



‘Fascination’, ‘contagion’ and naming what we do: rethinking the transcendent function

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Abstract: Taking ‘The psychology of the transference’ (Jung 1946) and ‘Problems of modern psychotherapy’ (Jung 1931) as its text, this paper begins by challenging the usefulness of the term ‘transcendent function’ in contemporary debate about the nature of ‘imagination and psychic transformation in analysis’. It argues that Jung’s language in *The Practice of Psychotherapy* (CW 16)—*fascination, suffering, infection, influence*—is closer and truer to the experience it describes than the philosophically inspired terms *transcendent function* and *conflict of opposites*. His ideas in these writings anticipate later trends in psychoanalytic theory concerning countertransference and the effect of one mind on another, and constitute a theoretical basis for the concept of mutual transformation. Jung’s radical insistence on an analytic *relationship founded on mutual unconsciousness* as the locus of transformation cannot, it is argued, be satisfactorily accounted for by the traditional terminology.

Key words: contagion, countertransference, fascination, terminology, mutual influence, phenomenology, transcendent function, transformation

I began my paper on the 2009 *JAP* Conference theme, The Transcendent Function Today, by questioning whether Jung’s term ‘transcendent function’, clearly modelled on the clash and resolution of conflicting states in Hegelian philosophy (Jung 1921, esp. paras. 824–8), is a useful term to account for the development of symbolic functioning. It seems to me that it is not, and that (as with other key concepts like ‘collective unconscious’, ‘archetype’, ‘self’) contemporary Jungian theorists find themselves struggling to re-interpret the term in such a way as to accommodate new developments in psychological understanding (Knox 2004; Colman 2007). I felt that to account for states of mind and psychological change with reference to a philosophical schema was tantamount to a category error, which misrepresented the nature of emergent interior processes, and the kind of thinking/feeling that’s involved. My intention had been to address the topic of how psychic change occurs and, secondarily, how it is theorized and communicated; but the more I think about it the more I am convinced that these aims are not properly separable. Jung is evidently striving with the dialectical model to theorize the dynamics of psychological growth, but it confines him to a mechanical, concretistic formulation which can only describe internal processes as if they were problems in hydraulic

engineering, as in this example from the description of the transcendent function in *Psychological Types* (Jung 1921):

Since life cannot tolerate a standstill, a damming up of vital energy results, and this would lead to an insupportable condition did not the tension of opposites produce a new, uniting function that transcends them. This function arises quite naturally from the regression of *libido* caused by the blockage.

(Jung 1921, para. 824)

It's frustrating, from the position of a Jungian therapist, that Jung seems not to have concerned himself with the theories that might be extrapolated from his writings so that, from a clinical perspective, he provides not so much a coherently evolving body of thought as a series of inspired analogies with science, religion, philosophy, alchemy etc. But perhaps it is in the true spirit of Jung that you must find what you need in his oeuvre to suit your 'personal equation' and then make your case for it; and 'my Jung' is to be found in the propositions concerning the analytic relationship in Volume 16 of *The Collected Works* (*The Practice of Psychotherapy*), in 'Problems of modern psychotherapy' (1931) and 'The psychology of the transference' (1946). Arguably, this is also the Jung interested in the discoveries of physics concerning the observer's effect on the field of observation (1954, para. 438). Here, it seems to me, in the rich context of the *Rosarium*, Jung offers his most psychologically sophisticated and also most personally felt account of how analysis works.

These writings have always possessed a kind of charisma for me, as of emotional truth simply and eloquently put; and in this short paper I want to say why I believe them still to be Jung's most radical and profound statement about the therapeutic relationship as the site of psychic change. These works, represented by the cited passages below and referred to hereafter as 'Volume 16', constitute, I believe, Jung's best thinking about clinical matters—certainly what I turn to in order to make sense of my own experience in the work. At the same time, I want to make the point that his achievement is intrinsically related to the congruence of expression with the ideas being presented. This congruence is aesthetic, but in the deep sense that the language does not dictate the thought nor foreclose on the experience; it is exemplary in being both a lucid presentation of his theory and a mirror to the personal quality and experience of the writer.

