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ANALYSIS, REPAIR AND INDIVIDUATION



KENNETH LAMBERT



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INDIVIDUATION



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**THE LIBRARY OF ANALYTICAL PSYCHOLOGY
VOLUME V**

**ANALYSIS, REPAIR
AND INDIVIDUATION**

BY

Kenneth Lambert

 **Routledge**
Taylor & Francis Group
LONDON AND NEW YORK

First published 1981 by ACADEMIC PRESS INC. (London) Ltd.

This edition 1994 published by
Karnac Books Ltd.

Published 2018 by Routledge
2 Park Square, Milton Park, Abingdon, Oxon OX14 4RN
711 Third Avenue, New York, NY 10017, USA

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British Library Cataloguing in Publication Data
A C.I.P. for this book is available from the British Library

ISBN: 9781855750838 (pbk)

Contents

<i>Editorial introduction</i>	vii
<i>Preface</i>	ix
<i>Introduction</i>	xiii
1. Individuation and the mutual influence of psychoanalysis and analytical psychology	1
2. Personal psychology and the choice of analytic school	14
3. Individuation and the personality of the analyst	20
4. Resistance and counter-resistance	52
5. Archetypes, object-relations and internal objects	88
6. Reconstruction	106
7. Transference, counter-transference and interpersonal relations	133
8. Dreams and dreaming	168
9. The individuation process	188
<i>Postscript</i>	200
<i>Glossary</i>	202
<i>References</i>	218
<i>Index</i>	225



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Editorial introduction

Analysis, Repair and Individuation is undoubtedly a most valuable, informative and thought-provoking addition to the Library of Analytical Psychology. Kenneth Lambert describes here in great detail and with case material—yet without obscuring the general patterns—the process of analysis and its relation to Jung’s concept of individuation. For those who have been curious to know what the actual work and procedure of Jungian analysts in London might be he opens a window into their consulting rooms. His capacity to explore, to analyse and to put into words the complex interactions between analyst and analysand is likely to strike his own colleagues also as wise and very helpful.

Lambert, like Jung, emphasizes the importance of the person of the analyst for the course of any analysis, which includes the analyst’s development in the course of his own analysis and all further personal growth; for all this inevitably determines the kind of patient, and the sort of problem he can—or cannot—work with. Lambert also suggests ways in which the analyst’s psycho-social-cultural background may be a factor in deciding with which school of analysis he may choose to train. And so he brings together his own theoretical and clinical evolution with the fact of his being Anglo-Irish; with his interest in the history of ideas and practices whereby he can seek to demonstrate an historical continuum between the clinical attitudes of contemporary psychotherapy and those expressed in the Hippocratic Oath and St Paul’s concept of agape; and with his willingness to expose himself to and allow himself to be stimulated by the work of his colleagues, not least of those in the Freud-Jung group founded in London by Dr William Kraemer in 1964.

Whatever the relative influence and importance of these various factors and historical strands, Kenneth Lambert has woven from them a most impressive tapestry. He shows a deep grasp and understanding

viii *Editorial introduction*

of the clinical concepts developed in the Freudian, Kleinian and Jungian schools, and he can trace with much clarity their interdependence and how they can—and do—affect and guide analytic practice. He defines and describes in his book those Jungian concepts that are particularly relevant to our clinical work, but he also shows how some of them have been refined as a result of the constantly increasing experience of an ever wider variety of patients, each of whom is not only our patient but also our teacher.

I believe that this book arrives in the series of the Library of Analytical Psychology at just the right moment, for it informs precisely, in depth and with much humanity, on what Jungians in London do with their patients—and with themselves in relation to their patients—and describes the various sources and influences that have brought them to their present position and to their present way of working.

As in the four previous volumes of the Library of Analytical Psychology, all the references to Jung's writings are taken from the Collected Works, abbreviated as *Coll. Wks*, followed by the volume number. The dates refer to the first publication in whatever language and not to the English translation. This volume, like Volume 4, contains a glossary.

