

COUNTERTRANSFERENCE, THE 'MUNDUS IMAGINALIS' AND A RESEARCH PROJECT

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INTRODUCTION

THE EVOLUTION of the idea of countertransference evokes the entire history of analysis itself. The move away from a biological to a human and imaginal vision of the analytical process is exemplified in the enormous shift in attitude towards countertransference. In this paper I explore some links between current understandings of countertransference and the *mundus imaginalis*, the imaginal world, a term deriving from a different discipline but useful and suggestive in a variety of ways. To effect the link between a clinical concept such as countertransference and the *mundus imaginalis*, I will be making use of a research project I have conducted in which the countertransference experiences of nearly thirty psychotherapists have been collected, collated and evaluated. I think this is one of the earliest projects of its kind and the empirical approach gives a firm base to my overall intent. This is to propose a theory harnessing together the functional realities of the analyst's profession and its implicit value system or ideology—a marriage of technique and soul, data and emotion, questionnaire and rhetoric, process and content, relationship and image, left and right hemispheric activity. If I speak of the analyst's use of himself, I am concerned with his ethos, his attitude towards his behaviour, his self-conception.

Here is a brief illustration of the phenomena with which I am dealing. The words are those of one of the therapists who collaborated in the project:

Veronica is 20 and single. She is depressed and lives at home with her parents: she works for a bank. At school she was a model pupil and head girl. She started drinking heavily in her late teens and turned down several offers of university

places at the last moment. After my third session with her, as I was getting into my car, I experienced a sharp moment of anxiety, an image of a car crash came to me and I found myself thinking, 'What'll happen to Veronica if I have a car crash?'

The therapist knew she was not going mad and that what had happened related to her patient. She was an experienced worker and able to manage her shaken feelings. Her conclusion was that she was being affected by her patient's massive feelings of destructiveness towards her and that her worry about the patient's well-being was representative of the patient's own guilt. The therapist regarded her countertransference reactions as having been stimulated by communications from the patient. Though such reactions are by no means the only source of information about the patient, they play a special part because of the depth and intensity of their impact upon the therapist. My concern is with this type of countertransference experience, to try to understand it and explain how such things can happen at all.

One last introductory note: the range of ideas introduced in this paper would not have been available to me without my first having carried out a good deal of comparative work within analytical psychology (SAMUELS 43, 46). What follows is my emerging synthesis.

COUNTERTRANSFERENCE IN PSYCHOANALYSIS

In his discussions of psychoanalytic technique, Freud felt that countertransference obscured the analyst's capacity to function effectively, to use his mind as an 'instrument' (FREUD 12). By countertransference, Freud meant something more than the analyst's having feelings towards his patient of which he was aware. Freud was referring to the analyst's 'own complexes and internal resistances', hence to parts of the analyst's unconscious brought into active functioning by contact with a patient (FREUD 11). Freud never revised this essentially negative view of countertransference (as he did with the concept of transference, also seen initially as a handicap).

Although I am focusing on an attitude much more positive than Freud's, it should not be forgotten that there *is* such a thing as neurotic countertransference. This needs to be considered in parallel with the general claim that *some countertransference reactions in the analyst are best seen as resulting from unconscious communications from the patient* and hence of use in the analysis, as in the opening illustration.

There seem to have been three strands in post-Freudian psychoanalytic thinking about countertransference. The first, associated with the names of Heimann and Little, stresses the analyst's

emotionality, his total involvement in the analytical process. From this, it is then felt that the analyst's unconscious 'understands' that of the patient on a feeling level. Psychoanalysts who have developed this view stress that such countertransference feelings should not be discharged or expressed but rather lived with, reflected upon, used to help the work along (HEIMANN 17, LITTLE 33). As far as the patient is concerned, it is his regression that is being facilitated and valued, an innovation in itself and best encapsulated in Kris' phrase, 'regression of ego in the service of ego' (KRIS 29).

The second reconstruction of psychoanalytic thinking about countertransference is to be found in Langs's work on the therapeutic process, utilising a form of communication theory (LANGS 31). Everything that happens in a session, whether originating in patient or analyst, may be regarded as a symbolic communication, and psychoanalysis is conceived as an interactional field. In this approach, the psychoanalyst's contribution becomes as analysable as that of the patient. Langs points out that each participant is attempting to place parts of his own inner mental state inside the other. The analyst is trying to reach into his patient with, perhaps, an understanding of what makes him tick. One reason why the patient places what is troublesome to him inside the analyst is so that it might, perhaps, be understood. This placement will have a profound and unsettling effect on the analyst. But, precisely because the analyst cannot ignore such an upheaval within himself, he gains an entrance to the difficult areas of his patient's psyche, the access route being through his own disturbance. In other words, an analyst *hopes* that he will have a countertransference reaction to his patient because, in that way, he can be an analyst. The logical outcome of this is that the patient must be regarded as the analyst's ally. Langs feels that, even now, many Freudian analysts do not see the patient in a positive light. He writes: 'The patient as enemy and as resisting dominates the analyst's unconscious images, while the patient as ally and as curative is far less appreciated' (LANGS 32, p. 100).

Searles, though by no means using the same conceptual vocabulary as Langs, strikes a similar chord when he suggests that an analyst should allow a more severely damaged or regressed patient to see how the work has affected him. Searles includes in this both the analyst's childlike feelings and his more adult emotions. For example, when the theme of the work is oedipal, Searles is most concerned not to repeat 'an unconscious denial of the child's importance to the parent' (SEARLES 48, p. 302).

The third way in which contemporary psychoanalysts, such as Racker, have modified Freud's negativity about countertransference makes explicit use of projective and introjective processes (and, above

all, of projective identification) to explain how it is that parts of the patient's psyche turn up in the analyst's emotions and behaviour (RACKER 40). Those ideas will be examined in a concluding section but, for now, it should be noted that projective identification is regarded as more than an infantile defence, neurotic in an adult.

