AMPLIFICATION IN CONTEXT: THE INTERACTIONAL SIGNIFICANCE OF AMPLIFICATION IN THE SECURED-SYMBOLIZING/CONTEXT-PLUS FIELD

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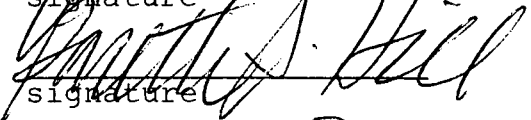
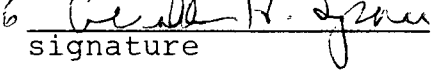
Gareth S. Hill Committee member	Ph.D. title	4/23/86 date	 signature
Geraldine H. Spare External member	Ph.D. title	4/28/86 date	 signature

To Richard Teofil Saran

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ABSTRACT

Amplification is a hallmark Jungian practice method which has remained virtually uncriticized in the Jungian literature. An examination of the literature reveals no precise directives for its clinical use. I demonstrate that in its background--historical and philosophical--amplification is clinically a-contextual and that its clinical application developed in a random fashion.

I examine this method through the lens of the construct "the context of therapy" which is a more inclusive theoretical framework that that underpinning amplification. As a rubric this construct encompasses the psychotherapy situation--frame and transference/countertransference field--and the ambient or communicative interactional fields recently described by Robert Langs and William Goodheart.

In relation to the field described by William Goodheart as the "secured-symbolizing field," I describe an additional element which I have called "context-plus."

My method is a theoretical analysis of the central question: What is the hypothetical significance of the therapist's verbalized archetypal amplification in what I am calling the "secured-symbolizing/context-plus field"?

I propose a correction to practice theory based upon informing amplification with the context of therapy. In the secured-symbolizing/context-plus field, I recommend silent rather than verbal amplification.

I outline a format for further research based upon the work of the Hans Dieckmann research group and the work of Robert Langs. I propose that clinicians in small groups, by the method of content analysis, examine detailed dyadic clinical processes, in which the focus of the examination is the clinical interplay of amplification and the context of therapy.

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CHAPTER I

INTRODUCTION

Central Question

This work proposes a correction to the Jungian clinical practice method of amplification. I argue that as a practice theory it is incomplete; there are no specifications for its use and, as a concept and as a practice method, it is divorced from the explication and consideration of extant clinical fields.

I will subject the practice theory of amplification to the scrutiny of the lens of "the context of therapy." The construct, the context of therapy, functions as a rubric which encompasses both the psychotherapy situation and the ambient clinical field. I put forward the argument that practice methods/interventions be scrutinized in terms of this construct and that without attention to the interactional or dialectical aspects of the context of therapy, amplification in particular is especially open to being used a-contextually. The primary concern of the present study is amplification-in-context.

My method of approach is a theoretical analysis of the central question: What is the hypothetical significance of the therapist's verbalized archetypal amplification in what I am calling the "secured-symbolizing/context-plus field"?

Amplification

Description

The method of amplification derives from Jung's view of the nature and structure of the psyche, including the concept of the objective psyche which is seen as made up of archetypes.

This work does not address the issue of the objective psyche per se, a construct basic to the Jungian paradigm. Rather, it addresses amplification as a clinical or secondary manifestation of the construct of the objective psyche.

The theory of the objective psyche both informs us about human nature and spawns a clinical interventive method which utilizes this knowledge. The method itself, inextricably tied to the theory of the objective psyche, in turn informs our understanding of the objective psyche.

Amplification is defined in a delimited way as the therapist's verbalized archetypal elaboration of symbolism in the clinical setting.

Amplification is a method used "to elucidate or 'make ample' what might be a clinical fragment" (Samuels, 1985b, p. 11), or "to make thin material more ample, [to] increase the volume and so make listening easier" (Samuels, 1985, p. 182).

Underlying Assumptions

There are two basic assumptions which underlie the method of amplification.

The first is the concept of the "objective psyche." Amplification as a practice method was an outgrowth of and based upon Jung's concept of the objective psyche (his later version of what he earlier termed "the collective unconscious," or "the autonomous psyche"). He described the objective psyche as made up of archetypes, i.e., inherent predispositions, potentials, and universal psychic forms that influence and structure individual human behavior. Not only is there an assumption regarding the existence of an objective psyche but there also is an assumption that "the patient needs to be put in touch with this layer" (Fordham, 1978, p. 36).

The second underlying assumption is that there is an analogic underpinning to intrapsychic processes. Amplification as a practice method involves drawing parallels or making analogies in relation to the extant clinical material. "Analogy is the essential basis of amplification" (Hubback, 1984, p. 136).

Current Situation

There are no precise directives for the clinical use of amplification. The history of the evolution of this practice method reveals that the method itself was not tied to a consideration of clinical context in any way.

This method was borrowed from philology where it is used to elucidate words in texts by juxtaposing parallel texts in

order to shed light by creating an expanded context for the obscure word.

Originally, Jung used amplification as a research and teaching method, as a tool for gathering information about the objective psyche and for revealing the objective psyche in clinical material, and as a tool for a retrospective understanding of case material in the light of archetypal images. The case material so amplified was not necessarily material from a patient treated by the therapist who was doing the amplification.

This lack of consideration of clinical context continues. My position is that neglect of the context of therapy created and continues to create difficulty in the clinical use of amplification which has evolved in an undifferentiated random fashion.

Fordham (1978) writes, "In practice, its use varies within wide limits" (p. 26). In the Collected Works of C. G. Jung, there are only fourteen indexed references to amplification. Jung wrote no major theoretical article on this method.

While Jung was aware of the general issue of clinical context, there is no instance where he explicated the relationship between clinical context and amplification. Since Jung developed his method, thinking about the context of therapy has become increasingly sophisticated and refined. Jung's directive for the clinical use of amplification is unclear in that it is not correlated with

the context of therapy.

Schwartz-Salant (1984) writes, "We need to see how to bring the notion of an archetypal psyche into actual here and now practice" (p. 2). Amplification is a primary way that the body of knowledge regarding the objective psyche has been utilized in practice. The literature reveals ambiguity and differences of opinion as to its meaning and use in practice. Amplification remains virtually uncriticized in the Jungian literature (see Hubback, 1984). Considering the significance of its role as a manifest clinical conduit of the archetypal, the absence of criticism is rather remarkable.

It is this absence of criticism that I address in a search for the manner in which the theory of the objective psyche and its derivative clinical method, amplification, might be utilized to enrich the clinical endeavor when informed by the context of therapy.

I am developing a modification and extension of practice theory by addressing this neglect of the context of therapy.

By focusing upon the interface of these two elements, method and context, I am also articulating a bridge or interface between the two contexts of understanding, the context of meaning and the dialectical context. The two major Jungian schools, symbolic and clinical, are based each upon one of these contexts of understanding. Regarding these two schools, Schwartz-Salant (1984) writes, "I firmly believe that one or the other of these approaches is always wrong when it is an exclusive approach. But the nagging question remains

one of how to reconcile these opposites" (p. 2). My analysis addresses this reconciliation and containing of opposites.

The contexts of understanding are elaborated in Chapter III; the two Jungian schools in Chapter VI.

Statement of the Problem

I became interested in the ramifications of informing the practice method of amplification with the concept of the context of therapy when patients[1] expressed dissatisfaction with their therapy. They had experienced their therapists as overemphasizing the archetypal dimension at the expense of the personal dimension, although they did not express their concern in this language. This overemphasis of the archetypal dimension had been in the form of the therapist's verbalized archetypal amplification. I became concerned that Jungian practice theory had randomly incorporated amplification as a derivative of the objective psyche without scrutinizing or stipulating either how it was is to be used or the effects of its use upon the clinical field.

Purpose of the Study

The purpose of this study is to develop a modification of the use of amplification by articulating its relationship to

---

[1]For stylistic reasons, I use the term "patient" throughout rather than the more traditional social work term "client," inasmuch as most of the literature I cite uses the term patient.

the context of therapy, which concept includes the more recent contribution to the theoretical understanding of transference/countertransference under the rubric of frame/field. In order to demonstrate my correction to theory, I take a twofold approach.

First, by reviewing the literature, attention is directed toward the understanding, explication, and evaluation of the background of the practice method of amplification, its nature, its presupposed world view, and its historical evolution which I show to be clinically a-contextual.

Then, by informing the method of amplification with the concept of the context of therapy, I propose a modification and extension of this practice method which is that the therapist hold the amplification silently when in a secured-symbolizing/context-plus field. This is a correction of the mode of its application. My modification is predicated on the refined theory of the context of therapy, and includes a critical description of the nature of the field I call the secured-symbolizing/context-plus field. This modification proffers an explanation of the anomaly of the heretofore erratic effectiveness of amplification, specifically that at different moments a particular type of field predominated and this fact was not correlated to informing the use of the method with the context of therapy.

It is not my purpose to disavow the value of amplification but rather to enjoin a bracketing of attitude toward it, i.e., a phenomenological reduction, thereby

allowing an exploration of the implications of its nature and history as it interplays with the nature and history of the context of therapy.

By inference, the relationship between these two units or elements of theory, i.e., practice method (amplification) and context (context of therapy) is revealed and then is used to develop an orientation for the differential use of amplification based upon a consideration of extant clinical field. The lens of my critique or analysis, the context of therapy, also becomes the source of my modification and addition to theory.

Approach to the Literature

For purposes of this work, I take the position that the general term "psychotherapy" embraces all schools of psychotherapy that hold as part of their paradigm the view that there <u>is</u> in fact an unconscious. In this sense, I view psychoanalysis as a specific form of psychotherapy; it is in fact the original psychotherapy. Rauhala (1972) writes, "By psychotherapy we mean, briefly, depth-psychological insight therapy of more or less the same duration as psychoanalysis--therapies of the kind founded on the principles of Jung, Fromm, Horney, etc." (p. 275).

Literature from both the Freudian tradition (psychoanalysis and its modifications) and from the Jungian tradition (analytical psychology and its modifications) is

used to develop my argument.

I take the position that two different theoretical traditions, Freudian and Jungian, each the derivative of a divergent epistemological paradigm, can inform each other. While Polkinghorne (1983) is speaking of methodological systems of inquiry, his remarks are apt for my analysis of amplification in that he proposes an epistemological pluralism. He writes:

> Out of the syncretic interaction of various positions, a fuller understanding arises. Because knowledge is not automatically the result of direct experience, but is a human construct, the comparison of various constructs can lead to an increase in the depth of understanding. (p. 251)

Description of the Context of Therapy

In the literature, clinical context has been an admixture of situation and field, and a number of terms have been used interchangeably to denote these aspects of context. Context has been called variously the psychoanalytic situation in the psychoanalytic literature and temenos (container, vas bene clausam, vessel, alembic, spellbinding circle, magic circle) in the Jungian literature.

Some theoretical questions will be raised regarding the clinical use of amplification by applying the concept of the "context of therapy" to this practice method. The context of therapy is an umbrella term for (1) psychotherapy situation, which includes fixed frame and variable frame, and (2) the

ambient field.

The fixed frame is variously called stable, formal, actual, or constant, and constitutes the ostensible arrangement and agreement between the patient and the therapist, e.g., set time and place and a fixed fee.

The variable frame includes the therapist's stance, i.e., the therapist's internal frame, and the personal equation of the therapist himself as container.

The ambient field is a tripartite classification of what Langs termed the bipersonal field and which he called Type C, Type B, and Type A (see Langs, 1976, 1976a, 1978, 1978a, 1978b, 1979a). Goodheart (1980) subsequently developed the Jungian equivalents for these fields: persona-restoring (Type C), complex-discharging (Type B), and secured-symbolizing (Type A). I use Goodheart's equivalents since they are more meaningful and more descriptive when interfaced with a Jungian method.

The persona-restoring field is a field of non-communication. The complex-discharging field is a field of mutually activated complexes. The secured-symbolizing field is the field generally thought of as the working analytic field.

The evolution of the concept of bipersonal or communicative interactional fields progresses from the original understanding of transference, to countertransference, to transference/countertransference field, to the concepts of frame and field, to frame/field. This evolution is described

in Chapter IV.

After the background of these interacting elements--amplification and context (frame and field)--has been given, I focus on the relationship between amplification and field and in particular on the secured-symbolizing field.

To recapitulate, I am presenting a modification of and addition to current practice theory by exploring the significance of verbalizing amplification versus holding this imagery in a silent informing of the therapist's understanding in the field I call the "secured-symbolizing/context-plus" field. I define "context-plus" as the informing activity that obtains as the result of the ego's relatedness to the objective psyche.

Analytic Antecedents for Examining Practice Concepts in Light of Clinical Context

Thomas Szasz (1963) in his article "The Concept of Transference" delineates the problem of the collusion of the unconscious and a theoretical concept. He focuses on the context in which a concept is understood and given meaning, that is, its contextual relevance. The root of my desire to examine the concept of amplification as a practice method reaches toward this classic article in which Szasz explores the issue of using a practice concept as a countertransference defense.

Szasz describes an unrecognized function of the concept of transference, that of "protecting the analyst from the

impact of the patient's personality. In psycho-analytic theory, the concept of transference serves as an explanatory hypothesis; whereas in the psycho-analytic situation, it serves as a defence for the analyst" (p. 435).

In the same article, commenting on how reassuring the concept of transference is for the analyst, he writes, "It introduced into medicine and psychology the notion of the therapist as symbol: this renders the therapist as person essentially invulnerable" (p. 442). Szasz describes how this problem arose early in analytic history:

> Breuer, it appears, was overcome by the 'reality' of his relationship with Anna O. The threat of the patient's eroticism was effectively tamed by Freud when he created the concept of transference: the analyst could henceforth tell himself that he was not the genuine object, but a mere symbol, of his patient's desire. (p. 443).

Jung had an ambivalent attitude toward the concept of transference. Charlton (1985) thinks that Jung moved away from the concept of personal transference because as Freud's patient he had experienced the "humiliation and danger of regressive merging" (p. 17). Jung (1976b) writes, "A transference is always a hindrance; it is never an advantage. You cure in spite of the transference, not because of it" (p. 151). Henderson (1975) writes, "Whenever his analysands seemed too powerfully transferred to him, he would send them to his assistant, Toni Wolff" (p. 117). Jung shied away from the merely personal transference. The concept of the objective psyche shielded Jung not only from the merely personal transference but also from the affect in the

interpersonal field.