Rosemary Gordon

Preface

Many working analysts, when they move from the consulting room to the study to make a book of their writings, tend, perforce, to produce something less coherent and less of a piece than professional writers could tolerate. Their lives are lived under pressure from the insistent and needy demands of their patients, whose plight requires of their analysts a reliability and continuity that is supported mercifully by the interesting and challenging nature of their work. Out of working hours, meetings, clinical and administrative, abound. Furthermore the maintenance of personal integrity and the life of family and friendship, together with some awareness of and relationship to the intellectual, politico-social and artistic environment, represent involvements that are more than legitimate. These, plus practical life, money, even sport, constitute much of the stuff of life within which psychological knowledge can develop and illuminate. Analytic work and analytic writing had better arise within a life style that grapples with such a complexity, but it means that writing tends to take place in odd hours through snatched time. Continuity of thought and attention can suffer in a way that well-meaning conscious and ordered planning cannot fully overcome. This can, however, be said without very much apology, for the subject matter of the book is itself concerned with multifariousness, chaos, disintegration and the conflict of opposites out of which various kinds of integration can arise. Such integrations can happen within a person spontaneously, but not by contrivance, and only at the cost of becoming free from perfectionism. The book then, a pale parallel to a human being, likewise goes into the world palpably partial, for better or for worse, to contribute what it can.

The completion and publication of this book are necessarily accompanied by an expression of gratitude on my part to my family, friends, and colleagues, for their forbearance over what may well have been experienced as my neglect, unavailability and absent-mindedness

in my dealings with them at the time of bringing the book together. To my wife, especially, gratitude is due for more than forbearance and is immense for her understanding and support in listening, reading and uncovering the obscurities of style and thought that so easily invade psycho-dynamic discourse.

Furthermore, deep gratitude is due—and felt by me to be due—to my analysts for taking me into and exposing me to the analytic process and to my patients for allowing me to work with them. They have all made contributions that are for myself—it must be the same for every analyst—essential to the long process of experiencing, learning and digesting. It is this alone that can lead a person to begin to feel competent to practise analysis and perhaps ultimately to write about it.

That gratitude extends to what is indeed a generous giving of their knowledge and experience on the part of many London colleagues whose contributions, during three decades, to the cut and thrust, if not the love and hate, of the scientific debate, have made a great deal of difference to my knowledge and, indeed, to a sense of security in my working life. The shared intimacy and the possession of a common language, despite the misunderstandings that arise out of the multifarious communication difficulties of the English language in matters psychological and philosophical, represent a benefit that, though nearly essential, is sometimes taken for granted, if not unappreciated. My debt to them extends from their personal communications to their writings in *The Journal of Analytical Psychology*. In addition there is a background of books by Michael Fordham and, in particular, one published in 1978 and surely a landmark in the growth of analytical psychology in London, entitled *Jungian Psychotherapy*. That book has already been widely read and appreciated and covers a much more comprehensive range of topics than I have attempted in mine. Specific gratitude in respect of the book is due to Olive Polge and Hazel Capal for typing; to Rosemary Gordon, especially, among my co-editors for much time spent upon editorial comment and criticism; to Diana Riviere for literary editing; to Nicholas Collins for indexing; to the staff of Academic Press for courtesy and long suffering.

Chapters 3 to 8 draw upon papers I have already published in varying amounts with considerable revision and, in any case, slanted to illustrate ways in which the clinical work of analysis and repair can release a spontaneous development of individuation that is appropriate to age and circumstance. Chapter 3 is based upon a paper originally published in the *Journal of Analytical Psychology*, 18, 1 under the title “Agape as a therapeutic factor in analysis” and later in Volume 2 of

The Library of Analytical Psychology under the title "The personality of the analyst in interpretation and therapy". Chapter 4 is a revised version of "Resistance and counter-resistance" published in *The Journal of Analytical Psychology*, 21, 2. Chapter 5 is a revised version in English of a paper published in German entitled "Die Bedeutung von archetypischen Functionen Objektbeziehung und internalisierten Objekten für die individuellen Erfahrungen des Kindes an der Mutter" in the *Zeitschrift für Analytische Psychologie und ihre Grenzgebiete*, 8, 1. Chapter 6 uses some material from a paper entitled "Some notes on the process of reconstruction" first published in *The Journal of Analytical Psychology*, 15, 1 and also in Volume 2 of The Library of Analytical Psychology. Chapter 7 uses material from a paper entitled "Transference/counter-transference; talion law and gratitude" first published in the *Journal of Analytical Psychology*, 17, 1 and also in Volume 2 of The Library of Analytical Psychology. Chapter 8 is a slightly revised version of a paper entitled "The use of the dream in contemporary analysis" published in *The Journal of Analytical Psychology*, 24, 2 and in *Methods of Treatment in Analytical Psychology* edited Ian F. Baker, 1980, Fellbach, Verlag Adolf Bonz, being the papers presented at the VIIth International Congress for The International Association for Analytical Psychology. A version in Italian was published in *Oggi Jung* edited by Aldo Carotenuto, 1978, Rome. Marsilio editori.