This general loosening in psychoanalysis has led to the emergence of one quality above all others as crucial to the practice of psychoanalysis. That quality is empathy.

Kohut has left us a mysterious definition of empathy (KOHUT 28). This, he says, may be defined as 'vicarious introspection'. The poetic phrase is quite stunning in the range of possibilities offered: examining the psyche of another in one's own psyche, examining one's own psyche in the psyche of another, using one's psyche to see what it is like to be another, letting another's psyche into one's own so as to look at it—and so forth. In the same way that there is a form of observation that is suited to the outer world, empathy is 'a mode of observation attuned to the inner life of man' (*Ibid.*). But empathy is more than a way of gathering emotional information; it also suggests an immensely powerful relationship between people. So Kohut has forged a stout connection between, first, understanding the inner life of a person and, then, an intense personal relationship between people. It is on that note that I want to end this review of what has happened in psychoanalysis: analysis as a relationship between people that helps in an inner exploration.

COUNTERTRANSFERENCE IN ANALYTICAL PSYCHOLOGY

The contribution of analytical psychology to the general area of countertransference is more that of an extension to the founder's work than an alteration of it, for, as in many other instances, Jung's sensings of what was central to psychological treatment have proved more prescient than Freud's. As early as 1929, Jung was saying that 'You can exert no influence if you are not susceptible to influence. . . . The patient influences [the analyst] unconsciously. . . . One of the best known symptoms of this kind is the *countertransference evoked by the transference* (JUNG 23, para. 163, my italics). And, in the same paper, Jung refers to countertransference as a 'highly important organ of information'.

It is against this sympathetic background that we should view Fordham's introduction in 1957 of the term 'syntonic countertransference' (FORDHAM 9). The word syntonic is used in radio communications to describe the accurate tuning of a receiver so that transmissions from one particular transmitter may be received. In Fordham's usage, the unconscious of the analyst is tuned into what

emanates from the patient's transmitter. The analyst may find himself feeling something or behaving in a way that relates to, or is expressing, the patient's inner world, again as in my opening illustration.

It is through introjection that an analyst perceives a patient's unconscious processes in himself, and Fordham realised that it was necessary to *use* this syntonic countertransference to understand the patient better. But to reach this position Fordham has had to move far beyond the orthodoxy of his time. Up to then, for the analyst to have a phantasy about his patient, or to experience impulses to behave strangely, had been regarded as cardinal sins, evidence of neurotic blind spots in the analyst—and nothing more. Of course, Fordham does not neglect the neurotic aspect of countertransference, referring to this as 'illusory countertransference' (*Ibid.*).

Continuing to look at what analytical psychology has to say about countertransference, a research project was carried out in Germany in the early 1970s. Four analytical psychologists met to study their various countertransferences and, in particular, to record their associations to the material of the patients at the same time as they recorded the patients' comments. Here is what the report of that project has to say about associations to dream imagery:

The most astonishing result for us was the psychological connection between the analysts' chains of associations and the patients'. For the psychotherapist it is, of course, self-evident that the chain of associations should be connected together in a psychologically meaningful way. So it was to be expected that this connection would be found not only in the patient's chain of associations but in the analyst's as well; what we had not expected was that the two chains would again be connected with each other so that they again correspond meaningfully all along the line. Perhaps the situation may best be characterised by the spontaneous exclamation of one of our members: 'The patients continually say what I am thinking and feeling at the moment!' (DIECKMANN 8).

The proposal of that research group was that such events are caused by the existence in man of a separate and more archaic perceptual system than the one of which he is aware.

Putting the Jungian and Freudian ideas together, we may, dare I say it, even speak of an analytical consensus and one which may be used as an assumption: that some countertransference reactions in the analyst stem from, and may be regarded as communications from the patient and that the analyst's inner world, as it appears to him, is the *via regia* into the inner world of the patient.

RESEARCH PROJECT: HYPOTHESIS

Before introducing more of the research material, I want to state the hypothesis on which the project was based. My thinking is that there

are two rather different sorts of usable countertransference—though both may be seen as communications from the patient. The difference between the two is shown in this simple example. Suppose, after a session with a particular patient, I feel depressed (this may be a single occurrence or part of a series). Now I know from my own reading of myself that I am not actually depressed, and certainly not seriously depressed. I may conclude that the depressed state I am in is a result of my close contact with this particular patient. It may be that the patient is feeling depressed right now and that neither of us is aware of that. In this instance, my depression is a reflection of his depression. So I would call this an example of *reflective countertransference*. In time, I may be able to make use of this knowledge, particularly if I had not realised the existence (or extent) of the patient's depression.

But there is another possibility. My experience of becoming a depressed person may stem from the presence and operation of such a person in the patient's psyche. The patient may have experienced a parent as depressed and my reaction precisely embodies the patient's emotional experience of that significant person. And I have also become a part of the patient's inner world. I stress 'inner world' rather than the patient's actual infancy or history to make the point that I am not attempting any kind of factual reconstruction. That 'person' will inevitably also be symbolic of a theme active in the patient's psyche or of a part of his personality. This entire state of affairs I have come to call *embodied countertransference* and it is to be distinguished from the former category of reflective countertransference. There is a considerable difference between, on the one hand, my reflecting of the here-and-now state of my patient, feeling just what he is unconscious of at the moment, and, on the other, my embodiment of an entity, theme or person of a longstanding, intrapsychic, inner world nature. One problem for the analyst is that, experientially, the two states may seem similar.

'Embodied' is intended to suggest a physical, actual, material, sensual expression in the analyst of something in the patient's inner world, a drawing together and solidification of this, an incarnation by the analyst of a part of the patient's psyche and, as the *Shorter Oxford English Dictionary* defines it, a 'clothing' by the analyst of the patient's soul. If our psyche tends to personify, as Jung suggests, then 'embodiment' speaks of the way the person/analyst plays his part in that.