While recognizing the richness of the idea of the objective psyche as a theoretical concept, Goodheart (1984a) describes the functional interpersonal clinical defensiveness of this concept:

> A major current of Jung's life work was the rich elaboration of this embryonic concept of the 'autonomous reality of the psyche' or the 'mythopoeic' or the 'collective unconscious'. From one perspective this is a brilliant concept and a major contribution to the understanding of the human psyche, much in the tradition of Immanuel Kant and Plato. It took Jung into a valuable exploration of the deepest mythopoeic resources and the very archetypal themes of human imagination and thought which are the well-springs of those grand creative processes of poetry, art, epic, mythology and religion, and which brings meaning and order into man's life and death, into man's deepest mysteries and into his relationship to chaos, to the cosmos and to the unknown. But from another perspective, that of the actual situation of personal interaction, Jung's formulation was born out of severe conflict both as an adaptively coping compromise and an isolating intellectual construction against the truths of an interpersonal reality which were sternly forbidden to his consciousness by the harsh repressiveness of the social-professional collective and its internalisation and reinforcement within Jung's psyche. (p. 14)

In the same manner that Szasz critiques Freud's concept of transference, Goodheart (1984b) writes of Jung's defensive use of the concept of the objective psyche thus bringing historical context to bear on this aspect of Jungian theory:

> Like Freud, Jung needed to gain some footing and distance for himself, and Jung achieved this by coming up with the brilliant formulation called "the autonomous psyche." This became the foundation later on for his mature concept of the "reality of the psyche" and the "collective unconscious." This formulation provided him from the beginning with the firm footing and distance that he needed, much as the concept of transference served Freud.
>
> In this way both men removed themselves to a major degree from recognizing themselves as fully responsible

> and as ongoing contributors to the interactional fields and the intrapsychic fields of their patients. (pp. 112-113)

Stolorow and Atwood (1979) write in a similar vein: "Contact with the collective unconscious . . . provided [Jung] a sense of eternity, changelessness, and stability transcending the threatening forces of interpersonal milieu" (p. 106).

Stevens (1985) writes, "Goodheart's point about the origin of the concept of the autonomous psyche appears to be well-reasoned and closely argued. I buy it. This does not, however, invalidate the significance of Jung's idea" (p. 183). However, she does address the shadow aspect of the concept of the objective psyche: "The concept of a relatively autonomous psyche is often used today by analytical psychologists who defend against experiencing the tremendous power of the interpersonal experience generated in the analytic container" (p. 183). It bears repeating that it is amplification as a practice derivative of the construct of the objective psyche that we are exploring, not the validity of the construct of the objective psyche per se.

In this study I hold with Langs (1978a, p. 103) and Stevens (1982, p. 10) that impingements on the frame/field are countertransference defense manifestations. I take the position that amplification which is derived from the concept of the objective psyche, is such an impingement when in a secured-symbolizing/context-plus field. I elaborate on this position in Chapter V.

Our models help us to form "bastions" (Baranger &

Baranger, 1966, p. 64) in relation to certain material. Langs (1978) develops this concept and defines a bastion as "a split-off part of the bipersonal field which is under interactional repression and denial, so that the contents involved are avoided by both patient and therapist or analyst" (p. 628).

Amplification "lies at the very heart of Jung's scientific method" (Wyss, 1973, p. 357). There is a propensity for unexamined theoretical blindspots to become bastions in the psyche of adherents of particular analytic traditions. Clinicians need continually to examine theoretical models because there is a way in which unexamined concepts take on a life of their own and function like autonomous complexes in the treatment situation.

Unexamined theoretical blindspots can be engendered by the training experience in any psychotherapy discipline or analytic tradition. They can be inculcated by the process of learning psychotherapy.

It is important to remember the background of our practice theories. It is difficult, when working abstractly, to avoid falling into a reification which results in our serving our constructs rather than our constructs serving the work. Klein (1973) writes that psychoanalysts "ignore the fact that clinical concepts are themselves theory requiring systematic research" (p. 130). Concepts need analysis as much as the patient and therapist need analysis. Giegerich (1977) writes, "Not all is done if I as analyst have

subjected my personal neurotic mess to analysis; my impersonal mess, the neurosis of my psychology, remains untouched" (p. 168). Kugler, in Kugler & Hillman (1985), writes:

> Today it is as important for us to perform a narrative analysis on the "dreams" (unconscious fantasies, implicit tropes) in our theoretical texts, as it was for Jung and Freud to perform a dream analysis on their patients' psychic texts. It has taken some eighty years for analysts to realize that dreams inhabit theoretical texts as well as the night. (p. 152)

It is this type of research that I undertake.

The Philosophical Tradition of this Study

The canons of scientific inquiry are in part established by the philosophy of science. Noble (1974) describes the mission of the philosophy of science in relation to psychology as "a progressive analysis and review of the knowledge claims, observational assumptions, inferential processes, criticisms, alternative interpretations, clarifications, and conceptual strategies associated with psychological methods, terms, and theories" (p. 1239).

There has always been controversy amongst clinicians regarding the role and value of metascience or metapsychology. Rauhala (1976) writes, "Metascience is in no way an enemy of psychotherapy. I believe it to be, in fact, the opposite: a most valuable ally" (p. 50). This has been my personal experience in exploring metapsychological issues. Rauhala continues: "Psychotherapists do not need to fear a

metascience of psychotherapy. Metascience does not compete with the empirical practice, nor is it an alternative to it. It does not refute empirical explanations; it shows what the explanations are based on" (p. 55). Metapsychology attempts to treat theoretical entities as if they existed. This work is a metapsychological analysis in that it "involves a linking of concepts removed from the empirical base which was relevant at one point in their evolution" (Samuels, 1985b, p. 8).

This study is in an antipositivist tradition, that is, a tradition wherein there is a refusal to view "the patterns set by the exact natural sciences as the sole and supreme ideal for a rational understanding of reality" (von Wright, 1971, p. 5). Antipositivism stresses "understanding" over "explanation." Understanding has a psychological component which is not included in explanation. Von Wright continues: "This psychological feature was emphasized by several of the nineteenth-century antipositivist methodologists, perhaps most forcefully by Simmel who thought that understanding as a method characteristic of the humanities is a form of empathy" (p. 6).

Psychotherapy is a stochastic field. In its 1982 report, the American Psychiatric Association Commission on psychotherapies concludes:

> Controlled clinical trials are not the source of new ideas; they do not generate creative innovations in any science. All the many psychotherapies in current use did not result from experimental research; they are the outcome of clinical observation, insight, wisdom, and serendipity. (p. 204)

Subjectivity is at the core of the development of practice

theory. Meehl (1970) writes, "What one observes in the psychoanalytic session is words, postures, gestures, intonation; everything else is inferred" (p. 416). Devereux (1967) sees all methodology as inherently subjective. Whenever a decision must be made, subjectivity enters. He feels that methodology provides the illusion of objectivity and in fact simply postpones the acknowledged moment of subjectivity (see p. xviii). In a strong statement, Devereux says, "Behavioral science data arouse anxieties, which are warded off by a counter-transference inspired pseudo-methodology" (p. xvii). Rauhala (1976) in the same vein states, "The investigator is himself the method of his investigation, former of knowledge, recorder and criterion of it, an agent of its application" (p. 52).

This study is an example of non-empirical or theoretical research. Sussman (1982), in describing a methodology for non-empirical research, states:

> Non-empirical research can involve the examination of the logic (or reasoning) involved in a theory, its concepts and its assumptions. This kind of approach is used by philosophers of science and by thinkers concerned with their science or art (e.g. clinical practice) at a meta-level . . . . Such an analysis could add deeper understanding of the concepts involved . . . . This type of research (the analysis of theories at a theoretical level) does not require a research design as detailed as that of an empirical study. It can be a piece of expository writing (using philosophical, historical and/or comparative methods). (Sec. 2, IIA, p. 3).

Sussman goes on to stress the need of researchers to articulate their thinking processes, that is, to lay out their argument: "In the theoretical non-empirical study, it is the reasoning

which is laid out before us to accept or reject or make our own inferences from" (Sec 2, IIB, p. 7).

Each methodological tradition distills out a perspective, a "clue domain we are looking from; this focus defines the background and foreground in the act of looking" (Klein, 1973, p. 118). In a similar vein, Polkinghorne (1985) states, "Members of a culture, a community, a theoretical network, or a research group share organizing structures through which their experience is given its basic form" (p. 244).

Methodology then is a way of looking, a lens, reflecting an epistemological stance. My "clue domain" or "lens" is the "context of therapy" and the object of my study is the practice method of amplification. My research method is critical analysis of the hypothetical interplay of amplification and the "context of therapy" with a focus on the significance of verbalized archetypal amplification in a secured-symbolizing/ context-plus field. The argument is the evidence.

Criticism and Shadow

Always there is shadow in any criticism of method, as much shadow as there is in the method or technique being scrutinized. Glover (1955) addresses this concern when he writes:

> The analyst who in confidential moments imparts the information that 'so-and-so never analyzes the negative transference' (or 'deep anxiety' or 'aggression') implies that his own procedure is the only laudable one, an attitude which is scarcely calculated to promote freedom in scientific discussion. (p. 263)

Greenson (1970, p. 534) calls attention to another aspect of criticism in shadow, namely, that a particular therapist may have no talent for certain aspects of therapy and therefore may attempt to diminish the significance of these aspects by discrediting them.

Hubback (1984), as editor of the Journal of Analytical Psychology, called for an examination of amplification. She writes:

> The time is probably coming for a new comprehensive exploration of how amplification is used nowadays by different analysts, which might valuably be based in the first instance on research into the way Jung used it. A careful review needs to be made of the many examples of it in Jung's work and his statements about it, relating them to present-day ways of working. (pp. 135-136)

I benefit from the legacy of the work of many theoreticians who have provided the lens of "the context of therapy" through which the method of amplification can be informed. This concept had not been developed when Jung was writing. First the historical and philosophical roots of amplification are explored and then I explore the way in which amplification resonates with the current concept of the context of therapy.

CHAPTER II

HISTORICAL CONSIDERATIONS

The Objective Psyche and Helene Preiswerk

The concept of the objective psyche upon which amplification is based was developed from Jung's early scientific observations and his later clinical observations.

The roots of Jung's concept antedate his clinical life per se. Ellenberger (1970) writes that "the germinal cell of Jung's analytical psychology is to be found in his discussions at the Zofingia Students Association [Basel University, see Jung, 1983] and in his experiments with his young medium cousin, Helene 'Helly' Preiswerk" (p. 687). Jung was was some six years older than his cousin.

There is a discrepancy in historical material regarding exactly when the seances with Helene occurred. Jung (1953a), in the preface to the second edition of "The Relations between the Ego and the Unconscious" published in 1935, writes, "This idea of the independence of the unconscious which distinguishes my views so radically from those of Freud, came to me as far back as 1902 when I was engaged in studying the psychic history of a young somnambulist" (p. 121). However, Jung (1925), in another passage, dates this experience six years earlier:

> In 1896 something happened to me that served as an impetus for my future life. A thing of this sort is always to be expected in a man's life, that is to say, his family history alone is never the key to his creative achievements. The thing that started me off in my

> interest in psychology was the case of the fifteen and a half year old girl whose case I have described in the Collected Papers, as the first contribution to that series. (p. 1)

In the Collected Papers mentioned above, Jung refers to Helene as Miss S.W.; this material, his doctoral dissertation "On the Psychology and Pathology of the So-called Occult Phenomena," was later published in 1957 in Volume 1 of the Collected Works.

Jung's experience with Helene is crucial in the historical evolution of his thought. Goodheart (1984a) describes Helene Preiswerk's influence on the development of the concept of the objective psyche: "Jung is impressed with the phenomena that emerged within this process of sub-personality formation, and he began to refer to them as being unconscious, or even the unconscious, rather than subconscious" (p. 9). Continuing his comments, Goodheart emphasizes Jung's attempt to create a barrier to the interpersonal element by substituting the concept of the objective psyche, just as Freud substituted the concept of transference as a barrier to the interpersonal element. He writes:

> In spite of its richness as a concept in understanding the mythopoeic, archetypal and individuating activities of the psyche and of the self, it originated in this interactional situation as a protective, partly adaptive, partly defensive measure and intellectual construct with which he isolated himself, and walled himself and Helly off from each other, in order to avoid the enormous and nearly impossible demands and responsibilities which an acknowledgement of the real cause and effect interactional relationship between himself and Helly would have placed on him, and on those about him, at that time in his life. (p. 34)

Charlton (1985), commenting on Goodheart's argument, writes:

> Goodheart identifies Jung's first decision to turn away from free association as a method of investigation. He hypothesizes that Jung did this out of anxiety over the intensity of the repressed emotion which existed between himself and his cousin, and continues by pointing out that Jung's solution to this dilemma was to move away from the complex interaction between the patient and the therapist, (which would eventually be understood to involve both the transference-countertransference dyad and the real relationship between the analyst and the analysand) and to substitute an internal reality which existed relatively autonomously from the external world of perception and relationship. (p. 7)
>
> From his initial observations onward Jung moved away from the direct clinical confrontation of the neurotically conflicted individual. (p. 10)

Stolorow and Atwood (1979) take the position that Jung was attempting to maintain his own psychological integrity in developing his concept of the the objective psyche. They, like Goodheart, also focus on the interpersonal defensiveness of Jung's concept. They write:

> In the reified concept of the collective unconscious . . . his theory asserts that the aggrandized obliterating power with which external objects may be endowed derives not from the objects themselves, but rather from the deep layers of the individual's own mind. The dangerousness of relating to external objects is therefore eliminated by a transposition of their omnipotence into the unconscious psyche. (p. 105)

To his credit, Jung (1925) later came to a better understanding of the real situational features of the work with Helly. In the first lecture of "The Seminar in Analytical Psychology" conducted by Jung in Zurich from March 23 to July 6, 1925, he writes:

> But I know now that I over-looked the most important feature of the situation, namely my connection with it. The girl had of course fallen deeply in love with me,

> and of this I was fairly ignorant and quite ignorant of the part it played in her psychology. (p. 4)

Despite his realization, it should be noted that Jung either did not know or did not acknowledge that he might have engendered some of these feelings in Helly. Further, there is no evidence that this realization altered his views or those of his followers on the objective psyche, nor by extension, the clinical use of amplification. It must be borne in mind that while the Helly material was the first material it was not the only data upon which Jung based his concept of the objective psyche.

Jung's Early Clinical Practice

Jung's process of developing his clinical concepts was to first confine himself to a study of the case material. Then he abstracted a general formula and applied it to other cases and if confirmed he published the material with case examples or illustrations only. This deletion of clinical process by virtually giving his reader only the end product of his thinking led to much criticism.

In June, 1917, in his preface to the second edition of the "Collected Papers," Jung (1961a) importunes his readers "not to consider the views I present as mere fabrications of my brain. They are, as a matter of fact, the result of extensive experience and ripe reflection" (p. 294).

