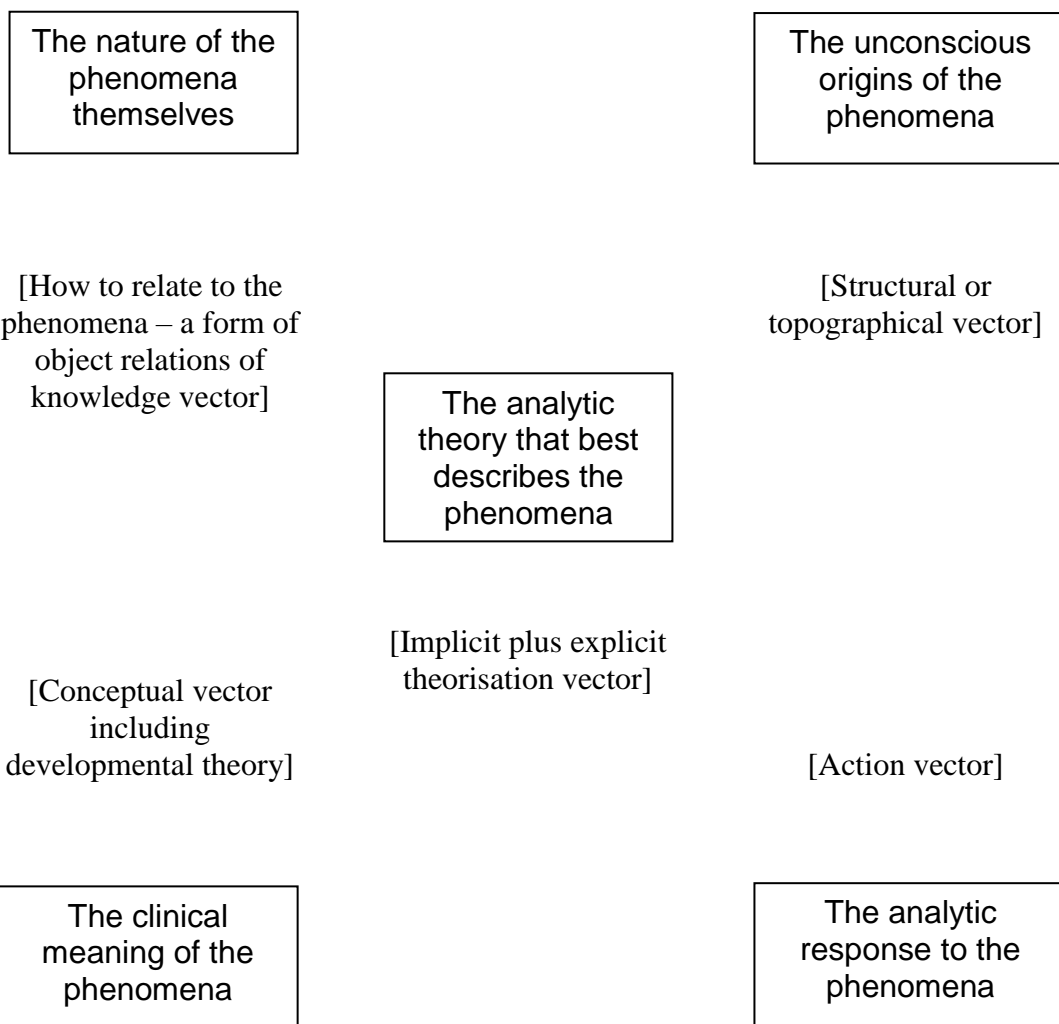
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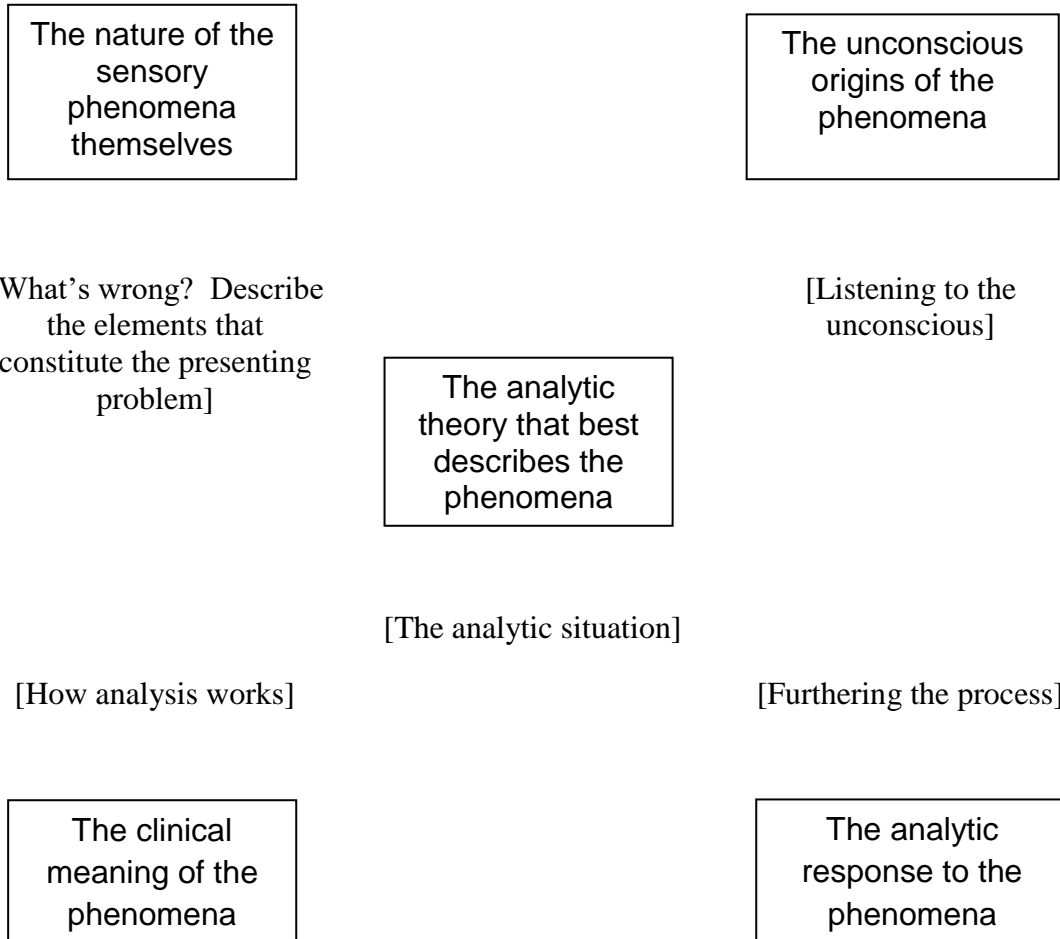
Appendix A