Now any analyst who proposes new terms must explain why he does so in order not to be charged with word-mongering. This is particularly the case when, as in this instance, the new terms overlap with those already in use. Fordham's concept of syntonic countertransference is one for which I, in common with many

analytical psychologists, am extremely grateful. His achievement was to drag analysts out of their ivory towers, help them truly to listen to what their patients were trying to tell them, and make a reality out of pious commitments to 'the dialectical approach'. But gradually I began to feel that the term 'syntonic' was distant from my experience; often one does not feel in tune with the patient in these countertransferences and there may be dissonance inside oneself. Later, it may be clear that one was in tune. So 'syntonic' leans too much towards an Olympian standpoint, intellectual, even technical or technological, and, hence, to radiate commitment to a mode of observation more suited to the outer world than to the empathic processes we are talking about. Embodiment, on the other hand, does imply a becoming, with its consequent involvements, and also a suggestion of the medium for countertransference communications from the patient; this, it will turn out, is the analyst's body. Again, many of these countertransference states are non-verbal or pre-verbal—and embodiment speaks to that.

The unease with the notion of syntonic countertransference was a particular problem for me, as I was deliberately trying to keep my theorising on the 'low road', 'experience-near', in Kohut's phrases, using the empirical stance and data collection together with an empathic attitude (KOHUT 28). So I chose the terms 'embodied' and 'reflective' quite deliberately, to be of help in the task of bracketing countertransference (specific to the practice of analysis) and the *mundus imaginalis*, a more general, cultural term employed in archetypal psychology. It may turn out that these ideas particularise and extend Fordham's theory—paradoxically by invoking an approach with which he is in total disagreement (numerous personal communications, 1976–84).

The term 'incarnate', which was one of the associations to which embodiment led, has a history in analytical psychology. It was first used in 1956 by Plaut to describe how an analyst may have to let himself become what the patient's imagery dictates he be (PLAUT 37, 38). However, Plaut's pioneering paper referred to the analyst's reactions to transference projections of which he was aware, and to his control (or lack of it) of his response. For example, what to do when a woman patient saw him as a remarkable teacher; should he contradict this, teach her about wise old men, or 'incarnate' the image so as to develop a knowledge of how to use it? Plaut's concern was not with states in the analyst that are apparently devoid of causation.

It should be added that not all countertransference reactions are usable communications from the patient. We need to bear neurotic countertransference in mind—identifying with the patient, idealising the patient, the analyst's relation to the patient's aggression, his

destruction of his own work, his attempt to satisfy his own infantile needs through his relationship with the patient. Nor is it always immediately clear what the patient's communications mean. As Jung said, the analyst may have to stay in a muddled, bewildered state for a period, allowing his understanding to germinate, if it will. His ability to rest with his anxiety and maintain his attitude of affective involvement becomes crucial.

RESEARCH PROJECT: RESULTS

I will turn now to the material I have gathered through the research project. I embarked on it because I felt a need to check hypotheses like the reflective/embodied countertransference model and did not trust myself to use my own case material in isolation. Since 1976 I had been giving seminars to psychotherapy trainees in which I suggested that there were these two sorts of countertransference. I contacted 32 qualified psychotherapists who had been in supervision with me during this period and asked them for a few examples of countertransference reactions of theirs which they considered to result from the unconscious communications of their patients. The hypothesis that there are two different kinds of countertransference was restated, and the participants were reminded of the existence of neurotic countertransference. The countertransference reaction was to be reported in detail and I asked which kind of countertransference this was thought to be and how this experience had affected the work. The final question, which summarises the intent of the whole project, was: 'Can you say how the patient may have provoked or evoked these feelings in you?'

Readers may wonder why the research hypothesis was made plain to the participants. This was no secret for they all knew of it anyway, having heard me expatiate on the subject. The transference to me could be managed by avoiding asking whether the hypothesis was 'true' and focusing enquiry on the way the participants were or were not using the concepts. The validity of the hypothesis is expressed in its possession or lack of usefulness. Philosophical justification for this approach comes from William James: 'Ideas become true just so far as they help us to get into satisfactory relations with other parts of our experience' (JAMES 21).

Methodological justification comes from Popper (POPPER 39). Using falsifiability as a yardstick, the classification of countertransference is offered as a predictive theory whose hypotheses may then be tested. There is a cumulative quality about this undertaking (and Popper regards such a quality as crucial to scientific enquiry). An attempt is made to preserve as much as possible of

preceding theories. After all, we are dealing with nothing more than successive provisional approximations to the truth. There are further observations that might be made about this kind of theorising, all deriving from Popper. It does not matter how I arrived at the hypothesis; this has no bearing on its standing. What is more, there is no value in having an open (in the sense of empty) mind; the inductive method, in which data is surveyed and generalisations about it formulated, is in no sense 'objective'. From that, we must affirm that it is perfectly in order that the research material is partially derived from the hypothesis it is intended to test: it always is.

As it turned out, the results of the project were of sufficiently manageable proportions for me also to be able to use the currently discredited but traditionally admired inductive approach. The results could be surveyed to see if a pattern emerged which might be generalisable into a theory. That is, if the theory had been in existence, the results obtained could have been explained by it. As we have seen, my interests and expectations meant that the survey was by no means a random one. Still, its outcome was that another, quite different, categorisation of countertransference emerged to be set alongside the reflective/emodied distinction. I shall return to this later in the paper.

It may also be necessary to justify such empiricism to those who see it as opposed to poetic, rhetorical, imaginal explorations. An empirical base does not necessarily lead to prosaic conclusions. The findings of the project are quite the opposite. Empiricism, as expressed in this research venture, supports a poetic, metaphorical, imaginal explanation for the mysterious workings of countertransference.

The 26 completed replies covered a total of 57 cases. Because some cases involved more than one example of a countertransference communication and because some countertransferences could be said to be both reflective and embodied, the total of such examples came to 76. Of these, 35 (46%) were held by the respondents to be of embodied countertransference and 41 (54%) of reflective countertransference.