Acknowledgements are due to the Editors of *The Journal of Analytical Psychology*, the *Zeitschrift für Analytische Psychologie* and the *Rivista di Psicologia Analitica* for permission to use material already published by them, and to Verlag Adolf Bonz for the same reason.

London and Cambridge
May 1981

Kenneth Lambert



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Author's introduction

During the past thirty years, analytical psychologists in London and elsewhere have been attending to phenomena that have involved them in a certain revision and elaboration of Jung's concept of individuation. One of the foremost results of this work has been Michael Fordham's theory of the original self that progressively deintegrates and reintegrates at various points during the life-span of an individual. Thus inner archetypal potentialities are progressively "unpacked" and differentiated out under conditions of activation by living contact with the objects, persons and processes of the external world that correspond to them and indeed may become, for the person involved, symbolic of them. As a result, these archetypal potentials take on something of the reality of flesh and blood, space and time. They can then be reintegrated into the whole once more, after which in due time further deintegrations and reintegrations can take place. Thus the self develops in complexity within and in realization without. Fordham's theory has proved to be a fruitful one and it has enabled Jungians both to contribute to and to benefit from a certain convergence of Freudian and Jungian viewpoints in theory and clinical practice which is beginning to emerge in some parts of the world.

This book reappraises and, with clinical examples, elaborates upon such themes in some detail. It demonstrates the way in which clinical activities, in the past more usually associated with psychoanalysis though in fact found in principle also with Jung, are being used by modern Jungians to facilitate, through repair or release, the psychological movement of patients into individuation. They include the analysis of resistance and counter-resistance and of transference and counter-transference. Furthermore reconstructive analysis together with the observation of vicissitudes in the formation of object-relationships and internal objects have become part of everyday clinical activity. In addition, the treatment of dreams and dreaming has gained

sophistication in the analysis of personal life and its archetypal background.

Naturally, the dynamics behind such phenomena arise not only out of illusory or delusional or archetypal transference/counter-transference situations but also partly out of the relationship between patient and analyst as real persons. This book supports and elaborates upon Jung's insistence on the necessity for would-be analysts to undergo a rigorous analysis. This is not only to provide them with personal experience of their own inner psychological processes but also to enable the release within them of a wide range of their own potential as part of a movement towards integration and individuation. This can provide for them a certain amplitude of personality for patients to interact with, when in time they are ready to do so, and out of which analytic interpretation is likely to be effective. In addition the author holds that such a view gains plausibility by the fact that it is congruous in part with a medico-pastoral practice that is rooted and historically expressed in the Hippocratic Oath and the Pauline concept of agape.

Perhaps more than is usual in writings about individuation, the book attempts to demonstrate ways in which analysis and repair can be applied to damaged, distorted or blocked development in people as a priority and first step in releasing within them spontaneous processes of individuation. In such a context, an attempt to state a contemporary Jungian theory of individuation seems called for, and it is to this task that the last chapter addresses itself. It is followed by a glossary of some terms used in analytical psychology today.

Such themes are naturally the concern of psychiatrists, psychologists, analysts, psychotherapists, counsellors, social workers and ministers of religion. It is thought that in addition they may be relevant also to the interests of philosophers, sociologists and theologians—indeed to all those exercised by the problems of individuals in their personal and social relationships.

To

D.L., M.F., *and* F.F.



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Chapter One

Individuation and the mutual influence of psychoanalysis and analytical psychology

I have written this book as one of the first trainees of the Society of Analytical Psychology, having become an Associate Professional Member in 1950. For me, membership of that society, together with participation for over thirty years in the general analytical scene in London, has provided sustained stimulus and support. In addition, I have enjoyed, from its beginning in 1964, membership of the Freud–Jung group, convened by Dr William Kraemer in London, where analytical psychologists and psychoanalysts meet regularly to discuss clinical problems. The whole period has been one in which considerable advances have been made towards finding ways of integrating the two main strands of analytical theory and practice, which had, earlier, during the second to fourth decades of this century, developed either in isolation from or very much in polar opposition to each other. The division into opposite camps afforded, in the earlier years, breathing space wherein each could grow and develop from within. Later on, however, what with the pressure of patients' needs on the one hand and natural curiosity on the other, analysts could be found peeping into each other's gardens—rather more obviously in the case of the London Jungians, rather more quietly, and more by private admission, on the part of the Freudians.