Jung's initial formulation of the objective psyche as an

outgrowth of his work with Helene was augmented by his extensive experience with schizophrenic patients, especially in his hospital practice at the Burgholzi Mental Hospital in Zurich from December 1900, to September 1909, which Jung considered his years of apprenticeship.

The following is an example of Jung's attending first to clinical data and then to formulating his theories. While at the Burgholzi, about 1906, Jung (1956) had an experience which greatly influenced the development of his ideas:

> [I] came across the following hallucination in a schizophrenic patient: He told me he could see an erect phallus on the sun. When he moved his head from side to side, he said the sun's phallus moved with it and that was where the wind came from. This bizarre notion remained unintelligible to me for a long time, until I got to know the visions in the Mithraic liturgy. (p. 101)

The material of the Mithraic liturgy was not even published until 1910. When Jung discovered this published material, it had a profound effect on him. The chronic schizophrenic patient who had initially exposed Jung to this material had been hospitalized most of his life and had been educated in state schools and would have had no access to unpublished scholarly works. (See Jung, 1959, pp. 50-51.)

The fact that Jung had a great deal of experience with schizophrenic patients is significant in the development of his theories. From a Jungian point of view, schizophrenic patients are in an identification with the archetypal world. In other words, life experience has not provided the necessary mediation or humanizing of the archetypal schemas, i.e., a priori potentials for typical life patterns, which

were never deintegrated.[2]

Jung's Later Clinical Practice

For a patient who is overwhelmed by archetypal imagery an emphasis on the archetypal could be empathic. This might be in order and consistent with Jung's theoretical model. The schizophrenic patients with whom he worked provided a baseline which enabled Jung to see the full-blown and perhaps caricatured archetypal material. He was then able to place this material in a model of normal adult development and to use it in working with a non-psychotic population.

In a lecture delivered in 1929, Jung (1954) describes his private caseload of non-hospitalized patients:

> The clinical material at my disposal is of a peculiar composition: new cases are decidedly in the minority. Most of them already have some form of psychotherapeutic treatment behind them, with partial or negative results. About a third of my cases are not suffering from any clinically definable neurosis, but from the senselessness and aimlessness of their lives. I should not object if this were called the general neurosis of our age. Fully two thirds of my patients are in the second half of life. (p. 41)

Most of Jung's patients had had prior treatment. We might presume that for the population described above,

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[2]Deintegrates form the basis for archetypal images and "make possible the gradual establishment of the ego over against the archetypal energies" (Fordham, 1958, p. 123). Fordham (1979a) in an unpublished paper "Reflections on Infant and Child Development," stated that he "coined the term deintegration to indicate the process whereby an infant came into relationship with his mother" (unpaginated). We begin in wholeness out of which the ego and the archetypal images are derived by deintegration.

some of the initial work of the personal unconscious had been completed. Jung repeatedly insists upon the necessity to attend to the reductive work, or the work of the personal unconscious. He never intended his model to substitute for the initial reductive work.

The two clinical populations, first hospitalized patients suffering from schizophrenia and secondly patients in the second half of life, are both, according to Jungian theory, very much involved with the objective psyche. Patients who are schizophrenic are immersed in archetypal forms. Non-psychotic patients in the second half of life presumably have attained sufficient ego development and adaptation to life to respond in a differentiated way to the enrichment of the ego by archetypal material.

Psychoanalysis and Analytical Psychology

I am elaborating extensively on the degree of contact between Freud and Jung in the years before their break in 1913 because there was a great deal of cross-fertilization between these two men in the years of their intensive collaboration. After their break, the rupture between the two schools was so severe that there was little direct influence between them. It is only in recent years that contemporary psychoanalysis and analytical psychology have converged sufficiently in their theoretical base for their adherents to begin again the dialogue initiated by their

founders in 1906.

This study is an example of the results of one model being informed by the other.

Early History

The first mention of the term "psycho-analysis" was in 1896 (see Freud, 1962). Jung first used the term "analytical psychology" in 1913 (see Jung, 1961a, p. 229).

Jung first read Freud's The Interpretation of Dreams as early as 1900, but stated he did not grasp the significance of the book until re-reading it in 1903 (see Jung, 1961, pp. 146-147). Hall (1982, p. 127) writes that Jung recognized the relationship between the symbolic material Freud discussed in his book and the symbolic material he was studying in his word association experiments.

In 1906, Jung sent Freud a copy of his Diagnostiche Assoziationstudien (translated in 1918 as Studies in Word Association and now included in Volume 2 of The Collected Works). This sharing of their published works led to their correspondence. Freud, in his first letter to Jung dated April 11, 1906, thanked Jung for sending him the book "which in my impatience I had already acquired" (McGuire, 1974, p. 3). This letter began a correspondence which was to total 360 letters, and which ended in 1913.

They met for the first time on March 3, 1907. They collaborated fully and eventually lectured together in the

United States in 1909. That same year Jung became the editor of the first psychoanalytic journal, the Jahrbuch, and the next year first president of the International Psycho-Analytic Association. An editorial note to Freud and Psychoanalysis (Jung, 1961a) reads:

> Between the years 1907 and 1912, when Jung was a psychoanalyst, his association with Freud was very close. Though the personal relationship between the two of them became strained, largely owing to the publication of Wandlungen und Symbole der Libido in 1911-12, Jung continued to serve as president of the International Psycho-Analytical Association until 1914. (p. v)

Jung (1956) in Symbols of Transformation (the English translation of the above German title) laid out his theory of archetypes. Machtiger (1982) commenting on the ongoing paradigmatic difference between psychoanalysis and analytical psychology writes, "It is this postulation of an archetypal aspect to the unconscious, and the possibility such a hypothesis presents, that not only led to Jung's parting with Freud, but continues to permeate the differing perspectives of the respective schools" (p. 87).

Jung in a typed postcard to Freud dated January 6, 1913, writes, "I accede to your wish that we abandon our personal relations, for I never thrust my friendship on anyone. You yourself are the best judge of what this moment means to you. 'The rest is silence'" (McGuire, 1974, p. 540).

Comparison of the Two Traditions

While it is important to remember that Freud's work and Jung's work are different, they are not totally dichotomous. Jung was a student of Freud and greatly influenced by him. While the models are different, there are many areas of overlap and they can and do inform each other. In 1913, Jung (1976a, p. 434) remarked that while he recognized the necessity for reductive work, he felt that it was important not to stop with manifest infantile content but also to explore the collective symbolic images. In 1951, Jung (1954, p. 120) observed that Freud also amplified images, albeit in this instance non-clinically, and he cited Freud's study of the dual mother in an amplified dream of Leonardo da Vinci.

While Freud's approach is a developmental retrospective one offering a "reductive simplification" (see Charlton, 1985, p. 9), Jung's approach is a prospective one offering a synthesizing constructive amplification.

Recent developments in object relations and self psychology certainly resonate with the Jungian model even though it remains rare that Jung is given any direct acknowledgement as a forebear or an influence or even a parallel theorist.

Fordham (1978b) writes, "It is mortifying to find so many of Jung's views, often set down by him all too briefly, being developed without any reference to him" (p. 195).

Fordham (1978b, pp. 195-196) lists six major areas in which Jung's seminal thinking was later developed by psychoanalytic theorists. My summary of these six areas follows: (1) therapy as a dialectic procedure; (2) both the therapist and the patient are in therapy; (3) both the therapist and patient may need to change; (4) patient's "resistances" can be iatrogenic; (5) the therapist gets infected by the patient or introjects the patient's disturbance and vice versa; (6) the personal equation of the therapist is crucial for a therapeutic effect.

The history of the development of psychodynamic theory is a testament to the cross-fertilization of models even if it is unavowed or disavowed.

Free Association and Amplification

Historically, amplification was an outgrowth of Jung's work with the word association experiments and was also a response to Freud's method of free association, and the fundamental rule first described in a 1912 paper, "The Dynamics of Transference" (Freud, 1958a, p. 107). Under the fundamental rule, Freud importuned his patients to say whatever came to mind without any editing. In describing the fundamental rule in his 1913 paper "On Beginning the Treatment," Freud (1958c) uses the analogy of a railway passenger looking out of the window and with total honesty and without deletion describing to a fellow passenger what he

was seeing (p. 135). Free association involves moving from one association to another in a chain of associations. Panken (1981) states that the goal of free association was to loosen the logical structure of language, the primary medium of communication in the treatment setting.

Both free association and amplification are methods developed to extend the understanding of symbolic contents, including dream images. Prochaska (1984) states that "amplification and free association are parallel pathways to symbolic meaning" (p. 103). Modell (1978) speaking particularly of psychoanalysis (his remark is equally applicable to analytical psychology) writes, "The argument that psychoanalysis is a hermeneutic discipline received its firmest support from the method of dream interpretation, where the manifest dream is analogous to a text requiring deciphering" (p. 644).

Freud and Jung differed in their attitudes toward dream content. Freud saw the significance of the dream content as latent or hidden. Freud (1957a) writes that "the doctrine of repression is the corner-stone on which the whole structure of psycho-analysis rests. It is the most essential part of it" (p. 16).

Jung did not feel it was the intent of the dreamer or the dream to obscure; he dealt with the symbolically manifest content of dreams. Jung considered amplification a way of finding the context of a dream image, in other words as a "context of meaning" (see Chapter III). Jung's use of the

term "context" differs from that of "context of therapy" as used in this study.

Jung did feel it was necessary to provide a context for a dream. Context was provided by (1) the personal associations of the dreamer when available; (2) viewing the dream as one of a series; and (3) extended analogy drawn from the objective psyche, in other words, amplification. Commenting on the first instance, Hillman (1974) writes, "Personal associations to dream images are never enough because they are limited by the ego's bias and they return every image to the ego through the links of association" (p. 71). The second and third instances clearly show the influence of philology.

Therefore, for Jung, context was an intrapsychic and archetypal phenomenon which included the ego's relationship to the personal unconscious and the ego's relationship to the objective psyche. Hillman (1974) writes, "Jung called his method for gathering context amplification" (p. 71). Jung (1968) writes that amplification "is always appropriate when dealing with some obscure experience which is so vaguely adumbrated that it must be enlarged and expanded by being set in a psychological context in order to be understood at all" (p. 36).

Amplification serves as a resonating chamber for dream or fantasy imagery. Hillman (1974) writes that one approaches psychic data "from many sides until it becomes stronger and fuller" (p. 71). Jung (1968) writes, "A dream is too slender a hint to be understood until it is enriched by the stuff of

association and analogy and thus amplified to the point of intelligibility" (p. 289).

In the five Tavistock lectures given in 1935 and published in Jung (1976b), amplification was demonstrated. Fordham (1979) comments on these lectures:

> The Tavistock seminars revealed his method of amplifying symbolic dream material. This procedure, which Jung used when studying alchemy, aims at elucidating symbols by placing them in their historical and cultural contexts. The method derived from the notion that there is always a penumbra of mystery around symbolic data and it is desirable to make that as explicit as possible while preserving the context of the imagery. (pp. 194-195)

Borrowing his clinical application of the method of amplification from philology, wherein the significance of obscure words is determined by juxtaposing parallel passages in various texts, Jung (1976b) said in the third of the Tavistock Lectures, "In each case, I know what tissue that word or image is embedded in. This is amplification. It is a well-known logical procedure which we apply here and which formulates exactly the technique of finding the context" (pp. 83-84).

While both amplification and free association seek an enhancement of the clinical material, Hall (1977) and Adler (1967) both feel that Freud and Jung were asking different questions, resulting in each employing a different method. Coming from an analytic reductive tradition, Freud asked, What are this person's complexes? Of what is the dream a result, what is its cause? Carella (1966) stated, "Jung rejected causality in favor of teleology as a heuristic

principle" (p. v). Coming from a synthetic hermeneutic tradition, Jung, rather than viewing the symbol in an etiological sense, asked, What is this person doing with his complexes? What does the dream material symbolize and intend? Why this dream and not another? What is the meaning and teleological purpose of the material, the symbol as such, in and of itself? Jung (1976b) writes, "I do not apply the method of free association because my goal is not to know the complexes; I want to know what the dream is" (p. 82).

Amplification is a circular rather than a linear enhancement of the original image. Hall (1982) writes, "One returns again and again to the image itself" (p. 140). Also, "Amplification is concerned with images that always stay in proximity to the original image" (p. 139). Analytical psychology gives the symbolic image itself a central position in clinical work. As Hall (1977) wrote, "This view is predicated on the assumption that the dream image is . . . a response of the unconscious mind to the state of the ego" (p. 29).

One has to wonder if the patient and the clinical field are not supplanted by the symbolic with all of its numen when either free association or amplification is used to the extreme. Jung (1963) wrote that "all numinous contents have a tendency to self-amplification" (p. 458). Charlton (1985) writes of this concern:

> Amplification is not a technique which need be diametrically opposed to free association. It is only when such methods are used in an extreme and reductive

> manner (one reducing the psyche to the future, the other to the past) that they are immiscible. Amplification is but one form of interpretive response available to the analyst in his endeavors to encourage the psychic freedom of his analysand. It is most effective when used sparingly and in concert with other interpretive foci. (p. 34)

Charlton is one of the few Jungians writing who advocates the use of free association. He urges a balanced and judicious approach to the use of either of these two methods.

Amplification in Jung's Writings

The Case of Miss Miller

Henderson (1984, p. 81) states that the first full-length demonstration of this method, before it was known as amplification, was in Symbols of Transformation published in 1912. As previously stated, it was the material in this book that was the ostensible reason for the Freud-Jung break.

It is significant that the case of a woman called "Miss Miller" in this book was a patient of Theodore Flournoy who in 1906 published the material in the Archives de psychologie (Geneva) and that Jung initially developed his method on the basis of this case without the patient's personal associations and without any personal contact with her.

According to Jung (1956) in the Foreword to the second Swiss edition (written in November, 1924) of Symbols of Transformation, Miss Miller was later treated by an American colleague who confirmed Jung's diagnosis which he had made solely based upon the development of mythological equivalents

to her extended fantasies. Regarding the clinical value of amplification, Hobson (1971) writes, "the question remains about how far the understanding of 'the multiple significance of symbolic contents' and the 'synthetic-hermeneutic' method of interpretation associated with it would have helped in the patient's therapy. Jung believed that it would" (p. 94). But in the previously mentioned Foreward, Jung himself warns against a misuse of amplification:

> This book has given rise to a good deal of misunderstanding. It has even been suggested that it represents my method of treatment. Apart from the fact that such a method would be a practical impossibility, the book is far more concerned with working out the fantasy material of an unknown American woman, pseudonymously known as Frank Miller. (p. xxviii)

The case of Miss Miller was Jung's one lengthy illustrative demonstration of the didactic use of this method.