In these writings Jung emphatically places the unconscious relationship of analyst and analysand to themselves and to each other at the heart of the work, where there is only (and vitally) the analyst's analysis and training to support and guide the process. It's true that Freud too observes how 'the Ucs of one human being can react upon that of another, without the Cs being implicated at all' (Freud 1915, p. 126); but while he observes the boundariless nature of the unconscious, he does not follow through with the implications for the relationship, and how it works against the analyst's privileged position in it.

I want briefly to look at what I believe Jung's account in Volume 16 of the analytic relationship and the transference/countertransference process tells us concerning how he thinks psychic transformation comes about. But I also want to show how what he says and the form in which he chooses to say it convey the meaning, attitude (*Weltanschauung*), and ethic of his message more adequately than I think most other theoretical formulations, including his own, do—and why I believe this greatly matters. Here are some relevant and familiar passages:

In the treatment there is an encounter between two irrational factors, that is to say, between two persons . . . who bring with them, besides their more or less clearly defined fields of consciousness, an indefinitely extended sphere of non-consciousness For two personalities to meet is like mixing two different chemical substances: if there is any combination at all, both are transformed. In any effective psychological treatment the doctor is bound to influence the patient; but this influence can only take place if the patient has a reciprocal influence on the doctor. You can exert no influence if you are not susceptible to influence. It is futile for the doctor to shield himself from the influence of the patient and to surround himself with a smoke-screen of fatherly and professional authority. By doing so he only denies himself the use of a highly important organ of information.

(Jung 1931, para. 163)

The doctor, by voluntarily and consciously taking over the psychic sufferings of the patient, exposes himself to the overpowering contents of the unconscious and hence also to their inductive action. The case begins to 'fascinate' him.

The patient, by bringing an activated unconscious to bear upon the doctor, constellates the corresponding unconscious material in him, owing to the inductive effect which always emanates from projections in greater or lesser degree. Doctor and patient thus find themselves in a relationship founded on mutual unconsciousness.

. . . the unconscious infection brings with it the therapeutic possibility—which should not be underestimated—of the illness being transferred to the doctor . . .

. . . the psychotherapist . . . should clearly understand that psychic infections . . . are in fact the concomitants of his work, and thus fully in accord with the instinctive disposition of his own life. This realization also gives him the right attitude to his patient. The patient then means something to him personally, and this provides the most favourable basis for treatment.

(Jung 1946, paras. 364–5)

First of all, I think it's important to acknowledge that Jung does indeed assume analytic treatment to be potentially transformative, and for both persons. As George Hogenson observes:

Jung was the first to argue that in an analysis genuinely aimed at transformation the clinician would have to be prepared to undergo his or her own transformation. This was a genuinely dynamic point of view that has recently come to the fore in relational psychoanalysis. Taking it seriously, with all its implications, however, remains the challenge before us.

(Hogenson 2004, p. 78)

No one is going to practise as an analyst or therapist believing it makes no difference, yet to aspire (for example) to transform 'hysterical misery into common unhappiness' (Freud 1893–5, p. 393), is effectively a different statement of intention and a different project from self-realization, let alone mutual transformation (*if there is any combination at all, both are transformed*). I don't want to go into the personal and cultural roots of Jung's distinguishing belief in the possibility of transformation, but rather to note what I see as its (perhaps underestimated) theoretical basis in these writings. I believe that this constitutionally hopeful element of Jung's psychology is profoundly connected with the risks and exposure of the condition of *mutual unconsciousness*.