It is abundantly clear that these participants could see how to use such a classification of countertransference. The first is an example of embodied countertransference. The patient was a young unmarried woman who had presented originally with a mixture of intolerable guilt accompanied by a sense of responsibility for the spiritual and moral welfare of others. She had also had a depressive breakdown. She had had several traumatic religious experiences in childhood. This is the therapist's account:

This event happened after three years of work when we were thinking of adding a second session. She was always extremely controlled, with periods in every session which felt almost autistic. She said nothing which had not already been minutely

examined 'inside'. She watched my face for the slightest move, flicker of an eye, for instance, and would interpret what she thought she saw there—to herself—as me laughing at her, getting fed up with her, getting irritated by her.

I suggested that perhaps one day she might feel able to entrust a bit more of what was inside to me, with the feeling that I would not change it or take it away, that I could just hold it. As I was speaking I had a very strong impression or image of a large black open-mouthed pot which was strong yet open—like a big belly. The pot was huge and black and also like a witch's cauldron (I later realised). I said to her that it would be rather like having a pot which she could safely leave things in. Her immediate reaction was that it would be like a wall which something had been hurled at violently. My instantaneous image was of a violent expelling-type vomit, running down the wall, uncontained and wasted. We were both quite staggered by the strength and opposite nature of the two images we had had.

The therapist felt that the pot image demonstrated that the patient's mother had longed to be of use to her. But the witch's cauldron and the image of vomiting suggest something else besides. The cauldron was described as big enough to swallow up a human being—and hence a sinister and dangerous part-self or splinter psyche within the patient. Thus there were two aspects to this embodied countertransference: her mother's longing on the one hand and, on the other, an embodiment by the therapist of a split-off part of the patient's psyche.

The next is an example of a reflective countertransference. This therapist found herself coming to supervision with me in clothes very like those worn by her patient at their most recent session. This was something she realised during the supervision but, in fact, I had been struck by the clothes she was wearing the moment I met her at the door, a little-boy presentation, school sweater, crooked tie and collar, muddied, practical shoes. And, though I could not know it, she was wearing a coat of the same colour as her patient's, a coat she had not worn for years until that day. As we talked, it became clear that the patient had never felt able to relate closely to her mother. She was the middle of three daughters and had been 'assigned' to her father—memories of being placed, unwillingly, on his knee. She had never felt 'at one' with her mother. And she certainly could not let herself feel *like* her mother, like a woman. The way she had resolved this was to let herself be 'Daddy's girl' but in a way that ruled out incestuous involvement (the little-boy strategy).

The therapist's behaviour, in which she became merged with her patient, might have been considered neurotic. But the notion that it reflects her patient's desire to be at one with her therapist and, indeed, her whole life strategy to obtain parenting, is equally plausible. For instance, the therapist writes: 'In some ways she had been treating me like a man although she had sought out a woman therapist. I found

myself being more active and penetrating than my usual style and generally more assertive.'

Mattinson has written at length of the way in which the dynamics of one situation (therapy) are reflected in those of an adjacent situation (supervision) (MATTINSON 34).

What I have been describing was, for me, a confirmation of a hypothesis. As I mentioned earlier, in addition to that, it was also possible to detect an overall pattern in the seventy-six countertransference responses and, moreover, one about which I had had no hypothesis. The countertransference responses described fell into distinct groups or categories, as follows.

First, *bodily and behavioural responses*. For example: wearing the same clothes as the patient, walking into a lamp-post, forgetting to discuss something important, a strange sensation in the solar plexus, a pain in a particular part of the body, sexual arousal, sleep.

Second, *feeling responses*. For example: anger, impatience, powerfulness, powerlessness, envy, irritation, depression, manipulation, redundancy, being flooded, bored.

Finally, *phantasy responses*. For example: this is the wrong patient, there's something wrong with my feet, a large black pot, I killed her mother, I'm a prostitute, I feel reverence for her 'serious, private place', he has God on his side, all colour has gone out of the world, a car crash, he'll rummage through my desk and books if I leave the room, the patient is getting bigger and bigger and is filling the room.

Exposing myself to these accounts, this time without the protection of the reflective/embodied theory, made me aware that all these instances of countertransference may be said to be images, and this is true even of the bodily or feeling responses. They are images because they are active in the psyche in the absence of a direct stimulus which could be said to have caused them to exist. That is, nothing has been done to the analyst that would, in the usual way of things, explain the presence of such a reaction in him. A person may be conscious or unconscious of an image but, either way, the image may be regarded as promoting feelings and behaviour and not as secondary, a coded message about them (cf. NEWTON 36, SAMUELS 42, and Kugler's use of a term such as 'acoustic image', KUGLER 30).

In the questionnaire, I also asked the participants what was the presenting problem of their patients. One finding is particularly interesting. It would seem that patients with instinctual (sex, aggression, food) problems are more likely to evoke reflective and embodied countertransference than other patients. What is highlighted, therefore, is the special part that may be played by the body in the patient's evocation of countertransference in the analyst. This bodily proposition will have to be looked at alongside the earlier

idea that it is the image that is the decisive factor. Here, the *mundus imaginalis* turned out to be relevant.

In both the 'pot' example of embodied countertransference and the 'clothes' example of reflective countertransference, imagery and bodily perceptions played intermingled roles. In sum: the hope is that these findings justify a classification of usable countertransference responses into reflective and embodied, and that both terms accurately depict what happens. Further, the additional grouping of countertransferences under the headings of bodily and behavioural, feeling, and phantasy responses may also be justified.

THE MUNDUS IMAGINALIS

The *mundus imaginalis*, the imaginal world, is a term employed by Henry Corbin, the French philosopher and scholar (CORBIN 4, 5, 6). To use this term in an analytic context is not in itself original. Hillman's suggestion that we practise 'Jung's technique with Corbin's vision' is a precursor (HILLMAN 19). This enables us to include inside the *mundus imaginalis* those images which Corbin regarded as a 'secularisation of the imaginal': grotesque, painful, pathological—analytical material. The *mundus imaginalis* refers to a precise order or level of reality, located somewhere between primary sense impressions and more developed cognition or spirituality.