The Case of a Man Treated by Jung and a Colleague

For another example of amplification, we can look at Part II of Collected Works, Volume 12, "Individual Dream Symbolism in Relation to Alchemy," a research project drawn from the material of a patient not exclusively under Jung's care, first published in the Eranos-Jahrbuch for 1935 and 1936. Jung (1968) writes:

> The material consists of over a thousand dreams and visual impressions coming from a young man of excellent scientific education. For the purposes of this study, I have worked on the first four hundred dreams and visions, which have covered a period of nearly ten months. In order to avoid all personal influence [italics added], I asked one of my pupils, a woman doctor, who was then a beginner, to undertake the

> observation of the process. This went on for five months. The dreamer then continued his observations alone for three months. Except for a short interview at the very beginning, before the commencement of the observation, I did not see the dreamer at all during the first eight months. Thus it happened that 355 of the dreams were dreamed away from any personal contact with myself. Only the last forty-five occurred under my observation. No interpretations worth mentioning were then attempted, because the dreamer, owing to his excellent scientific training and ability, did not require any assistance. Hence conditions were really ideal for unprejudiced observation and recording. (p. 42)

Jung in a footnote states that the dreamer's education was not historical, philological, archeological or ethnological, even though the dreamer's material was derived from these fields. This case seems to be an example at least by inference of an instance when Jung held his own amplification silently, if we can take his comment about not interpreting to mean he did not amplify, inasmuch as the patient presumably amplified his own material.

The Case of a Man Treated by Jung

Jung's seminar notes which were previously circulated only in privately printed form were published in 1984 as Dream Analysis: Notes of a Seminar Given in 1928 to 1930. William McGuire, the editor, states in his introduction, "The seminar published in this volume gives the fullest account of Jung's method of amplification in the analysis of a patient's dreams and the most detailed record of the treatment of a male patient by Jung himself" (p. xvi). Jung however stressed that the patient under discussion in the seminar would not

recognize his own material and stated that he did not share the amplificatory material with the patient.

This case is interesting in that it is a case of a man directly under Jung's care. However, no interactional processes are given so it still remains difficult to get a sense of Jung's clinical interaction with his patient. Regarding this patient, Jung (1984) writes:

> These are the historical ways in which our mind has developed and they need to be taken into account; we need to consider the historical connotation in trying to explain dreams; we cannot understand them on the personal basis only. In practical analysis, however, one cannot go so far into the historical pathways. As far as it is feasible, I try to be short, practical, and personal . . . . But here in the seminar we must go into detail to see what the dream is made of, perhaps more so than in the dreams I have analyzed with you personally. This man would be astonished to hear us talking of his dream, he would not recognize it [italics added]. (p. 46)

This is a clear statement that Jung felt that amplification in the clinical setting differed significantly from amplification in the formal didactic setting, although he also included amplification as a didactic aspect of his clinical work.

Summary

In all of these three cases, (1) the published case of Miss Miller, (2) the research case concurrently treated by Jung and a colleague, and (3) the case of the man described in the dream analysis seminar, Jung did not share amplificatory material with the patients.

Jung's writings are full of contradictions; in a lecture

delivered April 12, 1929, Jung (1954) said, "Not only do I give the patient an opportunity to find associations to his dreams, I give myself the same opportunity. Further, I present him with my ideas and opinions" (p. 44).

I see that the root of some of the problems in amplification lies in its historical development in non-clinical, "frameless" forums such as seances or from Theodore Fluornoy's published case material or from a "research" case treated jointly by Jung and another therapist. It may have been so obvious to Jung that he was not addressing the clinical issues extant in the the transference/countertransference field or the interpersonal therapy field that he did not think to spell it out. He did say in his 1928 to 1930 dream analysis seminar (Jung 1984) "that one experiences and finds out if the dream is correctly interpreted by the effects on the patient" (p. 18).

Amplification in Didactic and Clinical Settings

Jung used amplification as a didactic method in seminar and also as a didactic method within the practice setting. Fordham (1978) notes:

> His analysis--except when demonstrating archetypes [italics added]--was always closely related to the patient's personality and his situation in life. (p. 27)
>
> It was impressive to listen to Jung using myths for they seemed to come right out of him so that, even though much of it was quotation, it was never dry and academic. (p. 47)

Henderson (1975) addresses the issue of Jung's use of amplification in relation to practical analysis:

> There is one all-important point of difference, however, between the method of amplification as described in his books and the method he used in his practical work. The analysand, himself, was to be amplified as well as his dream material; that is, his own symbolic origin, life-style and purpose were to be determined to the widest extent possible, as a process of development, not just analysis. The dangers of this were obvious both to Jung and to his patients, especially those who were as yet unsure of their cultural identity. (p. 116)

Part of the confusion about amplification and its use stems from the fact that the available accounts of Jung's work with analysands concern those who were also concurrently training as clinicians, or at least were in seminar at the same time they were his patients.

Joseph Henderson, one of the founding analysts of the C. G. Jung Institute of San Francisco, shares many examples of his experience as an analysand of Jung. He describes Jung in session as very active, physically and verbally. Henderson (1975) writes:

> During most interviews, he paced back and forth, gesturing as he talked and he talked of everything that came to his mind, whether about a human problem, a dream, a personal reminiscence, an allegorical story, or a joke. Yet he could become quiet, serious, and extremely personal, sitting down almost too close for comfort and delivering a pointed interpretation of one's miserable personal problem so its bitter truth would really sink in. And yet he made some of his best life-changing observations indirectly, off hand, as if they were to be accepted lightly--even joyously. (p. 115)

Jung, in response to a concern of Henderson's, showed him how he and Emma had mixed contemporary and traditional furnishings in a part of their home. When Henderson wondered

what was behind a curtain in the consulting room, rather than investigating the significance of the query, Jung drew the curtain aside to display a photograph of the head of Christ as represented on the Shroud of Turin. When Henderson described a conflict, Jung amplified with a story of "Buridan's Ass," the ass that starved to death between two stacks of hay because of indecision.

Fordham (1978) comments about Henderson's published illustrations of Jung's working style. He refers particularly to the Shroud of Turin incident. Regarding Henderson's query not being seen as part of the transference, he writes, "The example may be unusual, for he was training in Zurich to be an analyst, so that education may have entered more into his sessions than with a straightforward patient" (p. 40). Fordham also writes:

> What I have described here is an application of Jung's idea of educative method by story telling, and accounts of being "analyzed" by him lay stress on it. To this may be added that patients attended weekly seminars in which there was extra amplificatory material; they were extremely vivid and show Jung ranging over his subject, reacting to questions and speculating freely. (p. 48)

A look at the list of those members of the dream analysis seminar confirms that sixteen of the fifty-four participants ultimately became analytical psychologists. The remainder to use Fordham's appellation were "straightforward patients" or at least did not complete formal Jungian analytic training. Perhaps some of the current ambiguity regarding the clinical use of amplification stems from the historical mix of training and simultaneous treatment by the

same clinician, in this case Jung. Fordham (1975) writes, "Any supervision that occurred took place as part of analysis" (p. 104). This admixture highlights a possible source of confusion regarding the use of this method.

The result is a legacy which contains an admixture (clinical and didactic) of the use of amplification which Jung may or may not have intended as a "correct" use of this method.

Thus far, we have explored six roots of the development of the method of amplification which have led to difficulty in the clinical use of amplification: (1) philology; (2) the birth of the concept of the objective psyche in a seance forum; (3) the initial "confirmation" of the objective psyche by exposure to schizophrenic patients immersed in and possessed by archetypal imagery; (4) Jung's amplification of another clinician's published case material; (5) the amplificatory material of a "research" patient treated concurrently by Jung and a colleague; and (6) Jung's concurrent role as teacher and treating clinician.

In the next chapter, the development of the method of amplification will be explored by examining its seventh and final root: traditional philosophy.

CHAPTER III

PHILOSOPHICAL CONSIDERATIONS

The Contexts of Understanding

Amplification establishes an archetypal context for clinical contents. There are two contexts of understanding: (1) the context of meaning, and (2) the dialectical context. Amplification is a content context, which betokens its roots originally as a philological method. This notion of content (meaning) context is to be distinguished from the notion of the context of therapy which includes a process or a dialectical context.

In the literature, in relation to amplification, the context of meaning is weighted over dialectical context. Jung stressed both of these contexts, but not their interrelationship. It is at the point where a choice in weighting one context over the other must be made that the skill of the clinician is tested. The ideal would be that this valence not result in a polarization of opposites but rather that the opposites be held in balance.

Jung's development of amplification, with its deep connection to the concepts of the objective psyche and archetypes, had empirical as well as philosophical origins. In its empirical origins, Jung's observations in relation to the presence of images in clinical material were used as evidence for his theory of the objective psyche. In its philosophical origins, the term "archetype" existed previously

and was used in various ways, all of which had some connection to the notion of a priori elements.

The empirical evidence and the philosophical notion were intertwined. What Jung insists is that his conception is not a purely philosophical notion. In both his empirical and philosophical orientations, Jung's research is concerned with the context of meaning and not with the dialectical context. In other words, Jung is concerned with the nature and contents of the psyche, not with how this theory and its evidence is to be used in the context of therapy.

Next I shall explore the roots of Jung's concept of archetypes, the underpinning of his concept of the objective psyche. I shall differentiate "archetypes as such" from "archetypal images."

The Objective Psyche

Archetypes

The precursor of the term "archetypes" in Jung's earlier writing was "primordial images." In a 1936 lecture, Jung (1959) says, "The concept of the archetype . . . is an indispensable correlate of the idea of the collective unconscious" (p. 42). In his view, the objective psyche is comprised of archetypes. Jung first used the term "archetype" in 1919 when he wrote about the "deeper" stratum of the unconscious, that is, that part not individually acquired but innate. In a 1919 symposium, Jung (1960a) says: "In this

'deeper' stratum we also find the a priori, inborn forms of 'intuition,' namely the archetypes of perception and apprehension which are the necessary a priori determinants of all psychic processes" (p. 133). Jung (1954) writes that archetypes are "a priori categories of possible functioning" (p. 34).

Jung's correspondence was very rich and provides additional historical information. In a letter dated April 13, 1946, to colleague Bernhard Milt regarding archetypes, he writes, "I believe the word 'archetype' is thoroughly characteristic of the structural forms that underlie consciousness as the crystal lattice underlies the crystallization process" (Adler & Jaffe, 1973, p. 418).

Plato (427?-347 B.C.) in his Republic, used the term archetype as an explanatory term for Ideas or Forms, the Platonic eidos, i.e. "the essence of certain kinds of psychical acts" (Strasser, 1957, p. 23). In the same letter to Milt quoted above, Jung discusses hypostatization or reification:

> I must leave it to the philosopher to hypostatize the archetype as a Platonic eidos . . . . The old Platonic term differs from the psychological one only in that it was hypostatized, whereas our 'hypostatization' is simply an empirical statement of fact without any metaphysical colouring. (Adler & Jaffe, 1973, p. 418)

Again, in a February 13, 1954, letter to G. A. van den Berg, a theology professor, Jung writes regarding archetypes, "Its autonomy is an observable fact and not a philosophical hypostasis. I am a physician and I am practising as a

psychiatrist, thus having plenty of opportunity to observe mental phenomenona which are unknown to philosophy" (Adler & Jaffe, 1975, p. 152).

An example of the kind of observed mental phenomena Jung referred to is the previously mentioned case of the man who hallucinated the phallus of the sun (supra, p. 25).

Jung (1959, p. 4), writing about the term archetype in 1934, noted that it occurred as early as Philo Judaeus (c.20 B.C.-A.D. c.50), Irenaeus (c.120-202) and Dionysius the Areopagite.[3] However, while the term archetype had an earlier history, Jung disavowed that his concept of archetypes was derived from these earlier philosophers. Jung in a letter to Joseph Rychlak, a philosopher of science, dated April 27, 1959, writes:

> Another common misunderstanding is, that I derived my idea of "archetypes" from Philo or Dionysius Areopagita, or St. Augustine. It is solely based upon empirical data, viz. upon the astonishing fact, that products of the unconscious in modern individuals can almost literally coincide with symbols occurring in all peoples and all times, beyond the possibility of tradition or migration, for which I have given numerous proofs. (Adler & Jaffe, 1975, p. 501)

While the term itself is not found in St. Augustine (354-430), the idea is. In July, 1919, Jung in a seeming contradiction writes that he had borrowed the idea of the archetype from St. Augustine. The actual passage from Jung

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[3]Although Jung credits Dionysius the Areopagite, who lived in the first century, these writings were in fact cited for the first time in the sixth century and were wrongly attributed to him by early historians. Scholars today refer to these writings as those of Pseudo-Dionysius.

(1960a) is:

> In Plato, however, an extraordinarily high value is set on the archetypes as metaphysical ideas, as "paradigms" or models, while real things are held to be only the copies of these model ideas. Medieval philosophy, from the time of St. Augustine--from whom I have borrowed the idea of the archetype--down to Malebranche [1638-1715] and [Francis] Bacon [1561-1626], still stands on a Platonic footing in this respect. (pp. 135-136)

In yet another seeming contradiction, Jung further writes in the previously quoted letter to Bernhard Milt, "In Augustine, who was still a Platonist, the archetype has absolutely the connotation of a primordial image, and so far as it is meant Platonically it does not agree at all badly with the psychological version" (Adler & Jaffe, 1973, p. 418).

Joseph Rychlak (1981) writes "as with other of Freud's students Jung was far more learned in Western philosophy than his teacher" (p. 338). Rychlak had written to Jung to inquire as to what role Hegel's thought had played in Jung's education and thinking. Jung begins his response in the letter quoted earlier in this fashion:

> The philosophical influence that has prevailed in my education dates from Plato, Kant [1724-1804], Schopenhauer [1788-1860], Ed. v. Hartmann [1842-1906], and Nietzsche [1844-1900]. These names at least characterize my main studies in philosophy. Aristotle's [384-322 B.C.] point of view had never particularly appealed to me; nor Hegel [1770-1831], who in my very incompetent opinion is not even a proper philosopher but a misfired psychologist. His impossible language, which he shares with his blood-brother Heidegger [1889-1976], denotes that his philosophy is a highly rationalized and lavishly decorated confession of his unconscious. (Adler & Jaffe, 1975, pp. 500-501)

Jung's objection to being directly tied to Hegel was to being classified with a philosopher of post-Kantian German

Idealism. This tradition held the belief in "the faculty of knowing something about the real world independently of the fertile source of organized experience" (Neisser, 1959, p. 211). Jung (1960d) writes:

> The victory of Hegel over Kant dealt the gravest blow to reason and to the further development of the German and, ultimately, of the European mind, all the more dangerous as Hegel was a psychologist in disguise who projected great truths out of the subjective sphere into a cosmos he himself had created. (p. 169)

Jung over and over again asserted that he was an empiricist. In the first of the 1937 Terry Lectures at Yale, Jung (1958) states:

> Although I have often been called a philosopher, I am an empiricist and adhere as such to the phenomenological standpoint. I trust that it does not conflict with the principles of scientific empiricism if one occasionally makes certain reflections which go beyond a mere accumulation and classification of experience. As a matter of fact, I believe that experience is not even possible without reflection because "experience" is a process of assimilation without which there could be no understanding. As this statement indicates, I approach psychological matters from a scientific and not from a philosophical standpoint. (pp. 5-6)

Jung, in a February 4, 1943 letter to Arnold Kunzli, then a philosophy student, writes, "I do not 'posit' the unconscious. My concept is a nomen which covers empirical facts that can be verified at any time. If I posited the archetypes, for instance, I would not be a scientist, but a Platonist" (see Adler & Jaffe, 1973, p. 329). Henderson (1975) commented that "Jung's psychology, as presented by Jung himself was clearly seen to travel in the mainstream of European culture, moving from science to philosophy and back again without arousing any sense of conflict between them"

(p. 120).