Comparison of discussion vertices with Canestri and Tuckett

Comparison with Canestri



Comparison with Tuckett



Appendix B

Comparison of ‘psychoid’ and ‘proto-mental’ definitions from historical study

Historical ‘psychoid’ definition	Historical ‘proto-mental’ definition
<p>An area of undifferentiation, where self and other are in a participation mystique</p> <p>And psyche and soma are monistic</p> <p>From which the individual differentiates himself in the process of individuation</p>	<p>A psychosomatic matrix having a group aspect</p> <p>Where body and mind are undifferentiated</p> <p>Experienced in the individual faced with the conflict of identifying himself with the current unconscious emotional state of a basic assumption group or with the more sophisticated attitude of a wished for work group in order to develop as an individual</p>
<p>A purposive, structuring and organising principle giving rise to psychic patterns:</p> <p>(a) Having emergent properties, by which the psyche is differentiated out of the body-mind matrix and new individual positions come to be realised</p> <p>(b) Manifesting in a symmetrical transference, in the synchronising of associations of analysand and analyst in terms of physiological and psychic facts</p> <p>(c) Symbolically linking instinct and spirit by means of instinctual and archetypal images</p>	<p>A precursor to emotional and psychological functioning, and having a purposive function as defensive:</p> <p>(a) In primitive states, where psychotic anxiety emerges and part-object functioning and bizarre objects prevail</p> <p>(b) Manifesting in an asymmetrical transference, where splitting and projective identification are employed to rid the psyche of accretions of stimuli and persecutory objects;</p> <p>(c) As a defence against unbearable suffering of an instinctual nature</p>

A vitalising function having meaning-making/dissociation-creating aspects, depending on ego strength	An arena displaying fragmentation and meaninglessness
A deeply unknowable arena, thereby limiting what can be said about it	A deeply unknowable unconscious matrix