His focus in Volume 16 on the analyst as *person* with no intrinsic advantage (i.e., apart from analysis and training), who like the patient brings to the encounter an *indefinitely extended sphere of non-consciousness*, may not sound particularly radical or exceptionable. But however much we might subscribe to it in theory, I think it has always been a hard message to apply; and it remains difficult for various reasons to live and practise as if the unconscious mind of both partners were truly of equal significance in the treatment. To operate clinically from a position of unknowing is never easy under the pressure to be expert and to relieve painful and fearful states of mind. But the uneasiness goes much deeper, I think, to the foundation of mind in its relation to others—a paradox at the heart of the project of individuation: to finding our own mind, when our mind and sense of self are contingent on the presence of other minds and selves. This is a disturbing situation because it is fluid and ultimately beyond our control. Yet if the mind evolves out of its infant relationship with the caregiver's mind and can subsequently lend itself to other minds, then our susceptibility to influence must be universal and structural. Similarly, if the sense of self is construed by the presence and feedback of other selves, the analytic relationship is not exempt. What we are is what we have to work with; and we cannot know in the first instance what it might be in us that evokes what we observe in the other!

There is currently a movement across analytic schools in the direction of acknowledging the effect of the analyst on the treatment, starting with Patrick Casement's series on learning from the patient. Thomas Ogden begins his *Rediscovering Psychoanalysis* with an anecdote about advising a supervisee analyst to stop 'doing analysis' (2009, pp. 3–4) in order to be able to talk to his patient. Neville Symington in *Becoming a Person through Psychoanalysis* writes, 'If the person of the psychoanalyst is concealed behind a façade, then the patient has no chance of developing his own personhood' (2007, p. 348). Antonino Ferro in *Mind Works* asks if the analyst 'can be himself and be creative, or does he need to operate like a "chameleon", with a theory that protects him from the risk of original thinking'. He also declares that 'there is nothing the analyst does or does not do that is not a co-determinant of the session' (Ferro 2009, pp. 167–8). Karen Maroda writes about the nature of the analyst's satisfaction in the analytic work (2005).

It seems that these analysts are rethinking aspects of the analytic relationship in their attitude to authority, authentic presence, language, engagement. Still, I believe that these developments are not the same (the Bionian Ferro comes closest) as Jung's unequivocal insistence on the *relationship founded on mutual unconsciousness*, and what that implies concerning the impact of (and on) the analyst's mind and person. What is radical in Jung's formulation here is his recognition of the analyst's participation in a situation of reciprocal susceptibility to influence, with its unnerving potential to overwhelm and/or transform both parties. It is relationship itself that is being theorized, hence the emphasis on rapport. The shared projective process of transference/countertransference is the engine that drives it, and whatever changes come about within its frame, including the analyst's experience and capacity to reflect—though the latter is not a given. As I understand it, transference in Volume 16 refers somewhat globally to the individual's unconscious mind as the source of emotional communication.

Jung's intuitive understanding of the permeable relations within and between minds (*in-fluence* being what *flows in*) puts him in touch with the primal level of connection before *yours* and *mine*, *inner* and *outer* are clearly differentiated; and the way this connection can be therapeutic for both minds, as well as risky. Later psychoanalytic and infant development theory teach what he knew instinctively concerning communications at this visceral pre-symbolic level, which in his later work he referred to as 'the psychoid'. The limit to consciousness, then, applies not just to the limit of what can be held in one mind at a particular time, but to the structural limitation of subjects who in health can only and intermittently know themselves (and to some extent know what they don't know) through the presence of other selves.

It may seem anomalous to present Jung like a forerunner of relational and intersubjective theory, given his famously schizoid disposition (for example, Zinkin 2008); but if the latter does indeed represent a defence of the self against overwhelming intrusion (Atwood & Stolorow 1999), I think Jung's own theory accounts for the paradox. If the analytic relationship derives its compelling (and mutually therapeutic) quality through the unconscious connection of the minds involved, in *the instinctive disposition of his own life* there is more than a hint that it may be the apprehension of kindred difficulties (wound, flaw, or shadow) which helps equip the analyst for the analytic enterprise. This unusual perspective, one of Jung's most perceptive and original ideas, is taken up by John Merchant in his paper, 'Siberian shamanism, borderline states and analytic training' (2007), and in Giles Clark's writing on borderline disorder, e.g.: 'a wounded healer actually heals through his/her particular wounds, or rather his/her survival, management and recycling of his/her wounds and madnesses' (2006).