For Hillman, the *mundus imaginalis* enables one to speak of the location of the archetypal and, moreover, to regard the psyche as structured by its images alone rather than by unknowable, irrepresentable, theoretical, archetypes (and cf. SAMUELS 45). Fordham also in a sense joined Hillman when he wondered whether the conventional archetypal structure/archetypal image split in analytical psychology has any meaning. Fordham's point was that the word 'image' in the term 'archetypal image' is redundant because no archetype can be discussed or have any being without an image; hence, 'archetype' includes and implies an image (FORDHAM 10, p. 297). Hillman's version of the same argument was that, as we cannot even conceive of the so-called noumenal, hypothetical, archetype without an image, it is the image that is primary (HILLMAN 19, p. 33n).

As Corbin sees it, the *mundus imaginalis* is an in-between state, an intermediate dimension, in his original French *entre-deux*, which may even have the meaning: 'neither one thing nor another' (CORBIN 6, p. 1). It is possible to see, therefore, how the *mundus imaginalis* acquired a relevance for the countertransference phenomena we have been discussing. They, too, are intermediate; in-between patient and analyst, and also in-between the analyst's conscious and unconscious. My use of Corbin's idea involves the suggestion that two persons, in a

certain kind of relationship, may constitute, or gain access to, or be linked by, that level of reality known as the *mundus imaginalis*. For the patient, the analyst himself is an in-between, a real person and also a transference projection. For the analyst, the world he shares with the patient is also the patient's own imaginal world.

When the analyst experiences his countertransference on a personal level and yet knows its roots are in the patient, it is an in-between state. To be sure, it is *his* body, *his* imagery, *his* feelings of phantasy. But these things also belong to the patient, and have been squeezed into being and given substance by the analytical relationship. It would be a great mistake for the analyst to remain enmeshed in subjectivity (actually in possessiveness) or compulsive introspection or self-blame. What appeared to have happened to him and in him is truly in-between him and the patient, imaginally real not subjectively real.

My suggestion is that there is a two-person or shared *mundus imaginalis* which is constellated in analysis. To justify this, it is necessary to take the parallels further, and deeper, though bearing in mind what a further, literal translation of *entre-deux* as 'between two people' might suggest to us.

Corbin refers to the *mundus imaginalis* as having a 'central mediating function' so that all levels of reality may 'symbolise with each other' (CORBIN 4, p. 9). The parallel is with the way the analyst symbolises something for the patient. The analyst's ego is a special kind of ego, highly permeable and flexible and having as its central mediating function the operation of the sluice gates between image and understanding (SAMUELS 43, p. 361). Again, Corbin writes of the way 'inner and hidden reality turns out to envelop, surround or contain that which at first was outer and visible' (CORBIN 4, p. 5). The analyst's countertransference response is outer and visible; what is inner and hidden is the patient's psychic reality which certainly envelops the analyst. For Corbin, the *mundus imaginalis* is a 'fully objective and real world with equivalents for everything existing in the sensible world without being perceptible by the senses' (CORBIN 4, p. 7). In the analyst's countertransference we see equivalents of the patient's internal reality, even though the sensory data for the analyst's experience is missing. Hence, the rationale for referring generally to these countertransferences as images (see above).

Of all the suggestive possibilities for analysis to be found in Corbin's work, it is his equation of the *mundus imaginalis* with visionary states that I should most like to develop (CORBIN 4, p. 4). The experiences of countertransference, as described in this paper, may be regarded as visions. No direct sensory stimulus is involved in a vision and also the experience is not of an intellectual nature. Jung

made the additional point that no deliberate act of imagination is involved either (JUNG 27, p. 327). All these facets are relevant to countertransference.

Many of the extraordinarily powerful experiences and images I have been discussing are also described by Jung when he refers to visions as 'disturbing spectacles of some tremendous process that in every way transcends our human feeling and understanding' (JUNG 24, para. 141). Jung goes on to ask: 'Is it a vision of other worlds, or of the darkneses of the spirit, or of the primal beginnings of the human psyche?'. We may add to the list: or visions of another's psyche, empathic visions, analytical visions. Corbin's reference (CORBIN 6, p. 1) is to 'the organ of visionary knowledge'; for an analyst, when he is doing analysis, that organ is his countertransference.

The argument so far is that the *mundus imaginalis* functions as a linking factor between patient and analyst and that some of the analyst's countertransferences may be regarded as visions and hence part of this imaginal world. What I want to do now is to relate the proposed connection between countertransference and the *mundus imaginalis* to what emerged from the research project; in particular, to explore what the analyst's body and the *mundus imaginalis* have in common.

Using Corbin's metaphor, the analyst's body becomes less literal, a 'subtle body', a 'being in suspense', a link between soul and corporeality (CORBIN 4, p. 9). What I am trying to convey is that, in analysis, the analyst's body is not entirely his own and what it says to him is not a message for him alone. In pursuance of this healing of the body/soul dichotomy, I may add to the term 'analytical visions' another: bodily visions.

It is not just Corbin who has explored this area; Jung, too, wrote of the in-between world, referring to it as *esse in anima*. And Jung also had something to say about these connections between body, sense-impressions, phantasy and the subjective/objective dynamic. He wrote:

a third, mediating standpoint is needed. *Esse in intellectu* lacks tangible reality, *esse in re* lacks mind. . . . Living reality is the product neither of the actual behaviour of things, nor of the formulated idea exclusively, but rather of the combination of both (JUNG 22, para. 77).

Jung went on to refer to this combination as phantasy, adding that phantasy 'fashions the bridge between the *irreconcilable claims of subject and object*' (*Ibid.*, emphasis added).