Such a splitting process, with the results just mentioned, has probably proved in the long run to be to the advantage of analytical theory and practice. In the shorter run, however, it was rather less of an advantage to analysts trained in the earlier days, not only in respect of their own analyses but also of those they offered to their patients at that time. That, of course, is a function of the problem of being born rather too early in the century—a matter of fate, certainly, but perhaps, after all, not entirely a bad thing provided analysts keep

2 *Analysis, repair and individuation*

themselves alive to new developments and participate regularly in clinical discussion and controversy.

It thus turns out that, as our understanding has increased, so more and more people have found it incorrect to consider the relationship between the two schools as inherently and permanently one of incompatibility, particularly to the extent of engendering mutually destructive hostility. Objectively speaking, the relationship at the present juncture is better described as one that is becoming complementary. Even the original personal clash between Freud and Jung, so often seen in the past in terms of temperamental or personality-type incompatibility, appears less strong today and more a matter of differences in background and family circumstance.

These can promote or evoke different conceptual patterns of what is psychiatric health or damage in a way that is much better understood now. The differences seem therefore today to occur over matters of emphasis, often generational in origin, rather than of total incompatibility of philosophy or temperament, though Jung emphasized typological differences between himself and Freud (Jung, 1963), while Winnicott much later, in his well-known review of *Memories, Dreams, Reflections*, felt that at that point in analytic history it would have been hardly possible for the two men to understand each other, so different were their personal problems (Winnicott, 1964).

In so far as theory and clinical practice are concerned, one way of demonstrating the complementariness in question to a contemporary mind is to use contrast. This can be done by columnizing some of the points traditionally conceived of as illustrating the fundamental incompatibility between the schools. I shall attempt to do this, and then describe shortly the ways in which the two schools have, historically, out of their inner logic and the pressure of clinical need, been able to surmount these apparent barriers and to draw closer to each other. My columnization, *which must not be misunderstood as referring to the contemporary situation*, runs as follows:

Some Attitudes of Classical Psychoanalysis and Analytical Psychology According to the Traditional models

Traditional psychoanalysis

(1) The central interest was to analyse the psychopathology that can be related to early damage sustained by instinctual drive processes; to release normal development; and to strengthen the ego

Traditional analytical psychology

(1) The central interest was individuation, integration and the realization of the self. Psychopathology was understood as arising out of important elements of the self remaining

Traditional psychoanalysis

for improved handling of super-ego and id.

- (2) The analyst was largely a screen analyst and the transference largely a matter of the projection upon him of figures in the early childhood and the past of the patient in general.
- (3) The analyst was, for a large part of his time, involved within the transference in reconstructing his patient's early history, in linking him with the emotions of his past and thereby releasing him from identifications with them.
- (4) The analyst as part of his technique was relatively passive. He needed to have the ability to listen to the patient's mainly verbal communications. His own interventions too were mainly by verbal interpretation and strictly analytic in content and intention, at least in the long term, even when designed mainly to foster communication.
- (5) The couch was used by the patient. Sessions were, if possible, daily and generally 50 minutes long. For periods in the analysis a high degree of dependence upon the analyst might develop in the patient.
- (6) Dreams were considered in terms of the patient's defensive manoeuvres against acknowledgement of basic instinctuality. Arising spontaneously as

Traditional analytical psychology

unconscious 'in the shadow' and thus liable to function in distorted and inferior ways. Drive processes were considered to be structured and archetypal in nature.