Jung's oeuvre contains various versions of the linking of unconsciousness, 'inferiority', and psychological development—from the elaborate differentiation of functions in his Typology to the theory of autonomous complexes.

But his response in *The Tavistock Lectures* (Jung 1968) to a question as to the possibility of making all four functions conscious may serve to demonstrate how he associates connection of self and other with the most vulnerable part of the mind which remains beyond conscious knowledge and control:

Then we would lose the most precious connection with the unconscious through the inferior function, which is invariably the weakest; only through our feebleness and incapacity are we linked up with the unconscious, with the lower world of the instincts and with our fellow beings. Our virtues enable us to be independent. There we do not need anybody, there we are kings; but in our inferiority we are linked up with mankind as well as with the world of our instincts.

(Jung 1968, para. 212)

So to associate the capacity for therapeutic connection with the analyst's 'inferior function', or whatever unconscious or wounded aspect that term represents, is probably not to go beyond Jung's meaning. The idea that the analyst's personality and unconscious or inferior aspect provide the point of deepest contact with the patient raises many interesting theoretical issues (such as the variable nature of the analytic relationship and the type of issues constellated by each analytic couple) that I would like to explore on some other occasion. For now, let us consider two important corollaries of this idea, more or less explicit in the quotes from Jung, concerning the analyst's *attitude* and the analyst's *transformation*.

If *the right attitude* and *most favourable basis for treatment* derive from the analyst's acceptance of the constellation of personal and historic factors that bring her or him to the work and to the patient, certain things follow. There is an ethical dimension; we are being directed away from a patriarchal model and toward an ethic of care founded rather in recognition and fellow feeling. This feels more risky—our responsibility to the patient is no less pressing, but the conditions of it are much more contingent. Accepting this state of affairs—our dependence on our own necessarily unconscious transferential processes to read the world—puts us (initially) in the same plight as our patients, namely, of having to work through confusion and misapprehension. But it also follows from this that the therapeutic endeavour, mutually undertaken, can lead to the outcome indicated by Jung: *if there is any combination at all, both are transformed*.

The passages from Volume 16 refer to the alchemical partnership and *opus* as a metaphorical case study illustrating these mutual projective processes which occur to some degree in all relations. The riddling alchemical concepts and images capture the paradoxical quality of the relationship: its possibly delusional aspect, the poignant grotesquerie of desire, the painful working through of the confused and merged state to a true intercourse between the partners and between parts of the self. The alchemical couple, then, represents the analytic couple's therapeutic freedom to move dreamlike between different

levels of reference, identity, and consciousness—with both partners exposed to all the effects of relationship.

I'm claiming that this way of thinking, the imaginal (not necessarily the alchemical), comes closer to representing the spirit, values, and intention, as well as the phenomena of the analytic encounter, than can the schematic notion of the *transcendent function* emerging out of the *conflict of opposites*. This is not a matter of being anti theory, but of identifying a theory (a phenomenological understanding of transference) more suited to the contingent and interpenetrating nature of mind, and its effects in the clinical situation. Abstract terms, including Jung's own, inevitably tend to become institutionalized as knowledge and power structures in the far from benevolent tradition he identified of the 'doctor'—as the *smoke-screen of fatherly and professional authority* which functions as a buffer against the disturbing effects of the unknown. By contrast, in these passages from Volume 16 Jung expresses himself in the unsaturated allusive language of emotional experience—*fascination, psychic sufferings, unconscious infection, influence*...

