

## **Classical Jung Meets Klein and Bion**

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### **Jung's Most Significant Clinical Contributions**

Several years ago, I made a list of what I thought were the important concepts from my Jungian training that were still of value to me in my practice as a Jungian analyst. I asked myself, "What marks my clinical work and my way of thinking as a Jungian?"

1. A profound respect for the inner world, for psychic reality.
2. Experience of the existence of both a personal and collective unconscious.
3. Experience of the religious function of the psyche.
4. Experiences of certain archetypal patterns that influenced my existence—initiation ritual, mother-daughter separation, expulsion from paradise, sibling rivalry, death and rebirth, and alchemical processes.
5. Experience of the relationship between ego and Self. Seeing the psyche structured this way—ego enriched by Self, Self informed by ego, Self as the center of personality. Jung's idea of the psyche with two centers (ego and Self) is perhaps his most important contribution.
6. Viewing psyche as having certain structures—ego, Self, persona, shadow, anima, animus.
7. Interest in typology. Valuing of different personality types; valuing introversion as well as extraversion; valuing thinking, feeling, intuition, and sensation.

To illustrate some Jungian concepts that I use in my practice, I present a dream from the first session with a 27-year-old woman named Frances:

I dreamed Eileen is living in an all-glass apartment like a penthouse in Beverly Hills. I go to visit her, and, when I leave, I forget my purse and leave the door open, to find out later that a man has entered the apartment and raped Eileen. I feel responsible for leaving the door open.

What information does this dream bring as an initial dream? At the level of the unconscious, Eileen represents Frances's childhood aspirations. Eileen was her best friend from childhood. Frances said later, "Eileen has a secure middle-class marriage and a child. I find it boring." Eileen, here, represents Frances's security orientation. Frances was, at the time, consciously identified with her artistic actress persona and unaware of this complacent

materialistic shadow. The penthouse in Beverly Hills represents perhaps the movie star aspiration—upward mobility, fame, and success. The apartment is all glass, a persona life—fragile, sterile, vulnerable to invasion. When Frances visits this shadow figure (Eileen), she loses her purse, the container and contents of her persona identities. This happens unconsciously; she forgets. It is through an unconscious omission or forgetting that the animus enters the glass house. Eileen is raped. The initial masculine encounter is primitive, violent, as when Persephone is abducted by Hades. There is a loss of innocence. The idea of containment in a secure marriage, which Eileen represents—comes under attack. This forces a more involved ego stance, the taking of responsibility, and a feeling of guilt as Frances acknowledges that she had been the one to leave the door open.

This is a classical Jungian analysis using the terms that Jung used to describe inner psychic structure. A more developmental Jungian perspective would emphasize the transference, following Fordham's lead in London. There is evidence in the dream of the transference developing before Frances comes to the first interview. Frances knows I'm married, probably imagines me to be established and wealthier. Nevertheless, she enters analysis, leaves the door open, and a rape occurs. Will analysis be experienced as rape, or will Frances be violently intrusive and want to get inside the analyst? From a classical Jungian viewpoint, the dream has both personal and archetypal elements and indicates possible shifts in the ego-Self axis. A developmental view adds more clinical specificity in the personal transference, which augments Jung's clinical concepts.

### **Jung's Overall Contribution to Depth Psychology**

I think Jung's overall contribution to depth psychology lies mainly in distinguishing two levels of the unconscious, observing two centers of the personality (ego and Self), and giving us a view of growth and development throughout the life cycle, which he called individuation. Let me continue with a dream from later in Frances's analysis—a dream she had the first night of Passover and shortly before giving birth to her first child:

I am in an old apartment, like my grandmother's, with my grandmother, my aunt, and my mom. There is also a group of Russian-Jewish relatives. I can tell they are Jews because they are wearing black Orthodox hats. There is a feeling of the present and also the past, when my grandmother first came to this country. The apartment is in a cold tenement on the Lower East Side. It is shabby but clean. The phone rings, and my mother answers it, saying to my aunt, "We're not going to Russia." The news is that an old relative in Russia has died. The relatives in the Orthodox hats let forth a Hasidic wail.

Now I'm at the table with my aunt and grandmother, preparing a list of what to do when I go into labor. My aunt says, "When you arrive at the hospital, you will . . ." Before I can answer, my grandmother answers for me. I am angry and tell my grandmother not to answer for me. The sequence is repeated, and I yell at my grandmother not to answer for me.