Capturing what is meant by bodily visions takes me once more back to Corbin. He was interested in studying what he described as 'the organ which perceives' the *mundus imaginalis*; this he refers to as

'imaginative consciousness' (CORBIN 4, p. 2). The analyst's imaginative consciousness and his perception of his bodily visions, apparently so disparate, may more accurately be seen as two different ways of approaching the same goal. For bodily perception is quite different from other kinds of perception because there is no *specific* organ that comes to mind in connection with it. As the philosopher Armstrong puts it:

When I feel the heat of my hand, the motion of my limbs, the beating of my heart or the distension of my stomach, and do not feel these things by exploring my body with another portion of my body, there is no natural answer to the question 'What do you feel these states of your body *with*?' (ARMSTRONG 1, p. 10).

It was this argument that led Armstrong to propose that notion of 'bodily perception' and, as I hinted just now, his use of it and Corbin's of 'imaginative consciousness' are rather similar.

Whichever of these terms are used, the issue that then emerges concerns the fate of the *mundus imaginalis* in analysis. Corbin writes that the *mundus imaginalis* can be useful and productive in linking intellect and sense impressions (CORBIN 6, p. 1). Or it can remain subservient to sense impressions and not serve the intellect. If this occurs, there is a resemblance to the analyst's remaining unaware of the implications of his countertransference; his bodily vision will not have a use.

The link between body and image is waiting to be further verbalised. In *A Midsummer Night's Dream*, Shakespeare wrote that 'imagination bodies forth the forms of things unknown' (Act 5, Scene 1). If countertransference communications are both images and bodily visions, then body and image shimmer together almost to the point of fusion. Here we may find quite another message in the word 'incarnate', that outgrowth of 'embodied'. When Plaut explained in 1970 what he had meant in 1956, he was worried that the religious association to 'incarnate' (spirit made flesh) had been troublesome (PLAUT 38). It seems to me, however, that his intuition was reliable. In the countertransference experience, the image is being made flesh. Where that means that the Other (the patient's psyche) is becoming personal (in the analyst's body), I would conclude that an analyst's countertransference may be further understood by regarding it as a religious or mystical experience.

Before this is dismissed as fanciful, parallels might be drawn between countertransference and a well-known list of the characteristics of the mystical experience (HAPPOLD 16, pp. 45-47). First, mystical states are ineffable; that is, they cannot be fully described to one who has not experienced something similar. Second, mystical states lead to knowledge and insight, often delivered with a

tremendous sense of authority. Third, mystical states are transient. Fourth, mystical states happen to a person; even if he has prepared himself, he is gripped by a power that feels quite foreign. Fifth, there is a sense that everything is connected to everything else, an intimation of purpose. Sixth, the mystical experience is timeless. Finally, the familiar ego is sensed not to be the real 'I'.

These points can be compared to the countertransferences described in this paper. It is difficult to explain them to one who has not experienced them. The analyst does gain insights from them, often in a shattering way. Countertransference states are momentary. Even analytical training cannot fully anticipate or prepare for the countertransference experience. One does feel connected to one's patient, in an intimacy at once beautiful and unbearable. Countertransference reactions have no sense of history; past and present are jumbled. Finally, the analyst knows his ego is not responsible for what is happening to him.

Similarly, in Chassidic mysticism, reference is made to a quality known as *Hitlahabut*, or ecstasy. Buber held that this quality transforms ordinary knowledge into a knowledge of the meaning of life. For the Chassids, *Hitlahabut* expresses itself bodily, in dance. As Buber says, in dance 'the whole body becomes subservient to the ecstatic soul' (BUBER 3, p. 35). Analysis, too, is a form of dance, and ecstasy is not an inappropriate word to describe some of the emotions generated (and reported in the research project).

Corbin regards the *mundus imaginalis* as 'indispensable for placing the visions of prophets and mystics, this is because it is there that they "take place" and deprived of the imaginal world they no longer "take place"' (CORBIN 5, p. 4). Both reflective and embodied countertransference have their location in the *mundus imaginalis*, which is also the medium for their transmission.

These connections between mysticism and analysis need not seem surprising. Psychology and religion cannot simply let go of each other. It is not enough to say that one explores depths and the other heights, that one is about soul and the other about spirit, one about dreams and the other about miracles, that one is concerned with immanence and the other with transcendence. It is the case that this analytical mysticism is not a mysticism of the one true God. Far from it. Analysis is a mysticism of persons—and hence polyvalent, pluralistic, many-headed, many-bodied.

The idea of a mysticism of (or between) persons is one by which contemporary theology is captivated (and this in addition to Buber's work). For example, a theologian writes: 'There is no point at all in blinking at the fact that the raptures of the theistic mystic are closely akin to the transports of sexual union' (ZAEHNER 52, p. 151). The erotic

dimension is introduced purposefully: transference, incest, sexuality form one spine of analysis. This is how D. H. Lawrence describes love-making in *Sons and Lovers*: 'His hands were like creatures, living; his limbs, his body, were all life and consciousness, subject to no will of his, but living in themselves.'

Throwing out an idea for a future discussion, and leaning heavily on Bion, may not the analyst also function as a mystic for the wider group of society as a whole, or some analysts so function within their own milieux? (BION 2). That is why it is so important to keep avenues of communication open to psychoanalysts and the psychodynamic mainstream to make sure that analytical mysticism has a context and does not expend itself onanistically and nihilistically.

So I will return to that mainstream for a while. In the way I have been writing about it, the *mundus imaginalis* has similar properties to what Winnicott called 'the third area', sometimes 'the area of experience', sometimes 'the area of illusion' (WINNICOTT 51). This area of the psyche lies in-between external life and internal reality but both contribute to it. Of course, there are differences between Winnicott and Corbin. Corbin writes of a pre-existing intermediate dimension, Winnicott of the intermediate as a joint creation of both poles. Corbin's metaphor struck me more forcibly than Winnicott's as far as countertransference is concerned. But Winnicott evolved his ideas out of his study of what two people do in a very special relationship. This means he had interpersonal activity in mind as well as his concern for the internal world. This is a helpful boost for my suggestion that we can speak of a two-person *mundus imaginalis* or of a mysticism of persons. What Winnicott writes of the third area repays attention:

It is an area that is not challenged, because no claims are made on its behalf except that it shall exist as a resting place for the individual engaged in the perpetual human task of keeping inner and outer reality separate yet interrelated (*Ibid.*, p. 3).