Despite Henderson's position that the European tradition did not dichotomize philosophy and science, Jung and his critics all seemed caught up in this dichotomy. Perhaps Jung created a lot of his own difficulties by not publishing the clinical data, thereby leaving him open to criticism that he was a philosopher rather than a scientist.

In an effort to address this matter, Jung (1958) said in his 1937 Terry Lectures at Yale:

> The fact is that certain ideas exist almost everywhere and at all times and can even spontaneously create themselves quite independently of migration and tradition. They are not made by the individual, they just happen to him--they even force themselves on his consciousness. This is not Platonic philosophy but empirical psychology. (p. 7)

Archetypal Imagery

According to Samuels (1985, p. 25), Jung from 1946 on sharply distinguished the archetype as such from an archetypal image (p. 25). An archetype as such is only a potential. In 1954, Jung (1960c) writes, "The archetype as such is a psychoid factor that belongs, as it were, to the invisible, ultraviolet end of the psychic spectrum" (p. 213). Jung (1953) writes, "The archetype is a kind of readiness to produce over and over again the same or similar mythical ideas" (p. 68). It is a philosophical given.

Maduro and Wheelwright (1977) state:

> For Jung the "primordial image" or "archetype as such" belonging to the deepest unconscious is an a priori,

> phylogentically transmitted predisposition or "readiness" to apperceive a universal, emotional core human experience, myth, or thought-image-fantasy. This "archetype as such" can never be exactly pinpointed or apprehended because it exists in such a primitive formal state. (p. 94)

Discussing the formation of archetypal images out of potential unconscious ideas or psychoid factors in 1938, Jung (1959) writes, "A primordial [archetypal] image is determined as to its content only when it has become conscious and is therefore filled out with the material of conscious experience" (p. 79). An archetypal image is a manifestation of the archetype as such in the psyche of an individual as he or she interfaces with the world of the objective psyche. An archetypal image is an existential given.

In a work originally written in 1945 and expanded and revised in 1954, Jung (1967) describes his criteria for identifying archetypal images:

> An image can be considered to be archetypal when it can be shown to exist in the records of human history, in identical form and with the same meaning. Two extremes must be distinguished here: (1) The image is clearly defined and is consciously connected with a tradition. (2) The image is without doubt autochthonous, there being no possibility let alone probability of a tradition. Every degree of mutual contamination may be found between these extremes. (p. 273)

Perry (1970), distinguishing between an archetype and an archetypal image, writes, "As soon as an archetype is able to represent itself at all in a dream, it has borrowed some representation from the familiar world to give itself specific form in an image" (p. 8).

In sorting archetypes from archetypal images, Jackson

(1960) writes:

> One will see the archetype as a concept, a theoretical entity contrived to do a job, and this job is to account for the occurence of typical patterns of imagery and experience. . . . "Archetype" is then a metapsychological concept, in the Freudian sense, whereas its imagery is a matter of observation and interpretation. (p. 85)

Hall (1983) defines archetypal images as:

> . . .those that have proved meaningful enough to a large number of people over a protracted period of time so as to become an accepted part of some large symbolic system--often depicted in a folk tale, fairy tale, mythologem or religious system, living or archaic. The psyches of many persons, therefore, have "filtered" an archetypal image. (p. 36)

Samuels (1983) suggests that we:

> Abandon discrete archetypes altogether and assume the existence of an omnipresent archetypal component with greater or lesser impact upon the individual depending on his circumstances and his ego strength. Images can then be considered phenomenologically, which in practical analytic terms means with the minimum of preconceived categorization. (p. 402)

The Problem of Meaning

Amplification is intended to establish the meaning context or significance of psychic contents. When in the clinical setting or dialectical context, it is also intended to give added meaning to the patient's life by adding the perspective of collective historical continuity.

Kovel (1978) states that "psychoanalysis breaks with 'normal' psychology as much as it does with biology and physics by introducing the problem of meaning into its discourse" (p. 34). Modell (1978) writes, "Is psychoanalysis a science, or do psychoanalysts observe meanings and not

causes so that its methods are closer to those of the humanities?" (p. 63).

Amplification as a method is intentional to the problem of meaning. The main value of amplification according to Fordham (1978) is that it offers the patient "a new step in consciousness of the phylogenetic matrix from which he sprang" (p. 145). Jung (1954) writes:

> For the layman who has done his utmost in the personal and rational sphere of life and yet has found no meaning and no satisfaction there, it is enormously important to be able to enter a sphere of irrational experience. In this way, too, the habitual and commonplace come to wear an altered countenance, and can even acquire a new glamour. For it all depends on how we look at things and not on how they are in themselves. The least of things with a meaning is always worth more in life than the greatest of things without it. (p. 45)

Amplification can also provide evidence that the therapist understands the patient's problems. Von Franz (1972, p. 12) gives an example of a patient feeling understood by the amplification even though the patient did not specifically understand the amplificatory material.

Looking at her case illustration, one could easily say that it was von Franz's affective response, what she termed her own "terrific enthusiasm" as she amplified, that was the healing factor. It is interesting that Fordham (1978) criticizes von Franz's method in the above-mentioned case:

> The patient went away without having understood a word but presumably feeling that von Franz knew what was going on. All this might be understood as a way of initiating a transference, but it may be questioned whether simpler methods would not do this just as well, for one is left with the impression that no space was provided for the patient to say anything! (p. 26)

Regardless of the onlooker's criticism, von Franz's patient seemed to experience her therapist's intervention as empathic. This was the meaning of the amplification to the patient. This illustrates the complexity of trying to criticize any method divorced from the very specific, detailed dyadic clinical process; even then it is fraught with difficulties. The Jungian literature contains no such description of detailed dyadic process in relation to amplification.

Regarding a possible meaning to the patient of archetypal amplification, Hubback (1984) offers this caution:

> My practice is not to introduce amplification with patients who easily get envious until I feel sure that the major work on envy has been successfully negotiated. The analyst's associations, analogies, and amplifications which suggest rich stores of scholarly or recondite knowledge (which Jung undoubtedly had), might be damaging rather than helpful to the different kind of people most frequently seeking therapy at the present time. (p. 137)

The foregoing citations highlight the significance of the clinical problem of meaning--not only the meaning of affective imagery but also the meaning the patient attributes to any intervention by the therapist. In other words, there is the question of the meaning of the intervention or method in and of itself and also the question of the meaning attributed to the intervention by the patient and also by the therapist. Stone (1984) elaborates on the patient's assignment of meaning to an intervention. He writes, "In the light of the transference, interpretation may be reacted to

as reprimands, criticisms, narcissistic humiliations or encroachments, instructions, praise, or even a 'holding' lullaby. Thus an interpretation is not always an interpretation pragmatically speaking" (p. 168).

Meanings are context-dependent. The assignment of meaning also alters experience. There is a mutual interpenetration of meaning and experience with the consequent transformation of both as a result of this interpenetration. Benda (1960) writes:

> The experience itself is modified by the meaning conveyed to each experience at the time of occurrence . . . . Psychotherapy not only has to overcome the limitations inherent in any communication but at the same time has to pay attention to the imagery and the value system under which this imagery is experienced. (p. 260)

Rauhala (1969) comments on Jung and the problem of meaning. She writes, "In Jung's thought the view is already in evidence that talk about depth in connection with consciousness cannot be taken to signify anything else than the differences between the meaning functions and the constitution of the lived world" (p. 96).

The clinical meaning of amplification needs further examination. Amplification is an intervention that clinicians have passed over in their examination of frame/field shifts or breaks (see Chapter V). When verbalized amplification is used, the preservation of the field can become an issue as with any other intervention. Amplification has not been considered from this vantage point.

In addition to the meaning of amplification to the

patient, theoretical consideration must be given to the meaning of this intervention in the particular field that is constellated, in the light of the context of therapy. This will be the subject of my next chapter.

CHAPTER IV

CLINICAL CONSIDERATIONS

Amplification

Jung's inconsistency in his descriptions of the use of amplification in his writings is mirrored in the lack of clarity regarding its use by contemporary Jungian therapists. Hall (1977) writes, "The archetypal level of amplification raises many interesting theoretical questions about the nature of the psyche, but it is not usually essential in clinical work with dreams, although it is an advantage if skillfully used" (p. 130). This passage exemplifies the ambivalent attitude toward the clinical use of amplification that prevails in the Jungian community.

Though its use is discussed and debated, the clinical theory and method of amplification has remained unexamined. Attention has been paid to discriminating the levels of amplification and some thought, however fraught with disagreement, has been given to its clinical purpose. However, neither the issue of level or purpose is discussed in terms of context nor is the clinical context a factor in any of the attempts to differentiate the use of amplification in clinical practice. The following review of the purpose and levels of amplification, as discussed in the literature, illustrate my point.

Purpose of Amplification

The avowed purpose of clinical archetypal amplification is to enrich a patient's life by expanding his world view. There are five explicit purposes of amplification that I have extracted from a review of the literature.

First, amplification establishes the meaning context of the affective imagery. This is in line with the original philological purpose and the purpose for which Jung originally used amplification. Jung (1953) writes that "certain kinds of psychic material mean next to nothing if simply broken down, that meaning is meaning if, instead of being broken down, that meaning is reinforced and extended by all the conscious means at our disposal--by the so-called method of amplification" (p. 80).

Implicit in the establishment of the meaning context is the idea of altering the gestalt of a particular image. Baynes (1969), using a histological metaphor, describes this as follows:

> By applying the generalized mythic pattern to our patient's material, therefore, we find that the essential psychological theme is brought into relief in much the same way as a specific dye-stain brings into prominence certain structural components of a pathological section. Moreover, without the application of the general mythic analogy, the essential or deep significance of the patient's material might easily be overlooked. This is the practical justification of Jung's method of amplification by means of mythological parallels. (p. 424)

Second, Fordham (1978, p. 26) considers the initiation of transference to be a purpose of amplification. It certainly

would beckon archetypal projections, or an archetypal transference. Fordham (1978) writes:

> The archetypal transference has two characteristics that the personal one has not: the projections are more clearly parts of the self that need to be integrated. They are also progressive and contain material through which individuation can take place. Recognition of these features is conceived as important because analytical interpretations cannot be applied: the primary entities have been reached. (p. 84)

Third, Fordham (1978, p. 36) also considers the initiation of active imagination[4] to be one of the purposes of amplification. Yet, Henderson (1954, p. 87) believes that active imagination should not be initiated until the transference has been resolved.

Fourth, Edinger (1968) emphasizes that amplification "helps the process of disidentifying the ego from the objective psyche" (p. 11).[5] He continues by emphasizing that

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[4]It has been clear in my preliminary discussion of this work with other clinicians that not everyone distinguishes active imagination from amplification. Active imagination is the process of the patient's conscious, deliberate participation in fantasy which has arisen spontaneously from within himself. It is to be distinguished from amplification especially inasmuch as I use a delimited definition, viewing amplification only from the therapist's vantage point. Active imagination is often seen as a process for the later stages of treatment or a method for continued self-analysis. Humbert (1971) states, "It is not a technique for the analytic session" (p. 105). On the other hand, Fordham (1978) writes, "It may . . . take place during therapy" (p. 40). As with amplification, the directive for the clinical use of active imagination is unclear.

[5]The ego is seen as a "derivative of the Self" (Neumann, 1976, p. 47). The process by which the ego precipitates out of the primal or original self has been described by Fordham (1958, 1976, & 1979a) as deintegration. Deintegrates form the basis for archetypal images and "make possible the gradual establishment of ego over against the archetypal

as long as this disidentification has not occurred, the patient "carries a burden of collective guilt and responsibility not properly personal which can paralyze his capacity to function" (p. 11).

Fifth, amplification is used to depersonalize an overly personalized psychology by referencing an individual problem to a larger psychological situation, namely, the objective psyche. In this sense, amplification is a way of cognitively reframing. Thus, modification of neurotic isolation is considered a primary purpose of amplification (see Fordham, 1978, p. 36). Jung (1954) writes that if an individual psychology is "too personal . . . it tend[s] to exclude him from society" (p. 46). Hall (1983) writes that amplification provides "a healthy perspective on our everyday dramas". (p. 36). Amplification gives the patient evidence that he is not alone with his problem.

Amplification is intended to address the difficulty of being too identified with either the individual or the collective pole of the psyche. Henderson (1984) summarizes: "If one becomes too individualistic, the effect is psychic

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energies" (Fordham, 1958, p. 123). We begin in undifferentiated wholeness out of which the ego and the archetypal images are derived by deintegration.

This process of the transit between the ego and the Self can be described as the ego-Self axis which is a concept originated by Neumann (1976, p. 20) and further elaborated by Edinger (1972). The differentiated Self of later life is referred to as the ultimate Self by Henderson (1984, p. 86). The ego-Self axis describes the essential bond between the two centers of the psyche, the ego as the center of consciousness and the Self as the center of the total psyche embracing both consciousness and the objective psyche.

inflation in isolation from ones fellow men. If one lives too collectively, one becomes uncomfortably deflated and subtly depressed, though one's conformity may bring certain rewards" (p. 23).

Levels of Amplification

The definition of amplification included in the glossary of Memories, Dreams, Reflections (Jung, 1961) is "elaboration and clarification of a dream image by means of directed association . . . and of parallels from the human sciences (symbology, mythology, mysticism, folk lore, history of religion, ethnology, etc.)" (p. 379). While amplification can also be used in relation to fantasy material (see Jung, 1956), most often it refers to dream imagery. In another passage, Jung (1954) writes, "It is particularly important for me to know as much as possible about primitive psychology, mythology, archeology, and comparative religion, because these fields offer me invaluable analogies with which I can enrich the associations of my patients" (p. 45). To use Hillman's (1974) metaphor, amplification is predicated on the "inexhaustible echo of the image" (p. 71). This approach is referred to as the constructive, synthetic, or prospective method.