Let's take the good lay word *fascination*, which is neither reductive nor pathologizing. *Fascination* evokes the phenomena of whatever we call that which links the mind of analyst and analysand. It points up the communicative drive of the unconscious mind towards knowing and being known, usually despite the subject's best (conscious) efforts. It conveys the experience of feeling drawn or driven toward an image, an idea, or a person, with all the terrors attendant on erotic compulsion—as *influence* and *contagion* evoke the threat posed to the ego. For we are in the soup of *mutual unconsciousness* here with no safety net for ignorance or vanity, with only the frame and the analyst's experience and instrumental use of self as landmarks. To be *fascinated* also suggests, in a way that clinical jargon cannot, what continues to feel like the *mysterium* of psychological growth: the transformation from literal to symbolic reference which comes about through meeting the other in the analytic relationship, who also represents the other in the self.

It seems crucial to me that how we name such an experience does not diminish or misrepresent it, as I think jargon terms do. But attempting to theorize fascination feels a bit like trying to catch my image in a mirror before the act of seeing myself changes my expression. I'm put in mind of the Marxist critic Terry Eagleton's theme in his book *How to Read a Poem*. He argues that poetry is 'a kind of phenomenology of language', explaining that 'the meaning of its words is closely bound up with the experience of them' (2007, p. 21). I believe something similar is true of the project of analysis—the language of subjective experience must be found or discovered, not imposed, if the individual is truly to become 'the carrier of meaning'. The difficulty in naming the process should not prevent us from recognizing its reality.

Whether we think of this in terms of the dissociability of mind (Jung's own great contribution), or projective identification, containment, and reverie (Bion's), or as emergence/field phenomena as described by Cambray (2002) or

Hogenson (2004), it is at this shared unconscious level that deep lacks and defensive structures leading to impasse may often be reached. I'd like now to present an aspect of a case in which I struggled to engage with a patient whose sense of herself had been severely restricted by emotional deprivation. It is offered as an example of how I experience shared unconscious processes operating in my work; and in particular, of the way the patient's material *constellates the corresponding unconscious material* in the analyst. (Of course the analyst who'd previously seen this patient may have worked with a different configuration.) A key element in this instance was the struggle to find a language in common, and then to expand the reference of this shared language without being intrusive or overwhelming.

Case material

I had the feeling with Jenny, who was in her early fifties, that life posed a set of problems to be solved as efficiently and tactfully as possible. There were many activities and functions for which she consulted experts, including myself since her dog died and she'd thought she might be 'on a bit of a slide'. Her communications were matter of fact; yet if I surprised her with a comment or question about them, there was often a moment of silent tearless weeping before she could answer, and I found the two-dimensional effect embarrassing, as if I were dealing with someone I need not take quite seriously—though these words do not capture the intensity of my reaction, as in a primitive schoolyard type of hostility.

I felt bad about my response; and I tried to listen to what she said as to a dream, and not recoil as from something shameful. Many of her stories involved pets past and present and experiences with horses; and as I became attuned to this conversational currency and began to appreciate how little warmth and tenderness there had been from humans, I found I no longer needed to make an effort to listen and respond in a connected way.

Her dogs had been rescued from the pound, and lovingly cared for by her; and I began to see how she'd kept hope alive, and how the missing, yearned for experience of intimacy and emotional warmth was manageable at the level of creatures whose responses were wholehearted (unlike my own). She told me about the dog who'd died bounding up to her as if to say, 'It's so good to see you!'; this dog had really made her feel 'what it was like to be loved'.

The horses were retired stalwarts from the stables where she rode, who seemed to look after her. One horse was 'so athletic' he bent his body right around her to scratch himself while she was grooming him; another time he lay down suddenly, dangerously close to her but 'almost without displacing the air'. Another old horse, veteran of years of dressage, when Jenny was still an awkward beginner performed for her an elaborate move called 'piaffe' (trotting with diagonally opposed legs on the spot), which it made her weep to recall.

Discussion

What Jung says about the patient's unconscious state of mind constellating *corresponding unconscious material* in the analyst suggests that it is our unconscious recognitions that connect us—that in Jung's words *fascinate, infect, and influence* us—drawing us into the patient's world of experience. It is as if we subliminally register, as an unwitting intention to communicate more than can be spoken, emotional data which at first can only be known by their effects in us (the *highly important organ of information*).