I will try to anticipate a few objections to what has been proposed. These could be on the traditional ground that anything to do with the archetypal must consist of the products of the collective unconscious. Mother, the analyst's anger, walking into a lamp-post—what have these to do with the objective psyche? I do not anticipate such an objection from those who have worked more deeply on what is to be understood as archetypal. Hillman, for instance, writes that 'archetypal psychology cannot separate the personal and the collective unconscious, for within every complex, fantasy, and image of the personal psyche is an archetypal power' (HILLMAN 18, pp. 179–180). There, and in numerous other passages, Hillman has reached the same place as those who, from the developmental perspective, regard the personal and the collective as indivisible. The distinction is that

whereas Hillman searches for an archetypal perspective on the personal, writers such as Williams are committed to a personal perspective on the archetypal (WILLIAMS 49).

A further possible objection would be that the *mundus imaginalis* is too precise an explanation for reflective and embodied countertransference. These, it would be argued, are merely manifestations of the self in its transpersonal guise or the result of our common heritage. I would agree that it is our joint and mutual connection to these factors that permits us even to discuss countertransference as communication. But this is insufficient as either description or explanation and may rest upon an idealisation of the self (SAMUELS 41, 44). However, the *mundus imaginalis* hypothesis may refer to the alternate perceptual system posited by the German countertransference researchers.

For another group of objectors, the concept of projective identification may be sufficient to explain the aspects of countertransference phenomena I have been discussing. However, projective identification, while undoubtedly playing a part in the formation of transference and countertransference, lacks something as an explanatory theory. In fact, as Meltzer points out, 'we are still in the process of discovering what projective identification "means"'. Meltzer's suggestion is that projective identification is an 'empty' concept, the result of an intuition of Klein's, and requiring clinical substantiation which, in the nature of things, will in fact be based on the use of the concept itself, for analysts cannot ignore it (MELTZER 35, pp. 38–39). The *mundus imaginalis* hypothesis can be used to flesh out the concept of projective identification by postulating on what projective identification is based, and then what it is that enables its operation to take place. Using words from other disciplines, the search is, respectively, for the 'rhizome' which nurtures projective identification and for the 'ether' which facilitates its transmission. Such a factor would, by definition, be 'objective' (that is, collective or non-personal) and also require distinguishing from projective identification as a defence mechanism for an individual, even with an extension of its meaning to include normal, lifelong mental functioning. Meltzer speaks to this last point when, discussing Bion's grid, he makes a fundamental distinction between, on the one hand, an analyst's response to his patient's productions via an examination of the structure of his mind and, on the other, his scrutiny of its emotive and phantasy content (*Ibid.*, p. 23). Meltzer goes on to pose a question which was a spur to the writing of the present paper. When Klein first introduced the concept of projective identification, she did so in terms of external rather than internal objects. Later writers, such as Meltzer himself, applied the idea to internal objects. In the latter case, there is

less difficulty in understanding how the process operates. For, in the internal world, psychic processes such as substitution and symbolisation play the major part. But, Meltzer goes on:

If [projective identification] operated with external objects, serious questions arose regarding the means by which it was brought about, the actual impact on other people, including the analyst, and the ultimate fate of split-off and projected parts of the personality (*Ibid.*, p. 23).

The *mundus imaginalis* hypothesis is an attempt to answer these questions.

The need to establish the phylogenetic background to projective identification was also explored by Gordon when she suggested that its rôle in the construction of countertransference reactions was based on the psychoid-unconscious in which distinctions between psyche and soma do not apply. The relevance of projective identification is that its main occurrence is at a time in early development before soma and psyche have been truly differentiated (GORDON 14, p. 129).

In the same way that a relationship requires a facilitating environment, a psychological process (such as projective identification) requires its own 'environment'; that can be expressed by the postulation of a certain realm or level of experience in the background. The *mundus imaginalis* meets the particular need because, by implication, it is to be regarded as a pre-existent, ready, as it were, to facilitate psychological processes. I have already mentioned this as the main difference between Corbin's and Winnicott's ideas. A similar point was made by Hamilton in relation to projective identification when she criticised the concept for its lack of reference to any pre-existing 'primary mutuality' between mother and child (HAMILTON 15, p. 60). The *mundus imaginalis* is an attempt to express the psychological basis of that mutuality at least as it appears in analysis.

Winnicott's contribution to the discussion is found in the distinction he makes between talking about 'mental mechanisms' and an 'experience of communication'. Winnicott's view is that an analyst cannot explore the latter without 'peddling in the intermediate area' (WINNICOTT 50, p. 184). Davis and Wallbridge expand the point as follows:

Although a two-way exchange can be explained in terms of projection and introjection, and though these terms can cover the source of our feeling for other people, and how we are able to identify with them, something is still left unsaid about the vehicle of inter-communication (DAVIS, WALLBRIDGE 7, p. 124).

A further contrast between the *mundus imaginalis* hypothesis and projective identification is to be found in their relation to the idea of psychic reality. Meltzer points out that one of Klein's main

contributions to psychoanalysis was her stress on 'the concreteness of psychic reality' (MELTZER 35, p. 69). Jung's reference was to the necessity for his critics to recognise that 'a psychic process is something that really exists, and a psychic content is as real as a plant or an animal' (JUNG 26, para. 651). A problem with projective identification, however, is that it is usually described in terms of phantasy, which is the exact opposite of what is required. Several attempts have been made to remedy this. For example, Gordon suggests that identification is the psychic equivalent of ingestion, projection of excretion and projective identification of fusion phantasies at the breast or adult coitus (GORDON 14, p. 129). The fact that such an attempt is undertaken at all, coupled with Meltzer's observation, led me to consider the *mundus imaginalis* as a place where the concrete and the imagistic are intermingled; 'subtle body' being the best example of this.