Hall (1977, p. 130; 1982, p. 151; 1983, pp. 35-36) elaborates three different levels of amplification: (1) personal; (2) cultural; and (3) archetypal.[6] Matoon (1984, p.

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[6]In the sense that I use the term, "archetypal"

48) also lists three levels of amplification: (1) personal association; (2) information from the dreamer's environment; (3) archetypal parallels. Her second level seems to parallel Hall's cultural level and Henderson's (1964) cultural environmental level. Most Jungians consider that amplification can take place on these three levels.

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signifies imagery in the manifest world of appearances. For this reason I view the archetypal/cultural realm as a continuum, although some authors (Hall, 1977, 1983; Matoon, 1984) differentiate them. It is understood that there is no such entity as an archetype per se. Henderson (1984) describes archetypes as "irrepresentable in themselves, but their effects appear in consciousness as the archetypal images and ideas" (p. 113).

In a strict sense, archetypal would denote such images as numbers, and geometric shapes such as mandalas, axes mundi, and crosses. However, Christ's cross, which he carried to Golgatha, upon which he was crucified, would be a cultural symbol. Nonetheless, I would think that even someone not of the Western Judeo-Christian tradition would recognize the archetypal import of Christ's cross.

It is clear that this strict distinction between archetypal and cultural is not maintained in the literature. I use the term archetypal since I feel the term cultural easily gets confused with its more general social usage.

I think it is important to point out an exceptional use of the term cultural by one of the foremost Jungian theoreticians, Joseph Henderson. His usage, in my reading, is atypical but important, as he is making a significant distinction. Henderson (1964) writes, "Of course we can say that all culture originally comes from the archetype, but this would not satisfy the need to distinguish what comes from an immediate living response to the archetype of culture in an individual from what comes to an individual consciously or unconsciously from his environment" (p. 7).

Henderson (1964) thinks that there is an archetype of culture from which spring four basic attitudes: "The religious, the social, the philosophic, or the aesthetic" (p. 4). He then states that there are "three layers of the collective unconscious at progressive distances from normal ego-consciousness, a layer derived from the cultural environment, the cultural unconscious, and the primordial unconscious" (p. 9).

It seems Henderson includes the cultural environmental under the collective unconscious for the following reasons.

The personal level includes amplification from the patient only similar to typical Freudian associations, i.e., those relating to the actual life experiences of the individual. Cultural amplification and archetypal amplification can be offered by either the patient or the therapist.

As previously stated, although there is a much broader usage of the term--amplification applying to the patient's amplification in the personal realm and to both the patient's and the therapist's amplification in the cultural and archetypal realms--I use a delimited definition. When Jung spoke of amplification, he generally meant archetypal amplification. I define amplification as the therapist's

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He writes, "We have . . . an environmental cultural influence which has been experienced ontogenetically yet which behaves as if it were part of the collective unconscious in close contact with the unconscious cultural layer which it then may activate. The old idea that ontogeny repeats phylogeny then is shown up as a fallacy since it could just as well be argued that phylogenetic cultural patterns are activated by ontogenetic influences" (p. 9).

Henderson's primordial unconscious seems to correspond to the archetype as such, his cultural unconscious to Hall's and Matoon's archetypal, and his cultural environmental to Hall's cultural and Matoon's environmental.

Henderson (1964) states that much of what we have called "'personal unconscious' is not personal at all but that part of the collective culture pattern transmitted through our environment" (p. 9). Much of the layer Hall and Mattoon would call personal, Henderson would include under cultural unconscious.

While Henderson (1964) has contributed a significant clarification, inasmuch as it has not been picked up in the mainstream literature and since the major thrust of my argument does not depend on Henderson's clarification, I have held with the more usual division of archetypal, cultural, and personal for consistency in this work, in citing the literature.

verbalized archetypal elaboration of symbolism in the clinical setting.

Current Status of Amplification

While there are illustrations in the literature of the method of amplification as it informs the therapist's understanding (see Baynes, 1969, Diamond, 1983, Adler 1961, Russack 1984, and Spencer, 1984), there are no examples of amplification in the literature that contain detailed dyadic clinical process notes.

There is also a paucity of literature that looks at the method of amplification per se. Exceptions in the literature where a preliminary look at amplification is taken are Hobson (1971), Fordham (1957 & 1978), Hall (1981, 1982, & 1983), Hubback (1984), and Guggenbuhl-Craig (1971). It is such lack of clarity regarding the directives for the clinical use of this method that piqued my interest in this subject.

Hubback (1984), regarding the current clinical status of amplification, writes:

> There have often been papers in this Journal in which it seemed clear that amplification helped the analyst to understand one or more patients, but I can recall none which expounded the art and the craft, or the way, of exactly how it was used and its effects. (p. 136)

Fordham (1978) summarizes his view of the current situation regarding clinical amplification:

> Some analysts do not agree with giving so much information and only give an outline of their knowledge to the patient. Others will recommend books to read giving knowledge relevant to the material that the

> patient is producing, but little that is more precise can be culled from the literature or conversations with therapists, so it must be left that the principle is clear but the application of it shows individual variation. (p. 26)

The lack of delineation of a differential practice context in which Jung developed and used his method has obscured the directive for its clinical use. It is my intention to elucidate the method of amplification in relation to present-day thinking about the context of therapy.

The Context of Therapy

Thus far we have seen that the problematic aspects of amplification are rooted in the following: (1) philology--Jung took the method from this field, so historically there is a decided emphasis on meaning context; (2) philosophy--Jung's world was one of a priori schemas, i.e., archetypes as categories of possible functioning. His view was influenced by Plato and Kant. Jung held that an objective psyche based on archetypes existed; (3) Jung's seance experiments with his cousin, Helly or Helene Preiswerk, whom he called Miss S.W. in the written material (see Jung, 1957); (4) Jung's experience with patients at the Burgholzi; (5) the case of Miss Miller, a published case of one of his colleagues (see Jung, 1956); (6) the case of a patient dually treated by Jung and another colleague in an attempt at a positivist "detached observer" research design (see Jung, 1968); and (7) Jung's concurrent roles both as teacher and therapist of certain

individuals.

It should be noted that of the seven roots listed above, (1) and (2) described the method's origin in other disciplines; (3) took place in a non-clinical setting; (4) was a delimited clinical population base, i.e., schizophrenic patients; (5) was a scholarly exposition of a published case, a patient treated by Theodore Flournoy; (6) had primarily a research context; and (7) was an admixture of role function which led to confusion.

In all forms of psychotherapy, the issue of the relationship of method or type of intervention and the context of therapy is important. Context is an issue which crosses the boundaries of schools of thought. Methods or types of intervention need to be related to context, including fields.

In my review of the literature on the Jungian practice method of verbalized archetypal amplification, I found little emphasis on the issue of the clinical context or the nature of the clinical context in which this method is used. In my view, this is related to the fact that amplification itself is considered to be a method of providing a meaning context, albeit in an metapersonal (impersonal) realm.

The context of therapy is seen as having three dimensions, (1) metapersonal, (2) personal, and (3) bipersonal. "Metapersonal" refers to the objective psyche or collective unconscious. "Personal" refers to the personal unconscious and/or the actual events of individual life history. "Bipersonal" refers to the ambient communicative

interactional field including the resonating intrapersonal field of both the therapist and the client.

The specific process of relating the metapersonal context to the personal and the bipersonal contexts of therapy is not delineated in the Jungian model.

The Psychotherapy Situation

Each therapist in relationship to his chosen therapy paradigm will form a distillate understanding of the "context of therapy." I use the term "the context of therapy" as an umbrella term for (1) psychotherapy situation, which includes fixed frame and variable frame, and (2) the ambient field.

Frame, both fixed and variable, still carries the notion that the patient and the therapist are discrete entitites capable of not unduly influencing each other. The field concept dispels this notion by seeing the interface of the patient and therapist as the place where the work transpires and ultimately alters both individuals.

Langs takes these two concepts, frame and field, one step further and sees them as interacting units wherein an alteration in the fixed frame radically alters the particular communicative interactional field. In other words, it is not merely a frame break but a frame/field break. Langs (1978c) writes, "It must . . . be recognized that because the frame has been modified . . . there is an alteration in the

communicative properties of the bipersonal field" (p. 112). Langs (1978a) continues:

> Alterations in the framework of the bipersonal field . . . are, almost without exception, quite inappropriate. This . . . is the single most overlooked vehicle both for countertransference expressions and as a means of detrimentally altering the communicative properties of the bipersonal field (p. 103).

Let us now trace the evolution of the concept of the context of therapy, the broader term which encompasses both psychotherapy situation and field, from Freud to the present. Khan (1973) writes that "clinically, the unique achievement of Freud is that he invented and established a therapeutic space and distance for the patient and the analyst" (p. 231).

Langs distinguishes theoretically between aspects of frame (fixed frame or ground rules and variable frame), and field. I will do the same.

The classic work on the psychoanalytic situation is that of Stone (1961). The first major conference on this subject was The First Pan American Congress for Psychoanalysis which was held in Mexico City in March 1964. These papers were subsequently published in 1966 as Psychoanalysis in the Americas, edited by Robert Litman.

I use the more encompassing term psychotherapy situation rather than the term psychoanalytic situation. Psychoanalysis is a very delimited form of treatment; I agree with Langs (1976) who writes, "I believe that most of what has been written about the relationship in analysis applies as well--in some fashion--to that in

psychotherapy" (p. 6). Rauhala (see 1972, p. 275) like Langs does not dichotomize psychoanalysis and other depth-psychological psychotherapies.

Frame

Fixed frame.

Fixed frame issues have been treated diffidently by Jungians. For this reason, I am exploring this aspect of therapy extensively.

Bateson (1972) writes, "The first step in defining a psychological frame might be to say that it is (or delimits) a class or set of messages (or meaningful actions)" (p. 186).

Freud (1958c) outlines the fixed frame or formal aspects of treatment in his 1913 article "On Beginning the Treatment." Freud is very explicit in delineating aspects of the fixed frame; regarding time, money, and frequency issues, he writes:

> I adhere strictly to the principle of leasing a definite hour. Each patient is allotted a particular hour of my available working day; it belongs to him and he is liable for it, even if he does not make use of it. (p. 126)
>
> I work with my patients every day except on Sundays and public holidays--that is, as a rule, six days a week. For slight cases or the continuation of treatment which is already well advanced, three days a week will be enough. (p. 127)
>
> Ordinary good sense cautions him [the therapist], furthermore, not to allow large sums of money to accumulate but to ask for payment at fairly short regular intervals--monthly, perhaps. (It is a familiar fact that the value of the treatment is not enhanced in the patient's eyes if a very low fee is asked.) (p. 131)

Freud (1958c) also addresses the recumbent position

(p. 133), the fundamental rule (p. 135), confidentiality (pp. 136-137), and the necessity of apprising the patient that psychoanalysis is a lengthy process "to deprive him any right to say later on that he has been inveigled into a treatment whose extent and implications he did not realize" (p. 129).

Lambert (1972), a Jungian analyst, writes:

> I consider the analyst to be under an obligation to work towards seeking an agreement from his patient about establishing the kind of situation in terms of place, number and length of sessions, fees and holidays that can promote a situation where their transference/ countertransference can best be understood and used for therapeutic purposes. The responsibility is considerable because his patient at the beginning of an analysis is often unconscious of the reasons for the therapeutic set-up suggested by the analyst. (p. 35)

Milner (1952) writes that a "temporal spatial frame . . . marks off the special kind of reality of a psycho-analytic session" (p. 183). Langs (1976a), elaborating on Milner, calls this the framework of the bipersonal field or the ground rules. Langs (1978b) defines ground rules as "the implicit and explicit components of the analytic or therapeutic situation which establish the conditions for treatment and the means through which it shall be undertaken" (p. 696). He uses the terms fixed frame and framework interchangeably with the term ground rules.

The fixed frame therefore is the formal aspect of the actual arrangement or contract between the patient and the therapist. Examples of these aspects are: fixed time, place, and fee; frequency and duration of meetings; a quiet room with a closed door; recumbent or face-to-face position;

clarified position regarding collateral contacts; payment arrangements, including insurance considerations. The fixed frame includes "the constants within whose bounds the process takes place" (Bleger, 1966, p. 511).

The formal factors include the ritual or ceremonial aspects of therapy, including the ritual of going to see the therapist x-number of times weekly for x-number of years. Guggenbuhl-Craig (1972, p. 39) feels that this ritual aspect is healing in and of itself.

Langs is the major exponent of the inviolability of the specifics of the fixed frame; however there is some disagreement about how sacrosanct these specifics should be. Care must be taken not to view the fixed frame as a first principle or archetype as such. Stevens (1982), commenting on Langs, expresses concern in this regard:

> It is not my experience that his ideal framework is archetypally given, as he seems to think. I find that I work within a different framework from Langs, and my patients respond negatively to deviation from my frame, not his. (p. 12)

Langs (in Langs & Searles, 1980, p. 43) refers to the fixed frame as ideally a template. However, even Langs recognizes the need on very rare occasions for a deviation in frame. These deviations or breaks should be approached with exhaustive scrutiny of countertransference, which will be discussed later in this chapter.

Szasz (1957a) states that aspects of the fixed frame "serve to insure the clarity (and depth) of the field of observation" (p. 168). Stone (1961) writes that the formal

factors are "of unique importance in developing the cognitive basis of the analyst's activity (i.e., his interpretations)" (p. 140). Fordham (1957) writes that "the stable form . . . becomes an expression of the analyst's reliability when all else is in a state of flux" (p. 70).

Milner (1952) emphasizes that "in psychoanalysis it is the existence of this frame that makes possible the full development of that creative illusion that analysts call the transference" (p. 183).

Variable frame.

As previously stated, the variable frame includes the therapist's stance, i.e., the therapist's internal frame, and the personal equation of the therapist himself as container. Jung (1964a) writes, "The doctor must know his 'personal equation' in order not to do violence to his patient" (p. 163). He elaborates: "Very early on, therefore, I required that the doctor himself should be analyzed. Freud seconded this requirement" (p. 159). McCurdy (1982) writes that "analysts themselves are considered the basic structure in and through which the work takes place" (p. 64). The variable frame is a process frame developed by each therapist-patient dyad. Viderman (1974) writes:

> The analytic process is possible only in a specific milieu, created by technical rules, in which the affects and counter-affects of the two organizers of the analytic space interweave. This is an imaginary space which both reveals and distorts that which it encloses. Like the transference and countertransference, which contribute to its structuralization, it is ambiguous:

> it is a resistance without which no truths would be discovered in the process which unfolds within it. (pp. 472-473).