The way I understood the dream had to do with the way it organized generations of past family history and, I thought, opened the door for Frances to move forward. My interpretation of the dream seemed very influenced by my classical Jungian training and, as you will see, there is no thinking about transference elements, although they are clearly present. At the time, my thinking was as follows. My patient was shocked by her own behavior and felt guilty about yelling at her grandmother. I saw her response as a signal of feminine initiation, the finding of her own voice, and the gathering of strength before she went into labor. I was also deeply moved by the generations of women coming together in the dream: the family in Russia, first generation; Frances's grandmother, second generation; her aunt and mother, third generation and Frances, fourth.

The beginning sequence with its description of relatives dying in Russia represented, I thought, the repressed psychic trauma of the family's emigration experience—leaving the old land of oppression and beginning a new life in America. No wonder this dream came on the first night of Passover! The contrast in clothing between the Orthodox Jews and my patient's family seems to convey the process of assimilation. Then there is the intense, extraverted grief of the Hasidic wail. Only the Hasidic Jews mourn openly. The American Jews are less conscious of their loss, less able to grieve or feel deeply, and Frances's presenting symptom at the start of analysis was her difficulty grieving her grandmother's death.

I think this dream could be understood quite differently by different schools of psychoanalysis or by an interpretation that considered only the personal unconscious or the transference. I feel such approaches would strip the dream of its deeper meaning.

### **Use of Jung's Concept of the Self**

I use the concept of Self, as Jung wrote about it, in my thinking about patients and the way I listen. Whether I use the word Self when I speak or not, I'm using it when I think about a patient's material. I'm listening for what the relationship between ego and Self is at a given moment.

Jung (1969) described the Self as "an unconscious substrata whose actual exponent in consciousness is the ego" (p. 259). He wrote, "The ego stands to the Self as the moved to the mover or as object to subject" (p. 259). He described the Self as supraordinate to the ego and wrote that it is an a priori existent out of which the ego evolves: "It is not I who create myself but rather I happen to myself" (p. 259).

Edinger, in *Ego and Archetype* (1972), wrote about the I-am experience as the reconstellation of a healthy ego-Self axis. He quoted a patient of Rollo May: "It is like a child in grammar finding the subject of a verb in a sentence. In this case the subject being one's own life span. It is ceasing to feel like a theory towards one's self" (p. 58). Grotstein, in an unpublished paper (1997), wrote about the person within the person.

When I listen to a patient's material, I listen for what the balance is between ego and Self, or whether there are defenses against the Self so that communication is blocked, either internally

or in the transference. Most Jungians would say that the relinking of the ego-Self axis is facilitated by the projection onto the analyst of the Self. I believe this refers to inherent, unborn, unmediated potential that is projected onto the analyst. As this potential can go beyond the qualities of the personal parents, this is termed archetypal transference. When I listen to a patient, I listen for both the personal transference and the archetypal transference, the latter being related to Jung's concept of Self.

### **The Significance of Dream Analysis**

Using dreams has always been central in my analytic work, although in recent years I have studied more about the moment-to-moment observing and taking up of the personal transference in the here and now. I also now look for how the transference changes in dreams in a more fine-tuned way. Jungians tend to look at dreams as maps of the organization of one's inner world and as ways of viewing potential future psychic development. Dreams are also seen as manifestations of transference at both a personal level and an archetypal level. I have always been impressed by the way Jungians respect the poetic and non-ego quality of dreams.

I do make use of Jung's concept of archetypes when listening to dreams. I look for manifestations of the collective unconscious, mythic themes, and I think about whether archetypal amplification will help a given patient understand himself or herself and develop more compassion for his or her struggle or conflict.

Grotstein (1997), a Kleinian, speaks to the numinous and ineffable quality of dreams. He speaks about the presence in the unconscious of a "preternatural intelligence, presence or being, not an object but a subject, that occupies experiences and organizes unconscious mental life" (p. 26). From my point of view, Grotstein's idea is consistent with Jung's idea of the Self and with my experience of working with dreams.