Appendix C
Data Analysis Tables

	<u>Vignette as</u>	<u>Symmetr.</u>	<u>Undiffn.</u>	<u>Undiffn.</u>	<u>Turning</u>	<u>Moment of</u>
	<u>transfer.</u>	<u>field</u>	<u>self/other</u>	<u>body/mind</u>	<u>point</u>	<u>meaning</u>
S1(AP)	Y	Y	Y	Y		
S2(AP)	Y	Y	Y	Y	Y	Y
S3(AP)	Y	Y	Y	Y	Y	Y
S4(AP)	Y	Im	Im	Im		
S5(AP)	Y	Y	Y	QY	Y	Y
S6(PA)	Y			QY		
S7(PA)	Y	Im		Im		
S8(PA)	Y	Im	QY		Y	Y
S9(PA)	Y	Y	Y	Im	Im	Y
S10(PA)	N			Y		
S11(PA)	Y	Y	Y	Im		Y
S12(AP)	Y	Y	Y	Y	Y	Y

	<u>Vignette as</u>	<u>Asymmetr.</u>	<u>Proj./proj.</u>	<u>Prim. states</u>	<u>Developt.</u>	<u>Regression</u>
	<u>deepening</u>	<u>field</u>	<u>identn.</u>	<u>of mind</u>		
S1(AP)	Y	Y	Y	1	Y	Y
S2(AP)	Y		1		QY	
S3(AP)	Y		N		Y	
S4(AP)	Y				QY	
S5(AP)	Y		1		1	4
S6(PA)	Y	Im	Y	Y	Y	
S7(PA)	Y	QY	Y		Y	Y
S8(PA)	Y	Y	Y	Y	Y	Y
S9(PA)	Y			Y	QY	Y
S10(PA)	N	Y	Y		Y	N
S11(PA)	Y	Y	Y	Y	Y	Y
S12(AP)	Y	QY	QY		Y	

	<u>Teleological</u>	<u>Emergence</u>	<u>Symbolic</u>	<u>Embodied</u>	<u>Embodied</u>	<u>Embodied</u>
	<u>organis. fn.</u>		<u>fn.</u>	<u>c-t central</u>	<u>c-t - image</u>	<u>c-t symptm.</u>
S1(AP)		2	Y	Y	Y	Y
S2(AP)	Y	Y		Y	Y	Y
S3(AP)	Y	Y		Y	Y	Y
S4(AP)			Y	Y	Y	Y
S5(AP)	Y	Y	Y	N	N	N
S6(PA)			Y	N	N	Y
S7(PA)			Y	N	Y	Y
S8(PA)			Y	N	Y	Y
S9(PA)	Im	Y	Y	N		Y
S10(PA)			Y	N	N	Y
S11(PA)				Y	Y	Y
S12(AP)	Y	Y	Y	Y	Y	Y

	<u>Enactment</u>	<u>Dissoen.</u>	<u>Splitting</u>	<u>Relation</u>	<u>Here &</u>	<u>Progress</u>
				<u>as central</u>	<u>now</u>	<u>emerges</u>
S1(AP)			4	Y		
S2(AP)		Y	Y	Im		
S3(AP)		Y		Y		
S4(AP)						
S5(AP)	1			Y		
S6(PA)			Y	Im		Y
S7(PA)	Y		Y	Y		
S8(PA)	Y	Y	Y	Y	QY	Y
S9(PA)	Y			Y		
S10(PA)	Y		Y		Y	
S11(PA)	Y			Y		Y
S12(AP)		Y		Im		

	<u>Jung</u>	<u>Archetypal</u>	<u>Psychoid</u>	<u>Unknowab.</u>	<u>Synchrony.</u>	<u>Undiffn.</u>
						<u>mind/matt.</u>
S1(AP)	Y		Y	Y		
S2(AP)	Y		Y	Y	Y	Y
S3(AP)	Y	Y	Y	Y	Y	
S4(AP)	Y		Y	Y	Y	
S5(AP)	Y	QY	QY		QY	QY
S6(PA)						
S7(PA)	1					
S8(PA)						
S9(PA)						
S10(PA)	7			Y		
S11(PA)						
S12(AP)	Y	Y	Y	Y	Y	Y

	<u>Klein/</u>	<u>α and β</u>	<u>Protomentl.</u>			
	<u>Bion</u>	<u>fn</u>				
S1(AP)	Y		1			
S2(AP)	Y	Y				
S3(AP)						
S4(AP)						
S5(AP)						
S6(PA)	QY					
S7(PA)	2					
S8(PA)	Y	Y				
S9(PA)						
S10(PA)	Y	Y	Y			
S11(PA)	Y	Y				
S12(AP)						

Index of abbreviations

Y	Yes, from personal belief/experience
N	No, from personal belief/experience
Im	Generally implied but not clearly stated
Q	Interviewee qualifies and/or expresses reservations
Integer x	Number of times mentioned, but not leading to a conclusion
Blank	Not addressed and/or indeterminate from interview

Caveat

Most of the entries in the above chart are products of the data analysis, rather than specific statements by the Interviewees, and are therefore subject to interpretation.