I believe that the dismissive feeling, and worse, that was initially evoked in me signalled the nature of Jenny's trauma. I experienced it as an (unconscious) invitation to neglect and to abuse the unformed or childlike in her, as well as the emotionally impoverished context in which neglect and abuse occur. Hence my sense of revulsion and shame, as if I were complicit—a powerful subliminal communication of her history and inner world. I speculate that it was precisely the unconsciousness of my participation which informed me at the gut level which touched conscience of some version of an experience we shared, and that I needed to know about for both our sakes. For I think I'd unconsciously recognized in her a situation I dread and defend against—the bedrock situation of *ananke* or necessity, more hopeless than tragic, where the sense of oneself as subject is irrelevant to one's environment, with annihilating effect: the sort of thing one might experience at boarding school, or wherever the young self does not feel truly or safely at home.

The evocation of cruelty, abandonment (strays from the pound), and marginality (the retired horses) was Jenny's way of talking about unbearable loss. But it was also the prelude to us finding a way to express need and emotion without feeling overwhelmed—tuning into the passion and pain projected onto her bestiary, which became increasingly personalized with reference to the humans in her life, past and present. The gradual deepening of emotional resonance was evident in the potent and tender images of the horses, and in the special feeling these evoked in her which I was invited to share, no longer as one of her expert consultants.

Fostering the kind of dreamlike conversation that promotes fantasy and the integration of undeveloped or disavowed aspects of self may require a preliminary phase of establishing trust in which the analyst must hold the process. Jenny's stories about her animals let me know what language to use and what distance to keep in order for our relationship to proceed. Theriomorphic elements, as Jung observes in *Aion* and elsewhere, represent 'the unconscious self manifesting itself through "animal" impulses' (1959, para. 224), a kind of proto-symbolism.

A new stage in Jenny's capacity for symbolizing had arrived when she declared her intention to have, while she was on leave from work, a beauty treatment in which crushed diamonds were to be used as an exfoliant, and caviar for a mud pack. This extraordinary self-representation, complete with

alchemical overtones—of transmutation, diamond quality, teeming fertility—utterly transgressed against her appearance, background, and internalized standards. It seems to have marked a subsequent move to recover lost phases of young womanhood, expressed by a concern with appearance, study, and romantic and self-awareness. At the time, it introduced a new point of reference, and whatever that implied about my own new capacity to see her: had this quality been there all along, or did I bring it into being by feeding it with my belief (in our shared process), as in Rilke's poem about the unicorn—"They fed it, not with corn,/but only with the possibility/of being" (Rilke 1977)?

Terms like *mutual unconsciousness*, *unconscious infection*, *unconscious recognition* raise questions about the dangers of what has been called 'over-identification'—by Marcus West, for instance, with regard to one of the passages quoted above: '*voluntarily and consciously taking over the psychic suffering of the patient* is a good description of an over-identification with the patient' (West 2008, p. 380). But the clinical section of his admirable book *Feeling, Being, and the Sense of Self*, I believe, actually demonstrates my point that it is in working through the shared problem that the analyst is transformed—into the differentiated partner he/she needs to become (West 2007). I believe Jung to be saying in Volume 16 that identification is a necessary element in the chemistry of connection (as neuroimaging and the discovery of the mirror neuron now seem to attest); and that its function as a transitory and evolving phase is (when all goes well) safeguarded by the analyst's analysis, the reliability of the setting, and the other truly original factor which I think is particular to Jung: *the recognition that the analyst, too, changes and grows through these connections*. The deficits (of technique, constitution and experience) that we inevitably bring to our work evolve instrumentally through the work—if we are able to surrender to the process Jung is describing, and of necessity to the facts of our own limits in it. This surrender is the condition of the analyst's continuing development, and the theoretical foundation, I believe, for Jung's concept of the *mutual transformation* of patient and analyst.

