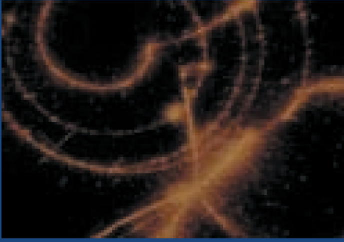

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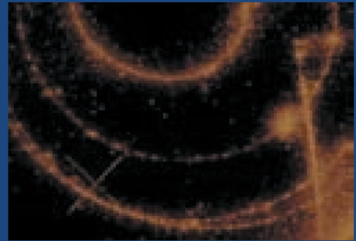

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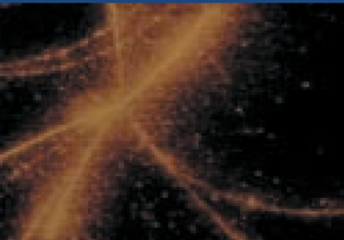

THE SOCIETY OF ANALYTICAL PSYCHOLOGY MONOGRAPH SERIES

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Rebecca Brown and
Karen Stobart

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About the Authors

Rebecca Brown is a Training Analyst with the Society of Analytical Psychology and also supervises for the British Association of Psychotherapists and the London Centre for Psychotherapy. She is a former Chair of the Society and has been involved for many years in its analytic training programme. She is also involved in running a public programme for counsellors and psychotherapists in Oxford. Her background is in counselling, psychiatric social work, and psychotherapy.

Karen Stobart is a Professional Member of the Society of Analytical Psychology, working in private practice in London and in the National Health Service as a Consultant Psychotherapist (Adult).

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Preface to the Series

This series of clinical practice monographs is being produced primarily for the benefit of trainees on psychotherapy and psychodynamic counselling courses. The authors are Jungian analysts who have trained at the Society of Analytical Psychology, with extensive experience of teaching both theory and practice.

The rationale for this series is in part to do with the expensive and time-consuming task of accessing all the pertinent books and papers for any one clinical subject. These single-issue monographs have been kept relatively brief and cannot claim to be comprehensive, but we hope that each volume brings together some of the major theorists and their ideas in a comprehensible way, including references to significant and interesting texts.

Much of the literature provided for students of psychotherapy has been generated from four or five-times weekly analytic work, which can be confusing for students whose psychodynamic courses may be structured on the basis of less frequent sessions. The authors of these monographs have aimed to hold this difference in mind. In the Introducton and elsewhere, their use of terminology is explored. We have borrowed gratefully from the work of our supervisees in many settings, and we are above all indebted to our patients. Where a patient's material is

recognizable, their permission to publish has been given. In other cases, we have amalgamated and disguised clinical material to preserve anonymity.

When a training is 'eclectic', that is, offering several different psychodynamic perspectives, a particular difficulty can arise with integration – or rather *non*-integration of psychoanalytic and Jungian analytic ideas. The teaching on such trainings is often presented in blocks: a term devoted to 'Freud', another to 'Jung', and so on. It is frequently the students who are left with the job of trying to see where these do and do not fit together, and this can be a daunting, even depressing, experience. SAP analysts are in a better position than most to offer some help here, because its members have been working on this integration since the organization was founded in 1936 (incorporated in 1946). Although retaining a strong relationship with 'Zurich' or 'Classical' Jungian scholarship, SAP members have evolved equally strong links with psychoanalysis. Recent years have brought a number of joint conferences to supplement the many 'cross-party' alliances.

Any patient, but particularly a trainee, will naturally tend to adopt the language of his or her therapist when talking about their work. Those readers who are unfamiliar with Jungian terms may wish to consult the *Critical Dictionary of Jungian Analysis* (Samuels, Shorter & Plaut, 1986), while those unfamiliar with psychoanalytic terms may turn to *The Language of Psychoanalysis* (Laplanche & Pontalis, 1988). But all patients are united by their human suffering far more than they are divided by language. Just as people from non-western cultures have to make what they can of their western-trained psychotherapists, so each patient–therapist pair eventually

evolves a unique way of understanding their joint experiences in the consulting-room. It is our view that each stream of psychotherapy has strengths and weaknesses, and the wise trainee will take the best bits from each. We hope that this series may help a little with the psychodynamic 'Tower of Babel'.

We want to thank Karnac for their patience and help in bringing the series to publication. Our intention is to gradually add further volumes on some of the principal clinical issues. I therefore want to end by thanking my colleagues within the SAP for their work so far – and for their work to come.

Hazel Robinson
Series Editor

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Introduction

We propose to investigate the meaning and purpose of boundaries within and around the therapeutic experience. The term boundary is borrowed from geography; as in geography, boundaries can function as barriers or delineators. They can 'keep in' or 'keep out'; they can hinder or enable safe passage from one place to another. A boundary is more than a simple line delineating one space from another; it is an entity with properties that demand a response if they are to be negotiated.

Boundaries circumscribe a space that can be viewed objectively, or experienced subjectively, as a 'container'. For the uninitiated, this therapeutic container can be difficult to penetrate. Even health professionals such as GPs and psychiatrists often do not know how to access psychotherapy organizations and their referral networks. Also, real constraints on the availability of counselling and psychotherapy within the National Health Service, and the cost of private sector services, may prohibit access to the help being sought.

Chapter One, 'Why Boundaries?', addresses the gradual evolution of therapeutic boundaries in psychodynamic work. Freud's understanding of the power of the transference led him to develop guidelines for the treatment of psychoanalytic patients (Freud, 1912b). Jung expanded this into an understanding of the effect a patient may have upon the therapist, known as countertransference. In

science, the conditions in which any experiment is conducted are kept as stable and constant as possible; the inter-reacting chemicals are protected from possible contamination from without while being themselves confined within a container. These conditions and procedures are necessary in order to determine the meaning of the observed interaction. Of course, in therapy we are dealing with the living and largely unknowable material of the human mind, but the value of the container is similar.

The safety provided by reliability, regularity, confidentiality, etc. allow the client to express aspects of his past and present experience usually felt to be too painful or shameful to be shared with others. This can result in a relationship of intimate trust in, and sometimes dependence on, the therapist. Significant childhood experiences are often re-experienced and understood for the first time. Chapter Two offers a brief exploration of boundary development in infancy and childhood and shows how aspects of this development can be expressed years later in the consulting room.

The intimate therapeutic encounter is defined by practical constraints that differentiate therapeutic 'space' from the outside world. Chapter Three explores issues such as money and time. Patients who place themselves in such a vulnerable position are protected in part by an individual therapist's professional sense of self. Chapter Four describes the central importance of the containing function of the psychotherapist's mind, constructed through training and personal therapy or analysis. Chapter Five describes how therapeutic work can be affected by the setting in which it is taking place. These issues will be explored in depth throughout by the use of clinical examples.