Where entries need qualification or explanation, this is included in the overall data analysis chapters.

Appendix D

Comparison of features of symmetrical and asymmetrical models from empirical study

(Acknowledging that private theories may embrace both models, either consistently under differing clinical circumstances or inconsistently)

Empirical symmetrical transference (Listing interviewees referring)	Empirical asymmetrical transference (Listing interviewees referring)
<p>An undifferentiated unconscious self-other field, which is mutual and symmetrical (S1(AP), S2(AP), S3(AP), S5(AP), S12(AP), S7(PA), S9(PA), S11(PA))</p> <p>An undifferentiated, monistic bodymind (S1(AP), S2(AP), S3(AP), S12(AP), S9(PA), S11(PA))</p> <p>Needed for healing a dissociation in the patient (S2(AP), S3(AP), S12(AP), S11(PA))</p>	<p>An unconscious field for self and other, which is based on projection and projective identification and which is hierarchical (S1(AP), S12(AP), S6(PA), S7(PA), S8(PA), S10(PA), S11(PA))</p> <p>A dualistic approach to body and mind (S5(AP), S6(PA), S7(PA), S8(PA), S10(PA))</p> <p>Wherein splitting is a key dynamic (S2(AP), S6(PA), S7(PA), S8(PA), S10(PA))</p>
<p>An organising function in the unconscious associated with pivotal moments or turning points and associated with: (S2(AP), S3(AP), S5(AP), S12(AP))</p> <p>(a) An emergent dynamism (S2(AP), S3(AP), S5(AP), S12(AP), S9(PA))</p> <p>(b) A symmetrical transference model envisaging an embodied countertransference</p>	<p>A model envisaging unconscious conflict or deficit with interpretation through relationship or in the here-and-now as the means to make this conscious, associated with: (S1(AP), S12(AP), S6(PA), S7(PA), S8(PA), S10(PA), S11(PA))</p> <p>(a) Gradually emerging progress (S6(PA), S8(PA), S11(PA))</p> <p>(b) An asymmetrical transference model envisaging embodiment in the countertransference</p>

<p>(S1(AP), S2(AP), S3(AP), S12(AP), S9(PA), S11(PA))</p> <p>Having a developmental aspect (S1(AP), S2(AP), S3(AP), S12(AP), S7(PA), S11(PA))</p> <p>(c) A source of imaginal material (S2(AP), S3(AP), S5(AP), S12(AP), S9(PA))</p>	<p>(S1(AP), S6(PA), S7(PA), S8(PA), S10(PA), S11(PA))</p> <p>Having a developmental aspect (S1(AP), S6(PA), S7(PA), S8(PA), S10(PA), S11(PA))</p> <p>(c) Symbolic equation (S6(PA), S7(PA), S10(PA))</p>
<p>A source of meaning (S2(AP), S3(AP), S5(AP), S12(AP), S9(PA))</p>	<p>Meaning resides in authenticity or relationship (S1(AP), S6(PA), S7(PA), S8(PA), S11(PA))</p>
<p>A psychoid unconscious is ultimately unknowable (S1(AP), S2(AP), S3(AP), S4(AP), S12(AP))</p> <p>A psychoid factor is responsible for all of the above features (S1(AP), S2(AP), S3(AP), S12(AP))</p>	<p>A proto-mental unconscious that is ultimately unknowable (S10(PA))</p>

Appendix E

Comparison of ‘psychoid’ definition from historical study, and features of symmetrical model from empirical study