### **Psychoanalytic Theory in Jungian Analysis**

In my work, I make use of Klein and Bion in addition to Jung. I see myself as a Jungian analyst informed by a Kleinian/Bionian perspective. Klein's work and Bion's work add to what I can observe and describe. Klein's work has been particularly helpful in elucidating what Jung described as the personal shadow within the context of the transference-countertransference interaction in the here and now of the analytic relationship. Bion's ideas help me understand the pain and turbulence of psychic change and how to help a patient increase his or her capacity to bear the psychic pain necessary for transformation. To be more specific, I experience Klein's work as a high-powered microscope focused on destructive elements in the primitive layers of the personal unconscious. Her work and that of post-Kleinian writers Hanna Segal, Betty Joseph, Donald Meltzer, and Herbert Rosenfeld have contributed to my ability to address the personal transference in the here and now in very detailed and specific ways. Their writings have helped me think about frequency of treatment in analytic structure, use of the couch, attitude toward dependency, attitude toward hunger, and negative therapeutic reaction. Their ideas have also

helped me expand my awareness of sibling rivalry, separation, omnipotence, and psychological responsibility.

Bion's writing was very helpful to me in understanding the importance of containment, catastrophic anxiety and its relationship to birth, the pain of bearing the unknown, and the hatred of psychic change. Tustin's writing has also been helpful to me in understanding autistic barriers in adult patients.

I have found that these theories augment what I can see, describe, and help patients integrate. I have not found that they conflict with the broad view of the psyche that I was introduced to in my Jungian training.

### **Transference and Countertransference**

My initial experience in analysis as a patient was always that the transference was very present and very significant and that it had both personal and archetypal dimensions. My exposure in Jungian training was focused much more on archetypal dimensions of the transference and on using alchemical imagery to understand transformation. More subtlety in dealing with the personal transference, particularly the impact and differentiation of an infantile transference, came from later work with Melanie Klein's ideas.

In every session, whether I speak about it with the patient or not, I am listening for how the transference is manifesting. I think of the transference-countertransference as having many layers. I think the art of analysis is to decide whether to comment or not and which layer to describe to the patient. My most recent work has focused on umbilical or prenatal transference. I think this will be very important in our work in the future.

These very primitive states of mind manifest in the transference-countertransference interaction and are particularly noticeable at times of separation. They are often communicated to the analyst, who is aware of and receptive to them via projective identification. As I am writing this, it is the week before a two-week summer break, and I am very aware of transference phenomena related to the separation. I'm thinking of a male patient in whom there are many levels of separation occurring simultaneously. Many parts of him are trying to separate a prenatal part that feels pushed out of the womb; a baby upset about losing the breast; a toddler concerned about looking back and not finding his mother; an adolescent denying the need for a parent and dreaming about the singer Madonna; and an adult male who will miss the connection and space to explore feelings. Which level to attend to is the question, and what is the timing? Can there be an interpretation that is formulated and communicated with compassion and respect that will not shame but will provide understanding? I think it is important to attend to such primitive states because, unattended, they will lead to frustration and therapeutic impasse. Such states of mind are also likely to interfere with the patient's interpersonal relationships. I very much try, in making interpretations, to say, "I wonder if this might be what you are experiencing," keeping in mind that what I say is a guess about the patient's state of mind and indicating that I'm very interested in the patient's response or corrections to what I have observed.

## **Role of the Analyst**

Let me say at the outset that I see every analysis and every analytic pair as unique in that each analysis is a process of discovery. This is consistent with my understanding of Jung's view. What the analyst has to bring to the analysis is him- or herself as a person with a particular set of life experiences, including his or her own personal analysis and training. Hopefully the analyst has a wide range of experiences of the human condition. I like Bion's idea of the analysis as a relationship between contained and container. Jung also wrote very early about marriage in this way. All the experiences—intellectual, emotional, physical, and spiritual—that an analyst has will determine the kind of container he or she is able to offer the analysand. I conceive of the role of the analyst as an observer who is also a participant in the process of psychic change. He or she communicates to the analysand with compassion and respect his or her observations about the patient's internal and interpersonal world, particularly the relationship with the analyst.

Jung thought that an analysis involved the relationship between both the ego and the unconscious of both participants in a chemical interchange that involved the release of a third that was beyond both participants. I think he was right. I also think that an analysis takes place in a particular structure—regular, set meeting times—and that this is among the things that make it different from most other relationships- I see it as the analyst's job to establish and safeguard the structure.

What I have said so far might seem very verbal. I believe the person of the analyst will be observed by the patient nonverbally and that it is important that the analyst be attuned to the patient's nonverbal communication as well.