The variable frame therefore includes the therapist's inner state, thought frames, and theoretical orientation. It also includes what it means to the therapist to contain and be contained (see Bion, 1962). Bion discusses the container's fear of the contained, and vice versa. The being of the therapist--his personality, attitude, real feeling, stance, theory, hypotheses, life history, physical being, presence, and use of language all contribute to the variable frame. It goes without saying that the patient also brings his being. Out of their dialogue, silent and verbal, the two evolve a complex shifting variable frame.

Freud, early on, began to develop his version of the components of variable frame, some examples of which follow. Freud (1958b) in his 1912 paper "Recommendations to Physicians Practising Psycho-Analysis" suggests that part of a variable frame is "evenly suspended attention" (p. 111). Freud (1958a) in another 1912 paper, "The Dynamics of Transference," describes his fundamental rule as "whatever comes into one's head must be reported without criticizing it" (p. 109). In his 1919 paper "Lines of Advance in Psycho-Analytic Therapy," Freud (1955) recommends that "analytic treatment should be carried through, or so far as is possible under privation--in a state of abstinence" (p. 162).

Jung addresses what we would call an aspect of variable frame as the temenos. Literally, the Greek word refers to

"a piece of land, often a grove, set apart and dedicated to a god" (Jung, 1968, p. 54n). It is "a taboo area where he [the patient] will be able to meet the unconscious" (Jung, 1968, p. 54). A temenos refers to "the precinct of a temple or any isolated sacred place" (Jung, 1958, p. 95). Again, Jung (1976b) writes that a temenos is "the sacred precinct where all the split-off parts of the personality are united" (p. 123).

Jung (1968) was very clear that the frame must be kept intact. He writes:

> The vas bene clausum (well-sealed vessel) is a precautionary measure very frequently mentioned in alchemy, and is the equivalent of the magic circle. In both cases the idea is to protect what is within from the intrusion and admixture of what is without, as well as to prevent it from escaping. (p. 167)

Hall (1983), regarding the "personal equation of the analyst/analysand," writes, "It is within that relationship that all dream work or other therapy must take place. The therapeutic relationship is the temenos (sacred boundary, the alchemical vas or krater) in which the transformative process occurs" (p. 54).

This is as clear a statement as could be made of the value and necessity that there be a maintained treatment frame in order that the transformative field obtain.

A number of writers (Langs, 1981a, p. 610; Goodheart, 1980, pp. 12-13; Stevens, 1982, p. 12; Hall, 1983, p. 54, p. 67, p. 99) stress the need to maintain the frame. It does not just obtain. Hall (1983) writes:

> Maintenance of the safety of the temenos, when threatened with disruption, takes precedence over dream interpretation and other aspects of analytic work. (p. 67)
>
> Much of the work of analysis . . . seems to be to maintain a steady and reliable containing structure in which preparations for the coniunctio can safely take place. (p. 99)
>
> Perhaps the chief responsibility of the analyst or therapist is to maintain what may be called a transformative field in which the transformation of the psyche is more likely to occur. (p. 54)

Deviations from the Frame.

In general the fixed frame more or less exists independently of the persons, while the variable frame exists because of the persons. It is understood in the spirit of Hill (1958) that "being and doing in therapy cannot be in fact separated" (p. 116). It is also understood that the therapist/patient field is not dichotomous.

Speaking of the positive contribution of the analytic situation, Hall (1983) writes that it "is designed to maximize the transformative field for the patient while minimizing disruptive countertransference by the analyst" (p. 55). McCurdy (1982) writes:

> So, when engaging in this kind of work, analysts themselves the vas, need all the internal and external assistance they can acquire in terms of knowledge, experience, emotional development, and reasonably compensating personal lives. Ultimately, the way particular analysts create and maintain their working structure, in conjunction with the individual needs of specific patients, will be only as sound as their personal development and their theoretical convictions permit. (pp. 64-65)

Klein (1973) reminds us of the unique and privileged

opportunity that the context of therapy provides:

> The psychoanalytic enterprise and the therapeutic intent (whether intentionally or not) inevitably provide a clue-domain pertinent to the search for meaning, purpose, direction, aim of behavior. This is singular to the psychoanalyst; no other scientist has the privilege of this kind of investigative situation--a situation made possible by the therapeutic pact between patient and analyst, in which the patient agrees to confide to the analyst everything that it is possible for him to confide. It is a unique research and researchable context [italics added]. (pp. 129-130)

The specifics of both aspects of frame reflect the psychotherapy tradition of the individual therapist.

Stevens (1982) concerns herself with frame breaks. She writes, "Jungians are accustomed to talking about creating a hermetically sealed container, a temenos for the analytic work" (p. 10). She goes on to say, "It is the fixed frame they have tended to overlook" (p. 11).

Langs focusses primarily on the fixed frame. Stevens (1982) writes:

> Langs suggests that a secured frame work is the source of . . . [the] container, and that it is this secured frame which provides the necessary conditions for the emergence of the regressive and psychotic aspects of the patient's personality, the parts which really need the analyst's or therapist's specialized attention. (p. 10)

Stevens continues: "Deviations in the fixed frame provide the therapists with one of the most commonly sanctioned avenues for the discharge of counter-transference tensions" (p. 11). She follows Langs in feeling that an insecure frame is an attempt to ward off the dread of the patient's inner chaos, i.e., to ward off psyche. This is an example of the container's fear of the contained.

Stone (in Langs & Stone, 1980) comments to Langs about Langs' focus on the broken frame. Stone would rather focus on the significance of the frame in and of itself, in its unbroken state. Stone, attempting to correct what he feels is Langs' one-sidedness, comments:

> There is, I think, an overestimation of the frame, important as it is. I don't see it the same way. The frame is important; the frame of a bed is important; the frame of a picture is important; the box in which one carries one's tools is important. It's not more important than the contents. It's there to serve the contents, to keep them usefully available. Now in your thinking, if I get it right, it attains a certain overgrowth. You know, it's like the tail of the dog. The tail begins to be more important than all the rest of the animal. And the idea that there is always some neurotic purpose being served for the therapist if he finds it necessary or desirable to modify a rather over rigidly conceived frame is pure, unjustified assumption. (p. 295)

Eissler (1953, p. 110) describes a deviation from the traditional stance as a "parameter." He writes:

> I define the parameter of a technique as the deviation, both quantitative and qualitative, from the basic model technique [of psychoanalysis], that is to say, from a technique which requires interpretation as the exclusive tool. (p. 110)
>
> Every introduction of a parameter incurs the danger that a resistance has been temporarily eliminated [creating a bastion] without having been properly analyzed. Therefore, after an obstacle has been removed by the use of a parameter, the meaning which this parameter has had for the patient and the reasons which necessitated the choice of the parameter must retrospectively be discussed; that is to say, interpretation must become again the exclusive tool to straighten out the ruffle which was caused by the use of a parameter. (p. 127)

Eissler is very clear that a parameter is only a temporary device, a deviation in the variable frame which must be rectified before treatment can be seen as completed.

Such a parameter is perceived by the analyst as necessary in view of the patient's internal structural needs. A parameter can be seen as the individual therapist's personal signature on the archetypal frame. Stone (1961) comments:

> Whereas the term "parameter" arose from an interesting and specific metapsychological view of technique, one not seldom hears colleagues discussing the question of whether a given manuever was a "parameter," as if that were more important than whether or not it was a good thing to do at the time. (p. 126)

I consider verbalized amplification as a parameter and in Chapter V explores its negative aspect in so far as it constitutes a frame/field break. However, if it is considered a necessary parameter and if we follow Eissler's original thinking, then the alteration must be addressed in order to repair the clinical connection.

Field: Evolution of the Concept of Communicative Interactional Fields

Transference.

Freud's original concept of transference was developed within an experimental design research format which presumed a disengaged observer. The patient's experience in the treatment was viewed as unto itself with no influence being exerted by the therapist. Transference in the clinical setting is the literal transfer, by the patient onto the person of the therapist, of affects belonging to prior relationships.

Countertransference: background.

Countertransference has been explored and modified by adherents of both the Freudian tradition (psychoanalysis) and the Jungian tradition (analytical psychology). While there has been little direct collaboration, thinkers of both traditions have developed strikingly similar parallel theories regarding countertransference. This is very much in evidence in the work of Michael Fordham, a Jungian analyst, and Heinrich Racker, a Freudian analyst (see Fordham, 1970, p. 180, and Lambert, 1972, p. 33).

To differentiate the two views currently held regarding countertransference, I will be using the terms "classical" and "contemporary." Other writers have used various term-pairings, such as illusory/syntonic (Fordham, 1957, 1960), complementary/concordant (Racker, 1957, 1968), classical/totalistic (Kernberg, 1965), and classical/interactional (adaptational) (Langs, 1976a).

Classical countertransference.

Classical countertransference is the therapist's undifferentiated unconscious resonance to the client, i.e., the therapist's personal unanalyzed difficulties, the therapist's own intrapsychic content. It refers to the activated repressed personal unconscious of the therapist, the unconscious meaning of the patient to the therapist, i.e., the therapist's transference to the patient. The

therapist becomes identified with his own early developmental feelings.

In countertransference in the classical sense, the patient activates something in the therapist which had already existed in the therapist. Classical counter-transference is viewed as an impediment to treatment and it is equated with resistance in the patient. An examination by the therapist of his classical countertransference teaches the therapist something about himself.

Contemporary countertransference.

Countertransference in the contemporary sense refers to an internal process started in the therapist by the patient; in other words, the therapist's inner experience of something related to the patient's unconscious. In contemporary countertransference (the interactional view) the patient engenders in the therapist (if the therapist is not obstructionistic) something which did not previously exist in the therapist. An examination by the therapist of his contemporary countertransference teaches the therapist something about the patient.

Countertransference: summary.

Beitman (1983) in the same vein as Fordham, sums up his idea of the difficulty inherent in the discrimination of the two views of countertransference: "Is countertransference

only the result of the therapist's psychological difficulties (the classical position)? Is countertransference also a response to the patient's attempt to influence the therapist (the interactional perspective)?" (p. 82). Langs (1981a) takes a strong position and writes: "Every intervention made by the therapist interpretively or in terms of management of the framework--contains some element of countertransference expression" (p. 652).

Transference/countertransference field.

Countertransference in the contemporary sense is seen as a part of transference/countertransference field, i.e., a paired interacting unit (see Fordham, 1957 & 1960, Racker, 1957 & 1968, Kernberg, 1965, and Langs, 1976a).

While I have seemingly dealt with countertransference as a separate phenomenon because I focus on therapist's vantage point, I understand it to be a transference/countertransference field; this is a position held by most contemporary writers on the subject and is related to our later discussion of communicative fields. Also included in this field are the ideas of real relationship, non-transference (see Greenson & Wexler, 1969; Langs, 1976a, p. 187), non-countertransference (see Langs, 1978, p. 637), and context-plus. Context-plus will be elaborated in Chapter V.

The shift in the view of transference and countertransference as phenomena unto themselves to a view of

them as inextricably linked phenomena gave rise to the more refined concept of clinical field. Transference/ countertransference per se is but an aspect of the description of the phenomenon of the clinical dyad or the clinical field. Simply stated, in Devereux's (1967) words, "Transference and countertransference are conjugate" (p. xvi). Adler (1967) used the term "analytical field" (p. 346). Machtiger (1982) elaborates:

> When we speak of countertransference/transference, we are not speaking of temporary, technical, situational adjustments; we are calling for a far-reaching change in the analyst's basic metapsychological patterns and attitudes, in which intrapsychic and interpersonal field orientations not only are more integrated, but evoke the exploration of new material as well. (p. 107)

In a transference/countertransference field, the centers in the field, i.e., the relating subject/objects, are correlative; they co-determine each other. A field is a world created in the interface of the intersubjective and the intrasubjective dyad. It is "an intersubjective world, a 'world for us'" (Strasser, 1957, p. 22). Each person in the dyad influences the other including the intrapsychic field of the other.

Writing in 1929 regarding this issue, Jung (1954) states:

> By no device can the treatment be anything but the product of mutual influence, in which the whole being of the doctor as well as that of the patient plays its part. In the treatment there is an encounter between two irrational factors, that is to say, between two persons who are not fixed and determinable quantities but who bring with them, besides their more or less clearly defined fields of consciousness, an indefinitely extended fear of non-consciousness. Hence the

> personalities of doctor and patient are often infinitely more important for the outcome of the treatment than what the doctor says and thinks (although what he says and thinks may be a disturbing or a healing factor not to be underestimated). For two personalities to meet is like mixing two different chemical substances; if there is any combination at all, both are transformed. (p. 71)

Communicative Interactional Fields

In the early history of psychoanalysis, the whole focus was on the intrapsychic to the neglect of and even denial of any contribution by the therapist or analyst, who was presumed to be sufficiently analyzed so as not to introduce contaminants into the therapy situation.

The concepts of first transference and then countertransference were initially treated as discrete units. Then they came to be seen as an inextricably interrelated phenomenon. Jung early on recognized this interrelationship. Later, as an outgrowth of this interrelationship, came Robert Langs' development and articulation of three discrete therapy fields. Prior to his work, it was generally assumed that all analysis was conducted in what he termed "the Type A field."

His conceptualization of field is a higher order development of theory which includes both aspects of frame--fixed and variable--and also a further differentiation and elaboration of what evolved in the literature as the transference/countertransference field which Langs sees including non-transference and non-countertransference elements.

William Goodheart, a Jungian analyst, further developed Langs' fields and is primarily responsible for the introduction of Langs' work into the Jungian community.

Jung and fields.

Jung was interested in the general phenomenon of the interactional elements of therapy, although he did not attend to any contextual specifications for method in relation to field. In a 1935 lecture to the Zurich Medical Society, Jung (1954) emphasized the dialectical nature of therapy. He writes:

> The demand that the analyst be analysed culminates in the idea of a dialectic procedure, where the therapist enters into relationship with another psychic system both as questioner and answerer. No longer is he the superior wise man, judge, and counsellor; he is a fellow participant who finds himself involved in the dialectical process just as deeply as the so-called patient. (p. 8)

Jung's insistence that, in treatment, both therapist and patient change is an implicit recognition of the inseparability of the transference/countertransference field. Fordham (1972) elaborates on this point:

> Jung affirmed that it is usually necessary for the analytical therapist to consider himself in therapy with the patient and that in any successful outcome of the dialectic between two persons, the analyst will need to change or even be transformed along with his patient. (p. 180)

Thus, the issue is not that Jung was unaware of context, it is rather that he left no directives regarding this dimension of therapy.