Conclusion

I have been arguing that what was radical and original in Jung's clinical thinking, in particular his emphasis on the co-determining effect of the analyst's person and unconscious mind, remains so today. I've indicated why I think the resistance to this fairly evident aspect of unconscious mind (unconscious for all concerned) persists; but that to take it seriously has far-reaching implications for treatment.

My clinical example gives an indication, I hope, of how Jung's ideas about *mutual unconsciousness* and related considerations of approach and attitude constitute the theory which informs my own work. I particularly wanted to show how unconscious self-recognitions, manifest in countertransferential responses, afford an *organ of information* regarding the patient's inner world,

as described by Jung in Volume 16. I believe that, as his alchemical analogy suggests, the analytic relationship provides a container for transformation of the contagion and confusion of the shared projective processes—into the capacity to differentiate merged and submerged elements of self in a way that is fruitful for both persons.

I have also been suggesting that the way we name what we do affects what we do—which phenomena we are able to see and acknowledge, and represent to ourselves, and even (and importantly) across disciplines. There's always the danger of using *a priori* knowledge as a refuge from the unknown as Jung was of course aware, and as Warren Colman makes clear in a recent paper (2009, p. 199). So it's important that we use a language as close as possible to the experience; rather than being obliged to translate or interpret it into other terms, and in the process perhaps obscure our most original and creative Jungian contributions to psychoanalytic thinking. These, I suggest, concern the potential for *mutual transformation* in the *relationship founded on mutual unconsciousness*: emergent intra- and inter-personal processes inadequately represented by theoretical constructs such as *the transcendent function* and *the conflict of opposites*.

In fact, I believe the dialectical, Hegelian Jung to be incompatible with the phenomenological Jung; but by his own principle of 'the personal equation', according to which you can find whatever you need in his writings to argue whatever you like about his thinking, I shall now enlist him against that tendency in himself. In 'On the nature of the psyche' he is scathing about what he calls '[t]he peculiar high-flown language Hegel uses', and names it 'reminiscent of the megalomaniac language of schizophrenics', 'bombastic', and 'crackpot power-words' (1954, para. 360)!

What remains contemporary about Jung's clinical thinking concerns his understanding of the transforming effect of the connection of one mind with another, and the implications of this for both—part of Jung's personal polemic, perhaps, against *the doctor*, not to mention *the doctor* in himself, with his self-serving rhetoric and obliviousness to his impact on the other.

TRANSLATIONS OF ABSTRACT

S'appuyant sur la *Psychologie du transfert* (1946) et les *Problèmes de la psychothérapie moderne* (1931), l'auteur commence par remettre en question l'utilité du terme 'fonction transcendante' dans le débat contemporain sur la nature de « l'imagination et la transformation psychique en analyse ». Il avance que le langage de Jung dans *The Practice of Psychotherapy* (vol. 16, *Collected Works*) —« *fascination* », « *souffrance* », « *infection* », « *influence* »—, est plus proche de l'expérience qu'il décrit et plus vrai que les expressions, d'inspiration philosophique, de « *fonction transcendante* » et de « *conflit des opposés* ». Les idées énoncées dans ces écrits anticipent des développements ultérieurs de la théorie psychanalytique sur le contre-transfert et l'effet réciproque des psychismes l'un sur l'autre, constituant ainsi une base théorique au concept de transformation mutuelle.

L'insistance radicale de Jung sur une relation analytique fondée sur une mutuelle inconscience comme lieu de transformation ne peut pas, selon lui, être rendue de manière satisfaisante par la terminologie traditionnelle.