## **Therapeutic Change**

What brings about therapeutic change is very complex and even at times mysterious. As each process is unique, what contributes to change in an analytic pair will vary. Jung believed a particular chemistry was constellated in the analytic vessel between two people, forming a conjunction that would liberate a new third. One factor that seems necessary for psychic change to take place is that the patient has an intact ego to participate in the analytic process, an ego that can dialogue with the unconscious and withstand the pain of psychic change. If there is not an intact ego, this will have to be strengthened in the initial stages of the analysis. Sometimes this is the entire work of an analysis. Edinger (1972), for example, wrote about a patient who brought amazing symbolic dreams—veritable lessons in metaphysics (p. 200). Nevertheless, Edinger stated that the sessions could hardly be called analysis, because the patient lacked the objective, self-critical capacity to assimilate interpretations that would lead to an awareness of shadow. When the capacity to assimilate shadow qualities is lacking, there is often an inability to tolerate the psychic pain of facing one's own destructiveness and its effects on others.

When I first started to practice, I was very naive about negative therapeutic reaction. The work of Rosenfeld and Joseph, work, that describes patients with very passive egos and intense envy of the analyst, helped me understand some of the factors that keep therapeutic change from

happening. One of the underlying factors in the lack of change, it seems to me, is an inability to tolerate psychic pain. I have found Bion's writing most helpful in addressing this issue. His idea is that the analyst is a container for undigested psychic contents. The analyst in each session takes in what is intolerable psychic pain and digests or metabolizes it in a way that it can be returned to the patient in a form of psychic contents that are digestible and available for mentalization. Jungian analysts often do this by sharing an image that comes from the psychic digestion process rather than an interpretation.

Another factor in psychic change is the analyst's role as midwife. The analyst may assist in birthing psychic contents that are blocked. These may be psychic contents that were once conscious and repressed or contents that have never been born.

An additional important factor in psychic change is understanding an attitude on the analyst's part that is observational rather than judgmental, which seeks to integrate psychic parts rather than exclude and which is communicated to the patient with respect and compassion. Deep understanding involves the analyst's intuition as well. I think the degree to which change will continue after formal analysis is completed will depend on the patient's gaining the courage in the analysis to learn from experience. It was Bion's idea that an analysis would enable a patient to tolerate the catastrophic anxiety involved in psychic change. Jung hoped that patients in analysis would gain the ability to relate to their own unconscious after analysis was completed.

### **The Future of Analysis, Jungian and Freudian**

Having just returned from a conference entitled "Family Matters —The Descendants of Freud and Jung," I have a clear picture that the way Jungians do analysis and the way Freudians do analysis are certainly different but that there is interest among members of both communities in knowing what the other does. Three years ago, I was asked to lecture on Jungian concepts at the Psychoanalytic Center of California, and I recently published an article, which appeared in the San Francisco Jung Institute Library Journal (1997), on the relationship between Jung's ideas and Bion's ideas. Grotstein has been integrating some of Jung's ideas in his recent work.

I don't know how this communication will develop in the next 10 years, but at the moment there is more interest than in the past, even though there are certain obstacles. In both Jungian and Freudian Institutes, there are analysts who are not interested in a dialogue between Jungians and Freudians, who see this as a "dilution of the masters. "I think there are certain prejudices and misconceptions that each group has toward the other, based on ignorance, that interfere in communication. I think there is also an issue of limitation—that in Jung's description, the unconscious is vast, not just a repository of repressed desires, and that when we step out of our familiar theories, we risk the fear of being overwhelmed.

### **Mitchell's Case Vignette**

The psyche as a reflection of the world and man is a thing of such infinite complexity that it can be observed and studied from a great many sides [Jung].

Dr. Mitchell's (1997) report of his analytic treatment with Andrew is very appealing in its intelligence, warmth, and compassion. What struck me immediately was Mitchell's affection for Andrew and their capacity to work together as an analytic pair. This bodes well regardless of one's analytic orientation. Although I naturally would want to ask about some details not presented, the material that is presented is evocative from multiple perspectives.

I tend to view case material through both a classical Jungian lens and a developmental Jungian lens, and these are the viewpoints from which I add to what Mitchell has presented. A classical Jungian perspective emphasizes the inner life of the patient, particularly the ego-Self axis, the shadow, the anima and animus, and their shifts as one approaches the second half of life. It is associated with the Zurich school. The developmental approach integrates Jung and Klein, focusing more on the transference, particularly the infantile transference, and is associated with the school founded in London by Michael Fordham.