Historical ‘psychoid’ definition	Empirical symmetrical transference (Listing interviewees referring)
<p>An area of undifferentiation, where self and other are in a participation mystique</p> <p>And psyche and soma are monistic</p> <p>From which the individual differentiates himself in the process of individuation.</p>	<p>An undifferentiated unconscious area, which is mutual and symmetrical (S1(AP), S2(AP), S3(AP), S5(AP), S12(AP), S7(PA), S9(PA), S11(PA))</p> <p>An undifferentiated, monistic bodymind (S1(AP), S2(AP), S3(AP), S12(AP), S9(PA), S11(PA))</p> <p>Needed for healing a dissociation in the patient (S2(AP), S3(AP), S12(AP), S11(PA))</p>
<p>A purposive, structuring and organising principle giving rise to psychic patterns:</p> <p>(a) Having emergent properties, by which the psyche is differentiated out of the body-mind matrix and new individual positions come to be realised</p> <p>(b) Manifesting in a symmetrical transference, in the synchronising of associations of analysand and analyst in terms of physiological and psychic facts</p>	<p>An organising function in the unconscious associated with pivotal moments or turning points and associated with: (S2(AP), S3(AP), S5(AP), S12(AP))</p> <p>(a) An emergent dynamism (S2(AP), S3(AP), S5(AP), S12(AP), S9(PA))</p> <p>(b) A symmetrical transference model (S1(AP), S2(AP), S3(AP), S5(AP), S12(AP), S7(PA), S9(PA), S11(PA))</p> <p>With embodied countertransference (S1(AP), S2(AP), S3(AP), S12(AP), S9(PA), S11(PA))</p> <p>Having a developmental aspect (S1(AP), S2(AP), S3(AP), S12(AP), S7(PA), S11(PA))</p>

(c) Symbolically linking instinct and spirit by means of instinctual and archetypal images	(c) A source of imaginal material (S2(AP), S3(AP), S5(AP), S12(AP), S9(PA))
A vitalising function having meaning-making/dissociation-creating aspects, depending on ego strength	A source of meaning (S2(AP), S3(AP), S5(AP), S12(AP), S9(PA))
A deeply unknowable arena, thereby limiting what can be said about it	<p>A psychoid unconscious is ultimately unknowable (S1(AP), S2(AP), S3(AP), S4(AP), S12(AP))</p> <p>A psychoid factor is responsible for all of the above features (S1(AP), S2(AP), S3(AP), S12(AP))</p>

Appendix F

Comparison of ‘psychoid’ definition from historical study, and features of asymmetrical model from empirical study

Historical ‘psychoid’ definition	Empirical asymmetrical transference (Listing interviewees referring)
<p>An area of undifferentiation, where self and other are in a participation mystique</p> <p>And psyche and soma are monistic</p> <p>From which the individual differentiates himself in the process of individuation</p>	<p>An unconscious field for self and other, which is based on projection and projective identification and which is hierarchical (S1(AP), S12(AP), S6(PA), S7(PA), S8(PA), S10(PA), S11(PA))</p> <p>A dualistic approach to body and mind (S5(AP), S6(PA), S7(PA), S8(PA), S10(PA))</p> <p>Wherein splitting is a key dynamic (S2(AP), S6(PA), S7(PA), S8(PA), S10(PA))</p>
<p>A purposive, structuring and organising principle giving rise to psychic patterns, associated with:</p> <p>(a) Emergent properties, by which the psyche is differentiated out of the body-mind matrix and new individual positions come to be realised</p> <p>(b) A symmetrical transference model, in the synchronising of associations of analysand and analyst in terms of physiological and psychic facts</p>	<p>A model envisaging unconscious conflict or deficit with interpretation through relationship or in the here-and-now as the means to make this conscious, associated with: (S1(AP), S12(AP), S6(PA), S7(PA), S8(PA), S10(PA), S11(PA))</p> <p>(a) Gradually emerging progress (S6(PA), S8(PA), S11(PA))</p> <p>(b) An asymmetrical transference model envisaging embodiment in the countertransference (S1(AP), S6(PA), S7(PA), S8(PA), S10(PA), S11(PA))</p>

(c) Symbolical linking of instinct and spirit by means of instinctual and archetypal images	<p>Having a developmental aspect (S1(AP), S6(PA), S7(PA), S8(PA), S10(PA), S11(PA))</p> <p>(c) Symbolic equation (S6(PA), S7(PA), S10(PA))</p>
A vitalising function having meaning-making/dissociation-creating aspects, depending on ego strength	<p>Meaning resides in authenticity or relationship (S1(AP), S6(PA), S7(PA), S8(PA), S11(PA))</p>
A deeply unknowable arena, thereby limiting what can be said about it	<p>A proto-mental unconscious that is ultimately unknowable (S10(PA))</p>