'Die Psychologie der Übertragung' (Jung 1946) und 'Die Probleme der Modernen Psychotherapie' (Jung 1931) als Grundlage heranziehend beginnt dieser Text mit der Infragestellung der Nützlichkeit des Terminus 'transzendente Funktion' für die moderne Diskussion über die Natur von 'Imagination und psychischer Transformation in der Analyse'. Es wird argumentiert, daß die von Jung in der 'Praxis der Psychotherapie' (Bd. 16 der *Gesammelten Werke*) gebrauchte Sprache – *Faszination, Leiden, Infektion, Einfluß* – dichter und zutreffender die Erfahrung abbildet, die dort beschrieben wird, als die philosophisch inspirierten Begriffe *transzendente Funktion* und *Konflikt der Gegensätze*. Seine in diesen Schriften zu findenden Ideen antizipieren spätere Trends der psychoanalytischen Theorie bezüglich Gegenübertragung und des Effektes, den ein Seelisches auf ein anderes zu haben im Stande ist und konstituieren eine theoretische Basis für das Konzept der gegenseitigen Transformation. Jungs radikales Insistieren auf einer analytischen *Beziehung, die auf dem gegenseitigen Unbewußten* als dem Ort der Transformation *gründet* kann durch die traditionelle Terminologie nicht, so wird argumentiert, zufriedenstellend erklärt werden.

Utilizzando come testi *La Psicologia della Traslazione* (Jung 1946) e *Problemi di Psicoterapia Contemporanea* (Jung 1931) questo lavoro inizia con una sfida all'utilità del termine "funzione trascendente" e contemporaneamente con un dibattito sulla natura della "immaginazione e della trasformazione psichica in analisi". Si sostiene che il linguaggio di Jung in "Pratica della Psicoterapia" (vol. 16 delle *Opere Complete*) - *fascinazione, sofferenza, infezione, influenza* - è più vero e più vicino alle esperienze che descrive di quanto non lo siano termini ispirati filosoficamente quali *funzione trascendente* e *conflitto* tra opposti. In questi scritti le sue idee anticipano tendenze più tarde nella teoria psicoanalitica che riguardano il controtransfert e l'effetto di una mente sull'altra e costituiscono una base teorica per il concetto di *mutua trasformazione*. Si sostiene poi che l'insistenza radicale di Jung su una *una relazione analitica fondata su una reciproca inconscietà* come il luogo della trasformazione non può rendere soddisfacentemente conto della tradizionale terminologia.

Рассматривая «Психологию переноса» (Юнг 1946) и «Проблемы современной психотерапии» (Юнг 1931) как тексты, эта статья начинаеца с сомнений в целесообразности применения термина «трансцендентная функция» в современных спорах о природе «воображения и психической трансформации в анализе». Работа доказывает, что язык Юнга в «Практике психотерапии» (том 16 *Собрания сочинений*) – *очарование, страдание, инфекция, влияние* – подлиннее и ближе к описываемому этими словами переживанию, чем вдохновленные философствованиями термины «трансцендентная функция» и «конфликт противоположностей». Его идеи в этих работах предварили более поздние течения психоаналитической теории, касающиеся контрпереноса и воздействия одного

ума на другой, и составляют теоретическую основу концепции взаимной трансформации. Радикальная настойчивость Юнга в вопросе «аналитических отношений, основанных на взаимном бессознательном» как на ключевой точке трансформации, невозможно, как доказываеца, удовлетворительно оценить с помощью традиционной терминологии

Tomando La Psicología de la Transferencia (Jung 1946) y los Problemas de la Psicoterapia Moderna (Jung 1931) como texto, este trabajo empieza desafiando la utilidad del término “función trascendente” en el debate contemporáneo acerca de la naturaleza de ‘la imaginación y la transformación psíquica en el análisis’. Discute que el lenguaje de Jung en La Práctica de la Psicoterapia (Volumen 16 de *Las Obras completas*) — *la fascinación, el sufrimiento, la infección, la influencia*—está más cerca y es más verdadero a la experiencia que él describe que los términos inspirados filosóficamente de *función trascendente y conflicto de opuestos*. Las ideas en estos escritos anticipan las tendencias posteriores en la teoría psicoanalítica con respecto a la contratransferencia y a la influencia de de una mente sobre otra, y constituyen la base teórica para el concepto de transformación mutua. Se argumenta sobre la insistencia radical de Jung en la *relación analítica fundamentada en la inconsciencia mutua* como el lugar de transformación, el cual no puede ser exlicado satisfactoriamente por la terminología tradicional.

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