Viewed from a classical Jungian perspective, the first thing that comes to mind about Andrew's material is that he's having difficulty as he reaches midlife and success in his career. His accomplishments in work and relationship start to feel dry, and he begins to long for what he split off in order to achieve a successful outer adaptation. Andrew's capacity to create, particularly by composing, has been split off into the shadow, along with symptoms of depersonalization and chronic anxiety. Andrew has begun to feel there is "something important missing in his life." He is afraid that, if he tries to integrate the lost part of himself, his outer life may be shattered, so that initially in the treatment he views his creative self and his adapted self (his "pulled-himself-up-by-his-bootstraps" self) as opposites. He seems to look to Mitchell to help him integrate what has been split off and move through the impasse in his development. Psychic energy is dammed up, needs release before the personality can flow forward.

It is interesting to speculate about what Andrew has projected onto his lost composing capacity. Is it a deeper-feeling connection? Is it a deeper connection to the feminine? Is it a relationship to a deeper Self? Or is he projecting onto music his capacity for numinous or transcendent experience, which he thinks of as meaning? Andrew's material reminds me of a man caught between his wife, who represents stability, and the intrigue of a fascinating new woman. Here it is music that threatens to lure and undo him.

The process of the dialogue between Andrew and Mitchell, Mitchell's skillful processing of his countertransference, and Andrew's dream in the context of the analytic container seem to release a new third, which Jungians would call the transcendent function. Mitchell's reverie on Andrew's material brings forth a memory from his youth, allowing him to make the interpretation: "Maybe there is more than one gold ring." Mitchell's comment helps Andrew free himself from an inner war of what are perceived to be killing opposites. Mitchell sees this as going back to Andrew's early history, in which to choose his father was to lose his mother forever and to choose his mother was to lose his father forever." Perhaps father represented, archetypally, outer-world adaptation, and mother represented preverbal music and beauty. Are the strings the prestidigitator moves the movements of the Self calling for a less constricted ego orientation at midlife? Are the "filaments" in the dream the invisible connections of the ego-Self



axis made visible in the analytic alchemy? What we do know is that some kind of transformation occurs, regardless of how we conceptualize it. There is a "knitting together" of inner psychic elements. Andrew reported he was now able to find meaning in ordinary life. He now felt he could sustain a life that was both stable and creative, which was something he had previously been unable to imagine. A new aliveness seemed to replace the paralysis with which he had begun the analysis.

Shifting now to a Jungian developmental perspective, there are more questions to ask and more levels to explore. Mitchell reports that Andrew in his mid-20s began to suffer "states of depersonalization and chronic anxiety attacks and nearly became dysfunctional. He was able to pull himself out of his tailspin, but only by abandoning music altogether." This brings up the question of what kinds of feelings were too much for him to bear as he went forward with his music. Was the music overly stimulating, too increasingly complex, too beautiful? What kind of dissolution of his ego did he fear? Did he fear envy of his creativity or too much separation from the outer world? Mitchell tells us that Andrew come from a broken home characterized by extreme chaos. His mother was alternately depressed and manic, and his father was economically marginal and detached. Both parents were likely too preoccupied to provide a suitable container for their son's painful feeling states. Andrew himself reports that when he composed music he retreated into a "magic bubble" where "nothing else existed." Perhaps as he entered his 20s, the demands to separate and accomplish what Jung thought of as first-half-of-life tasks of relationship and career pushed him out of the bubble.

When I read the account of the sense of catastrophe that Andrew feared if he reapproached composing, as well as the severity of his symptoms in his 20s, I thought about the movie *Shine*, in which the concert pianist has a breakdown as he approaches a particularly emotionally intense piece of music. Bion wrote that the inability of a mother to contain the unbearable painful emotions of her infant is a psychological catastrophe. It is certainly possible that Andrew, both as an infant and in his 20s, was uncontained in the feeling dimension and is looking to Mitchell to contain feeling states that have not been bearable but are necessary to engage if he is to continue growing. It is possible that his wife and/or the family archetype have functioned as containers in his early adulthood, but at midlife there is a push to go further. Andrew imagines that his further creative growth will injure the family, perhaps indicative of an earlier separation/individuation conflict or a difficulty achieving the depressive position.

Mitchell says that Andrew tended to see his music as a Holy Grail. In the Holy Grail myth, the hero as a youth tastes food that burns him. Andrew was perhaps burned by the intensity of his feelings about music and possibly earlier feelings about his mother or other first loves. From a developmental perspective, I wonder if the invisible filaments in Andrew's dream are actually the unacknowledged preverbal maternal transference that is not addressed. It would be my view that the internal realignment that occurs in this treatment has both maternal and paternal elements.

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