There is little doubt that projective identification forms a part of empathy (the putting of oneself in the shoes of another). But a logical problem arises when an attempt is made to apply the projective identification/empathy link to countertransference. For the analyst is making use of the patient's projective identification to fashion his own empathic response. It is not usually a case of the patient using his transference projection to empathise with his analyst. What may be seen in analysis is the conversion of the patient's projection into the analyst's empathy. The problem can be stated another way: projective identification refers to the blurring of boundaries to the point of phantasies of fusion. At the same time, as Gordon points out, projective identification also involves the clarification or disentanglement of an internal muddle by the engagement of an external object (GORDON 14, p. 143). The apparent contradiction may be resolved by postulating an area in the psyche wherein 'blurring' leads to 'disentanglement'.

Projective identifications are composed of images or imagos (cf. RACKER 40, pp. 57, 73, 96, 119-20). This sense of the centrality of image is reinforced by Jung's definition of it. We are not dealing with parts of the personality but with a 'condensed expression of the psychic situation as a whole' (JUNG 22, para. 745). Jung goes on to discuss images in terms strikingly similar to those used by Corbin in relation to the *mundus imaginalis*: as mediators between undifferentiated emotion and more developed ideas (*Ibid.*, para. 749).

RECENT DEVELOPMENTS IN THIS FIELD

Since writing the paper in December, 1983, I have become aware of others working along similar lines. Space does not permit more than a

passing reference. For instance, Goodheart writes of 'the marriage of *imaginatio* and interaction', the former term referring to the portrayal of inner facts in the form of images and the latter to the protection of this development within the analytical relationship (GOODHEART 13, p. 101). Similarly, Schwartz-Salant writes of a 'mutually and imaginally experienced *coniunctio*' underpinning 'a Self structure between two people'. The attempt is to capture 'experiences that happen in a realm that is felt to be outside normal time sense and in a space felt to have substance. This space, long known as the subtle body, exists because of imagination, yet it also has autonomy' (SCHWARTZ-SALANT 47, pp. 10-11).

THE INTERPERSONAL AND THE INTRAPSYCHIC: ON PERSONS AND IMAGES

In this paper I set out to act as matchmaker for two world views—one empirical and the other poetic, one in which countertransference becomes the root of the analyst's technique of interpretation and one in which such a clinical confine is anathema. Fordham's technique with Hillman's vision? Let me conclude by saying that the offspring of this particular marriage confronts us with a fascinating problem: do we gain anything from our habitual division between the interpersonal (that is, relationship) and the intrapsychic (that is, image)? What the project showed is that the interaction of patient and analyst and their relationship can be placed firmly *within* the imaginal realm without forgetting that there are two people present. An analyst can think, feel or behave as if he were the patient, and also he can function as a part of the patient's psyche so that the *mundus imaginalis* becomes a shared dimension of experience. When we consider or reconsider our attitude to the division between the interpersonal and the intrapsychic, there is no need to fear an abandonment of the human element. In fact, I would suggest that, in the same way that our notion of the intrapsychic, internal world includes the part played by relations with other persons, our definition of what is interpersonal may also be enriched and expanded. Then internal imagery becomes seen as linking two people, the patient and analyst, and as fostering their relationship. It follows that to divorce work on the apparently imaginal and work on the apparently interpersonal is conceptually in error and practically limiting.

For it is no longer a question of opposing an examination of interpersonal communication to an examination of the imaginal world. If the idea of a two-person *mundus imaginalis* is taken seriously then we must regard the interpersonal in terms of psyche speaking, and the imaginal in terms of an avenue of communication between two people, a relationship. Persons may carry imagery; imagery may

originate in persons. It is necessary to see our field of reference in analysis as seamless and continuous so that ostensible 'images' and ostensible 'interpersonal communications' do not get separated, nor one gain ascendancy over the other on the basis of a pre-conceived hierarchy of importance (SAMUELS 44). The coin is three-sided: to body and image can be added relationship.

This overlay between an interpersonal relationship and the intrapsychic image is addressed by Jung when he writes of alchemy, particularly in 'The psychology of the transference' (JUNG 25). Looking at the woodcuts of the *Rosarium*, one finds it quite impossible to say with conviction that this is solely about a two-person process. Equally, what is being depicted is not just one person's individuation. The focus of enquiry includes both—the seamless field of reference mentioned just now. This led Jung to say in a letter that 'the living mystery of life is *always* hidden between Two' (JAFFÉ 20). Or, put another way, the soul (says Jung) 'is the very essence of relationship' (JUNG 25, para. 504).

SUMMARY

Developments in the understanding of countertransference in psychoanalysis and then in analytical psychology are reviewed. It is concluded that there is a consensus that some countertransference reactions are usable communications from the patient. A research project into such countertransference is described: hypothesis, method, results. The hypothesis that there are two different kinds of countertransference appears validated; these are termed *reflective* and *embodied* countertransference. Countertransferences are further grouped as bodily/behavioural, feeling, and phantasy reactions. *Body* and *image* emerge as key themes. This research leads to an examination of Corbin's idea of the *mundus imaginalis* in terms of countertransference and to the proposal of additional terms: *analytical visions* and *bodily visions*. Links are made with mysticism and with Winnicott's 'third area'. The concept of projective identification is re-examined. The distinction between interpersonal and intrapsychic is discussed with reference to Jung's 'The psychology of the transference'.

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APPENDIX I

Questionnaire

1. Age of client.
2. Your age.
3. Marital status of client.
4. Your marital status.
5. Presenting problem(s).
6. Brief history of client.
7. Countertransference experience in detail.
8. Is this reflective or embodied?
9. How did this affect the future of the work?
10. How did this affect your understanding of the history?
11. Can you say how the client may have provoked or evoked these feelings in you? What did they say or do?
12. Any other comments?

Note: Participants were also sent a personal letter reminding them of the idea of there being two kinds of non-neurotic countertransference. They were asked not to report countertransference reactions thought to be neurotic.

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