- (2) The analyst was another human being in a dialectical interaction with his patient. The transference was taken largely in terms of archetypal content, manifested in the here and now. There was a tendency to neglect the past, though *reductive* analysis was recognized and contrasted with *synthetic* analysis.
- (3) The analyst was committed to the understanding of archetypal processes in his patient that appear in the here and now and prospectively both within the transference and outside it. For this he needed knowledge of archetypal material as found in religion, mythology, fairy tales etc. His interventions could be of many and various kinds.
- (4) The analyst was a listening participator in a dialectical intercourse with his patient. Non-verbal methods of communication were taken account of as well as painting, modelling etc. Transactions were two-way and included for the patient confession, elucidation, education as well as transformation, a process in which the analyst might also change in various ways.
- (5) The patient usually sat in a chair facing or a little oblique to the analyst. Sessions were not so frequent. The patient and the analyst were in some ways fellow students of the patient's material and indeed of archetypal material, conscious and unconscious, personal and collective.
- (6) Dream content was interpreted much more simply as if the dreamer meant what he said but was using the pictorial symbolic language that is

4 *Analysis, repair and individuation*

Traditional psychoanalysis

a mode of compromise or substitute satisfaction of id and superego pressures, they could be used through the rather devious imagery employed to obscure issues for defensive purposes.

(7) Unconscious process was considered to be composed of repressed material and of damaged or unacceptable elements of the past—together with defences. Aspects of ego and superego were understood to be repressed as well as a great deal of the id, conceived of as unconscious, blind and undifferentiated will to survive and reproduce.

Psychological maturity was to consist in strengthening the ego so that the individual's perception of external reality (the reality principle) could be freed from distortion by pressures from the id and superego. Thus the growth of the ego would give better expression to id and superego in a way that modified stress in the personality as a whole.

(8) The analyst needed to be analysed in order to be able to preserve his boundaries; to be as free as possible from the projection of his own personal psychology, neurotic or psychotic, illusory or delusionary, on to that of his patients; and to be sufficiently aware of his own problems and defences not to miss or ignore elements similar to them in patients. Moreover, in cases where trainees had not already been propelled into analysis by personal need, their analyses were generally discovered by them to be essential for their emotional health, as well as for their ability to practise psychoanalysis.

Traditional analytical psychology

typical of a side of the psyche known to poets and artists but often less developed, if not unconscious, in modern rational man. It was considered to be an important product of the unconscious matrix of personality. The interplay of archetypal images and various inner and outer figures and processes in the dreamer supplied the content and the meaning of the dream.

(7) Unconscious process was conceived of as (a) repressed personal experiences and so far unexperienced personal potential, and (b) more structured archetypal predispositions arising from the unconscious matrix of the personality, called collective because they constituted stereotypical forms shared by all people or large or small groups of people. The unconscious aim of the psyche might be discovered to be individuation, integration or the realization of the self in terms of flesh and blood, space and time. The essential service of ego-consciousness in all this was more and more emphasized by Jung as he entered old age (Jung, 1976, p.112).

(8) The analyst was to be analysed not only to preserve him from delusions, illusions and blindness about his patient, but also because his own individuation and integration, vital enough for him, were also considered vital for the therapy of his patient. Interpersonal interaction and induction processes were deeply involved. In other words the personality of the analyst was felt to be crucial and of an importance prior even to questions of technique.

Now it is clearly to be objected that a columnization like this not only misrepresents but also radically over-polarizes the Freudian and Jungian contributions to analysis and neglects historical development. It would, however, have been accurate enough, and certainly less of a distortion, fifty, forty even thirty years ago. It is a measure of the change that has taken place, often, perhaps, quietly and insensibly, that many analysts and patients of either school would find the account almost a caricature of their experience, beliefs and practice, and certainly outdated. They would be on the whole right. That this is so has not, however, arisen out of any attempt on the part of the two schools to organize themselves into some sort of synthesis or integration. The fact is that most members of each school have preferred to remain attached to their original professional associations, into which, by the nature of the analytical experiences provided by them, so much of personal involvement has been invested. As a result, they have mainly extended the range of their clinical observation and developed the inner logic of the foundational discoveries made by their own psychological family. Only later, by a slow process of ingestion, digestion and elimination, have they come to terms with the other stream, whether overtly or covertly, and sometimes as the results of pressures arising from within themselves or from their interaction with patients.

It would indeed take a large book to attempt to particularize the developments in psychoanalysis and analytical psychology that have rendered my columnization so out of date, and it is certainly not the purpose of this book to do so. However, as these developments represent part of the background behind the writing of this book, I propose to comment shortly on them from a Jungian angle under the eight headings already listed.

Developments in Psychoanalysis and Analytical Psychology and Modifications of the Traditional Models

1. The Central Interest

Psychoanalysts have begun to add to their central interest the notion of the self and to investigate the conditions that foster or damage its development at various stages in the early life of the individual. Jacobson, Winnicott, Kernberg, Kohut and Volkan are among the key figures here. At the same time Hartmann and the ego-psychologists have elaborated the nature and vicissitudes of ego-development. Indeed in all schools the precise link between ego and self is being explored.