Appendix G

Comparison of ‘proto-mental’ definition from historical study, and features of asymmetrical model from empirical study

Historical ‘proto-mental’ definition	Empirical asymmetrical transference (Listing interviewees referring)
<p>A psychosomatic matrix having a group aspect</p> <p>Where body and mind are undifferentiated</p> <p>Experienced in the individual faced with the conflict of identifying himself with the current unconscious emotional state of a basic assumption group or with the more sophisticated attitude of a wished for work group, in order to develop as an individual</p> <p>A precursor to emotional and psychological functioning</p>	<p>An unconscious field for self and other, which is hierarchical (S1(AP), S12(AP), S6(PA), S7(PA), S8(PA), S10(PA), S11(PA))</p> <p>And which envisages embodiment in the countertransference (S1(AP), S6(PA), S7(PA), S8(PA), S10(PA), S11(PA))</p> <p>A dualistic approach to body and mind (S5(AP), S6(PA), S7(PA), S8(PA), S10(PA))</p> <p>A model envisaging unconscious conflict or deficit with interpretation through relationship or in the here-and-now as the means to make this conscious (S1(AP), S12(AP), S6(PA), S7(PA), S8(PA), S10(PA), S11(PA))</p> <p>Development resides in meaning arising through authenticity or relationship (S1(AP), S6(PA), S7(PA), S8(PA), S11(PA))</p> <p>Progress gradually emerges (S6(PA), S8(PA), S11(PA))</p>
<p>Manifesting in an asymmetrical transference, where splitting and projective identification are employed to rid the psyche of accretions of stimuli and persecutory objects</p>	<p>Manifesting in an asymmetrical transference, which is based on projection and projective identification and wherein splitting is a key dynamic (S2(AP), S6(PA), S7(PA), S8(PA), S10(PA))</p>

<p>In primitive states, where psychotic anxiety emerges and part-object functioning and bizarre objects prevail</p> <p>As a defence against unbearable suffering of an instinctual nature</p>	<p>Having a developmental aspect (S1(AP), S6(PA), S7(PA), S8(PA), S10(PA), S11(PA))</p> <p>Requiring containment for anxiety (S8(PA), S10(PA), S11(PA))</p>
<p>An arena displaying fragmentation and meaninglessness</p>	<p>Symbolic equation is prominent (S6(PA), S7(PA), S10(PA))</p>
<p>A deeply unknowable unconscious matrix</p>	<p>A proto-mental unconscious that is ultimately unknowable (S10(PA))</p>

Appendix H

Comparison of ‘proto-mental’ definitions from historical and empirical studies

Historical ‘proto-mental’ definition	Empirical ‘proto-mental’ definition from S10(PA)
<p>A psychosomatic matrix having a group aspect</p> <p>Where body and mind are undifferentiated</p> <p>Experienced in the individual faced with the conflict of identifying himself with the current unconscious emotional state of a basic assumption group or with the more sophisticated attitude of a wished for work group in order to develop as an individual</p>	<p>A primitive matrix, where experience is concrete</p> <p>Where body and mind are undifferentiated</p> <p>Having a group aspect and an individual aspect, both in the sense that Bion’s ideas on groups and the individual are continuous and in the sense that the individual has a group mentality</p>
<p>A precursor to emotional and psychological functioning, and having a purposive function as defensive:</p> <p>(a) In primitive states, where psychotic anxiety emerges and part-object functioning and bizarre objects prevail</p> <p>(b) Manifesting in an asymmetrical transference, where splitting and projective identification are employed to rid the psyche of accretions of stimuli and persecutory objects</p> <p>(c) As a defence against unbearable suffering of an instinctual nature</p>	<p>Linked with Bion’s notions of alpha and beta functioning, by which raw sensory experience in the form of beta elements is transformed into psychic experience by alpha functioning:</p> <p>(a) Associated with psychotic functioning, hallucinations and bizarre objects</p> <p>(b) Manifesting in an asymmetrical transference, where splitting and projective identification are employed to rid the psyche of accretions of stimuli and persecutory objects</p> <p>(c) Which the patient does not want to feel, know about or have back, in any shape or form</p>

An arena displaying fragmentation and meaninglessness	An arena without symbolisation or organisation, where Segal's symbolic equation prevails
A deeply unknowable unconscious matrix	A deeply unknowable layer of the unconscious, that cannot be plumbed