6 *Analysis, repair and individuation*

Analytical psychologists have also continued their investigations into the self, particularly so in respect of the repair of damage sustained by it during its early development and in the analyst's care of the whole individuating and integrative process. It has become necessary to conceive of a psychopathology of the development of the self that cannot be ignored. This has been made more observable by the implications of Fordham's theory that, at the birth of the individual, the original self may be postulated to be an undifferentiated unity, with minimal consciousness, but carrying the potential for deintegration into archetypal drives when presented with, or when in collision with, the outer objects corresponding to them. (Fordham, 1957). We can now study, with the hope of repair: (1) damage to the process of deintegration as such (Fordham, 1976), and (2) damage to the deintegrates themselves. Further important studies of the self have been made by Redfearn, including his valuable paper (Redfearn, 1969) comparing Jung's concept of the self with that of Jacobson (1964). Alan Edwards (1976, 1978), Rushi Ledermann (1979) and Rosemary Gordon (1980) have also contributed to the study of the problems of early narcissistic damage in connection with the work of Kohut (1971, 1977), Kernberg (1974), and Volkan (1976). In Jungian circles, there has been debate on the question of whether it is useful to work with the notion of an ego-self axis, or whether ego-consciousness may be understood as the conscious aspect of the self, except where it has been organized rigidly in opposition to the personality as a whole. In extreme contrast, we have even witnessed an attack upon the ego as such as if it were really only a false "hero-ego" and a cramping or divisive factor opposed to spontaneity (Hillman 1975, pp. xiv and 21).

2. *The Function of the Analyst*

In respect of the function of the analyst, psychoanalysis has greatly modified the rigorous notion of the passive, almost impersonal, screen analyst and admitted the existence of a number of interactional processes in analysis. Rycroft (1968) writes of the formation within the analyst of a disposition towards his patient that influences his behaviour. Racker (1968) spells out some of the interactional dynamism activated by the analyst's mobilized predisposition to attend to his patient, by his concordant empathy, by his struggle to recognize within himself the operation of the *talion law* which blindly rewards the good done to him by his patient and punishes the evil, and by his ability to use the energy of the talionic emotion for the development of analytic insight. Winnicott describes the holding of his patient, over a long period of time when necessary, and his full acceptance of the patient's nihilistic resistances. Balint (1968) opens out the question of

the special handling needed when dealing with a case where a "basic fault" is sensed to have developed at the heart of the infant self. Bion stresses the "full interpretation" regarded as an action taken by the analyst in loneliness and full responsibility. Schafer (1973) insists upon the essentially interpersonal processes of interaction in analysis whereby resistance is understood in terms of resistance to penetration by persecution or by engulfment, not only by the analyst himself but also by the paternal and maternal images or objects transferred on to his person by the patient. All these writers emphasize the personal and interactional function of analysts in relation to their patients, involving, as they do, more than the impersonal contrivance engineered by their acting as a screen.

Analytical psychology, however, especially in London, has begun to recognize much more fully the patient's dependency needs when in states of regression. This has been made possible as a result of the emergence of considerably increased understanding among Jungian analysts of early development, further implemented by the recently constituted training in child analysis which has begun to produce its first child analysts. It is now fully recognized that, in the adult, there can arise a need for his early childhood to be analysed both for the repair of damage, with a subsequent release of held-up development, and to enable the patient to link emotionally both with his childhood and, as a result, in more realistic ways, with the Divine Child archetype. Under these circumstances the patient discovers needs in himself to be dependent upon his analyst in an asymmetric way, which does not have to be thought of as an affront to dignity or equal human status in relation to the analyst. In this case the transference will be recognized to contain much early infancy and childhood material within which archetypal themes are discernible. The Jungian analyst, while understanding the advantages of acting as a screen, tends today to find a place for these advantages somewhat differently by taking a middle position and maintaining a low profile that meets his patients' relationship needs and transference needs by being appropriately contained within himself. He does not attempt either to act as a non-entity or blank screen nor to go out of his way to display his personality in an over-emotional or active manner. Of course he may sometimes find within himself strong pressures towards either of those extremes. In such cases, whether he expresses or contains such feelings, a contemporary analytical psychologist would certainly consider himself involved in a counter-transference process that calls for further analysis and self-exploration. On the other hand, in treatment of psychotic patients it is generally agreed that a certain modification of the low-keyed screen type stance and indeed a more active procedure may be needed.

8 Analysis, repair and individuation

3. The Action of the Analyst

In respect of the importance of reconstruction and the analysis of early childhood, considerable new developments have taken place in psychoanalysis. The establishment of an object-relations theory has been achieved by Winnicott (1941-1969), Fairbairn (1952), Guntrip (1961) and many others, while the notion of unconscious infantile phantasy has been generously elaborated by Klein. Their notion of internalized objects has greatly affected analytic practice. Internal objects and images containing unconscious infantile phantasies inhabit dreams and other material in the transference in a way that is near to the archetypal images familiar to Jungians. Some psychoanalysts have even tended to interpret the transference in terms of the here and now, and with little historical reconstruction (Blum, 1980).

On the other hand, analytical psychologists in London have realized afresh the importance and centrality of reconstruction within the transference and counter-transference. There is an increased understanding of the two-way interrelationship between the personal history of the individual and his archetypal development (Fordham, 1978; Lambert see pp. 106 ff.). Indeed, many cases suggest that the early events of the individual's life can noticeably activate certain groups of archetypal process at the expense of others. A reconstruction that can show how this happened in the patient's early history and how it operates in the transference and in other current situations can open the way to a much-needed understanding of the distortions involved and thus release synthetic processes in the future.

4. Screen and Interaction

On the question of the relative passivity of the analyst in the clinical situation, psychoanalysts such as Rycroft, Racker, Schafer and others recognize the extent to which analysts provide interactional messages and emotional experiences most of the time and indeed out of the whole of their personality. It follows that a careful analysis of what is actually happening between patient and analyst becomes doubly important. This shows that the problem is in fact much more complicated than was apparent in the earlier view that verbalized interpretations on the part of an outside, "objective", observing, listening and "scientific" analyst represented the essence of the analyst's function in the therapeutic procedure. That view seems to many people today to represent a distorted notion of "scientific objectivity" by its neglect of the importance of the personal involvement of the observer with the observed, i.e. of the analyst with his patient.

On the other hand, analytical psychologists have needed to reconsider some of the rather underdisciplined and technically too

loose behaviour—appropriately spontaneous at its best, but blundering at its worst—that was frequent in the earlier decades of their therapeutical practice. Thus, elaborating upon the classical elements of confession, elucidation, education and transformation as described by Jung, many analytical psychologists today hold that their most effective tools are analytic abilities that function spontaneously out of the integration and individuation of a therapeutically gifted and suitably trained individual who participates regularly in a clinical group. I should like to amplify this by bringing in a modified and extended concept of agape (see pp.36 ff.) as a central element of the “being” or “*ontos*” of the therapist. All this represents the essentially personal equation needed as the basis of interpretations that are designed, for instance, to facilitate in the patient the repair of damaged capacities, to say nothing of their emergence for the first time. One example of this is the really reliable continuity and involvement needed to bring to birth and nurture basic trust within a patient of the sort that Plaut has convincingly argued to be a condition for the emergence of imaginative capabilities that are of a fruitful rather than a persecutory type (Plaut, 1966). In addition, considerable interest has focused upon the response of patients to their analyst’s interventions in terms of their general psychopathology. Such responses may be understood not only as particular to the transference situation, but also as indicating the patient’s response in the first place to the presence of other persons as such. Granted this last insight, however, analytical psychologists, like other analysts, then begin the process described by Meltzer (1967) as the “gathering of the transference”.

5. Chair and Couch

As for the old problem of chair versus couch, considerable changes of practice have taken place. Both schools have modified the rigidity of their standard practices. Psychoanalysts find themselves employing the chair for psychotherapy cases where considerable regression and the need for the fostering of primary process thinking do not appear to be specially indicated. Questions of the relative merits of chair and couch have been reassessed and, for instance, a convincing rationale for the use of the couch has been worked out by Rubinfine (1967).

Many analytical psychologists in London use the couch a great deal—in contrast to their previous practice. This is in view of their renewed interest in psychopathology as a function of early damage and also the need on the part of many patients to regress and to experience themselves not only as dependent but also as rageful, as desperate, and as resistant as they really feel. This kind of patient discovers a need so urgent as to render arguments for the use of the chair, based upon the