Robert Langs' fields.

Robert Langs is known for his contribution to a heightened awareness of the interpersonal dimension of the psychotherapy process. He sees patients' communication as addressing the actual therapeutic interchange rather than being exclusively transference manifestations. Langs (1978) writes:

> There is a tendency among therapists to think intrapsychically about the patient and to divorce contents and even mental mechanisms from interactions, especially the therapeutic interaction. They're listening only for intrapsychic contents and defenses, they don't connect it to the therapeutic relationship and interaction, and they isolate these communications in terms of intrapsychic processes. (p. 81)

In other words, Langs sees a focus on genetic material as a defense against the constellated affect of the bipersonal field. He emphasizes the non-transference aspects of patients' communicative efforts, especially those induced by the therapist's frame breaks.

Robert Langs focuses on the communicative aspects of the interface of the bipersonal field. This interface is continually created and recreated. He writes, "The location of the interface depends on the moment-to-moment contributions to the field from both the patient and the therapist" (Langs, 1976, p. 48). Langs (1976) writes, "Interactional mechanisms supplement intrapsychic mechanisms; The two realms interact and reinforce each other" (p. 40).

I will describe the nature of each of Langs' communicative interactional or bipersonal fields and then I

will describe Goodheart's further delineation of these fields. The conceptual categorization of psychotherapy fields will then be used in Chapter V as an analytic tool for examining the method of amplification. I will begin with a brief discussion of the Type C and Type B fields. Then I will move to the Type A field, which field provides the base for the focus of this work.

Langs (1978a) is the seminal article on these three fields. He makes clear that "insightful therapeutic work is feasible in each communicative field" (p. 126). The division into discrete fields is, of course, merely a convention. The fields are neither consecutive, hierarchical, nor mutually exclusive. Each field is "under the influence of both patient and analyst" (Langs, 1978a, p. 101).

Langs borrowed the term bipersonal field from Madeleine Baranger and Willy Baranger, both South American Kleinians. Langs (in Langs & Searles, 1980) describes discovering this concept in Baranger & Baranger's 1966 paper:

> The metaphor was just there; it was a concept I was hungering for, in terms of creating a meaningful and serviceable metaphor of the analytic interaction . . . . the bipersonal field idiom . . . separated me from my analytic background, which was so different in maintaining a virtually exclusive focus on the patient rather than on the analytic interaction--what I now call the continuous, spiraling communicative interaction. (p. 46)

Langs (1978b) writes:

> The Barangers' bipersonal field concept led me to organize and unify many previously disparate observations and postulates related to the therapeutic interaction--the concept served as a crucial selected

> fact.[7] It solidified the adaptational interactional approach and provided a metaphor through which both intrapsychic and interactional processes could be fully considered. The field needed a frame in order to maintain its definition, its communicative qualities, and to sustain a viable therapeutic process; in this way, the functions of the ground rules and their management came to be more fully defined. (p. 29)

The three types of communicative clinical fields that have been described by Robert Langs (1978 & 1978a) and that have been given Jungian equivalents by William Goodheart (1980) are as follows:

Langs' Terms	Jungian Equivalents
Type C	Persona-restoring
Type B	Complex-discharging
Type A	Secured-symbolizing

Type C field.

This is a field designed to prevent meaning or to destroy existing meaning by use of falsification and empty verbiage. Both parties work to maintain communication at a manifest content level. Rumination renders the narration impervious to interpretation at any significant level. The

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[7]Langs use of the term "selected fact" is taken from Bion (1962), Learning from Experience. Bion writes:

> I have used the term "selected facts" to describe what the psycho-analyst must experience in the process of synthesis . . . . The selected fact is the name of an emotional experience, the emotional experience of a sense of discovery of coherence; its significance is therefore epistemological and the relationship of selected facts must not be assumed to be logical. (pp. 72-73)

link between the patient and the therapist is continually fractured. Langs (1978a) explicates:

> As Bion [1962] noted, the container may fear the contained, and the contained may fear the container: each dreading attack, denudation, and destruction. The analyst may therefore dread both containing the patient's pathological mental contents and projecting his own disruptive inner mental world into the patient. Immobilization and noncommunication are rigidly maintained as the only seemingly safe harbor. (p. 110)

And Langs (1981a):

> It is to be remembered that all patients will shift to the Type C communicative style for some part of their psychotherapy or psychoanalysis. In the absence of an activated intervention context, the therapist's responsibility is that of silent holding and containing. This phase of "lying fallow" is quite important to the positive outcome of therapy, and should not be disturbed by countertransference-based interventions. (p. 631)

Langs (1978) states that this field is "the most fascinating of all because it has not been identified before" (p. 123).

Type B field.

The hallmark of this field is the pressure to discharge tension and disturbance. Verbal and behavioral discharge replaces an effort toward symbolic understanding. Instinctual gratification may be sought. Projective identification is the major mechanism. This is the field "implicit in the Kleinian literature" (see Langs, 1978, p. 123).

Type A field.

This field is characterized by symbolic communication.

It is a transitional or play space, a realm of illusion (see Khan, 1973). Both parties are striving toward the conscious understanding of the metaphors that abound.

Langs (1978a) cautions:

> While the Type A field is most efficacious for cognitive insight, it is also the field in which the patient and, to a lesser extent, the analyst most intensely experience their pathological and primitive inner mental contents and the related anxieties and temporary mental disorganization. While this is an aspect of a therapeutic (or analyzable) regression . . . with curative potential, it is a quite disturbing experience that prompts major defensive reactions. In part, then, a shift to a Type B or C field initiated by either participant has an important defensive function. (p. 104)

For further elaboration of these three fields, see Langs 1978, 1978a, 1979, and 1981a.

William Goodheart's fields.

We will take a cursory look at William Goodheart's persona-restoring field and complex-discharging field and then we will turn to the secured-symbolizing field which is the focus in my analysis of amplification-in-context.

Persona-restoring field (Type C).

The persona-restoring field is a field of non-communication and non-meaning. It is distancing, dilute, hollow, fallow, and without echo. It is full of cliches, trivia, and smokescreens. One marks time and treads water. Communication is staccato. It can however be a way of pacing

treatment until movement can be encompassed. Goodheart (1980) writes that the intrinsic therapeutic value of this field may be that it is "the only interactional field in which the patient can feel safe at that particular period in the analysis" (p. 24).

While not describing a persona-restoring field specifically, Viderman (1974) gives a palpable description of what the experience in this field is like:

> Deprived of that density of affect which makes it a place of specific resonance for the spoken word, one hears nothing more than a language emptied of its force, in a rarefied, empty space. Two shadows, two principles, two abstractions confront each other. The one puts the unconscious into words in a language without echo because he is outside the domain of its resonance, the other remains deaf, walled into a resistance which no word of reason can penetrate. (p. 478)

Complex-discharging field (Type B).

The complex-discharging field is a field of mutual unconsciousness and pathological projective identification. It is a field without insight, a field of bastions. It is opaque. The field is in "full command" (Goodheart, 1980, p. 25). This is the field of classical transference and countertransference. It is a field of mutual tension discharge. It is a field of mutually constellated complexes which are experienced dissonantly or in the bastions of sleepful consonance. This is the field that was the object of Freud's research. Goodheart (1980, p. 32) suggests that in this field the work to be done is to gain a reality

orientation to the actual interaction between patient and therapist.

Secured-symbolizing field (Type A).

Within contemporary psychoanalysis, Goodheart (1980) credits D. W. Winnicott for calling attention to the "transformative possibilities of the secured-symbolizing field" (p. 11).

The secured-symbolizing field is a field of apprehension, i.e., "The mental grasp not only of perception but also of recollection and images of phantasy" (Schutz, 1970, p. 316). It is the field in which all analysts strive to work. It is the field that constitutes a "good analytic hour" (see Kris, 1956). This is the field generally known in the Jungian literature as the field of transformation. The field is thick. The psychic interval between the patient and the therapist condenses. It is a field of "primitive identity," i.e., a field where "analyst and patient have similar and concurrent experiences" (see Jackson, 1960, p. 90). It is a field of indwelling to indwelling or psychic core to psychic core connection. This is the field that was the object of Jung's research.

McCurdy (1982), while not specifically describing this field, credits Jung with attention to this realm of experience:

> What Jung discovered and elaborated on regarding the integration of the collective unconscious took place in

> the context of an advanced kind of personal relationship between analyst and patient that modeled and paralleled the patient's dialectical relationship to his or her own unconscious. It was apparent to Jung from a very early point that this approach was not something indicated for everybody. (p. 54)

Jungian view of field.

For the most part, Jungians would hold that the field is not merely bipersonal but also metapersonal in that it is informed by the objective psyche, i.e., by the activity of the transcendent function (see Chapter V). The objective psyche would be seen as an aspect of the structure of the clinical field. The field is a dialectic distillate of the dyadic interacting centers in the field of space and time and archetypes. It is my view that the patient and therapist are at any given moment in a particular bipersonal field created from the within, the between, and the surround of them.

Writing in 1929, Jung (1954) delimits the four stages in the therapeutic endeavor as "confession, elucidation, education and transformation" (p. 55). Stein (1982), commenting on Goodheart's (1980) delineation of secured-symbolizing, complex-discharging, and persona-restoring fields, writes:

> Differentiations among the various "stages of analysis" outlined by Jung may also seem vague. Each of these stages could be seen as having a different set of aims while sharing the same general goal. An important step toward making such clarifications has been taken by Goodheart. (p. 33)

Hall (1983), writing about Jung's fourth stage

in the therapeutic endeavor, states, "The transformative field of the analytic interaction is a rare and valuable place" (p. 115). Hall continues:

> Surprisingly, the transformation may occur in either the analysand (the usual intent) or the analyst--or in both! It is impossible to construct an interpersonal situation in which influences flow in only one direction . . . . Jung's own views on the subject take this "field" clearly into account. In the "Psychology of the Transference," Jung shows that the analyst and the analysand are jointly involved in a process that cannot be entirely conscious and may be transformative of both partners. He sees transference and countertransference, moreover, as specific forms of projection which automatically happens in any relationship. (pp. 54-55)

The bipersonal field is variegated; in terms of the concept of frame/field which I am using, it is an admixture at any given moment of a secured-symbolizing field, a complex-discharging field, and a persona-restoring field; the field is an amalgam, an emulsification, a suspension, a compound. There are valence shifts between and within fields.

Any of the three fields as described by Goodheart can be dominant at any stage of therapy. Goodheart (1980) writes, "Each however, may occur at any time and last for any length of time throughout the course of analysis" (p. 3). The fields are not a hierarchical progression. This is a different viewpoint from that of classical psychoanalysis. Langs (1978a) writes that "on the whole classical psychoanalysts assume the psychoanalytic experience to take place in a single type of communicative field" (p. 88). Goodheart (1980) elaborates on this point:

> In retrospect it becomes increasingly clear that Freud's major focus and orientation was toward the complex-

> discharging field and that he drew his formulations about the nature of the psyche without questioning the assumption that this was the primary presentational field of the psyche. In contrast, Jung from the beginning saw the secured-symbolizing field as the predominant presentational field of the psyche, and he was its first and most thorough explorer. (p. 11)

McCurdy (1982) writes:

> While concurring with much of the spirit of Goodheart's and Langs' position on a firmly established and maintained analytical setting, I would highlight two points. First, it is important to have a realistic attitude about intending to provide a structure that is "good enough." Second, there is value in the proper and advantageous handling of mistakes and misunderstandings. (p. 58)

Discussion.

Hubback (1984) addresses what she feels might be possible areas of research into the method of amplification:

> It can be assumed that there are many variations on the model Jung offered. A comparative study of the way in which different analytical psychologists use amplification might throw light from three angles on the problem of effectiveness and testability; first, can the value of amplification for the patient's development be demonstrated, assuming it is being used skilfully?; second, is it more effective if the patient initiates amplificatory associations than if the analyst introduces them?; and, third, just how do therapy and discussion go together? (p. 136)

My work addresses Hubback's third area of concern. She feels that there is "a danger of discussion . . . taking the place of therapy" (p. 137). I share her concern.

It is my view that as a conceptual lens the "context of therapy" provides the theoretical structure that enables us to take a more differentiated stance towards amplification. This increases the relevancy of amplification as a practice

method. The context of therapy is composed of frame and field which are seen as frame/field, i.e., inextricably interwoven interacting elements.

CHAPTER V

AMPLIFICATION-IN-CONTEXT

The Nature of the Secured-symbolizing/Context-plus Field

Before proceeding to analyze the significance of amplification in relation to the context of therapy, in particular in the secured-symbolizing/context-plus field, it is necessary to lay out the nature of this field and to elaborate on my addition, context-plus. A fully activated context-plus state obtains only in a secured-symbolizing field.

Context-plus is the informing activity that flows from the ego's relatedness to the objective psyche. It is the clinical archetypal penumbral surround, the spatial embrace, the temenos within which the work takes place. The context-plus aspect of field is an intermediary space wherein the numen of the constellated archetype of the Self is experienced. Context-plus is a metapersonal field which informs, underpins, and surrounds the intrapersonal to intrapersonal aspect of the bipersonal field. Context-plus is unspecifiable and ineffable. It is birthed from the wellspring of the indwelling to indwelling, inscape to inscape, psychic core to psychic core, or ultimate Self to ultimate Self connection and is the genetrix of this connection.

Different writers have tried to explain the activity of the numen, of what I call context-plus, in various ways;

Jung by the "third" or transcendent function; Edinger by an elaboration of Neumann's ego-Self axis; Fordham by deintegrates; Corbin and Samuels by mundus imaginalis; and Stein by maieutic countertransference/transference. To emphasize the base construct we are working from, i.e., "the context of therapy," I have called the resultant aspect of field created by the process, variously described by the above-named writers, context-plus.

It is examination of the ontological nature of the secured-symbolizing/context-plus field that can inform amplification so that an enantiodromic[8] polarization not result at the juncture of the context of meaning and the dialectical context. Such polarization might manifest as archetypal reductionism or as interactional reductionism (for elaboration, see p. 126).

In Chapter II, Historical Considerations, and in Chapter III, Philosophical Considerations, I have shown that the history and nature of amplification leave this method especially open to being used a-contextually in relation to clinical field. There are no clinical specifications for its use nor is attention given to dialectical context. This problem is compounded in the secured-symbolizing/context-plus field which

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[8]Enantiodromia is a concept that Jung took from Heraclitus (c. 535-c. 475 B.C.). It refers to the interplay of opposites. If there is too great a valence at one pole, it is likely to reverse to its contrary. Jung (1971) writes, "Everything that exists turns into its opposite;" also, "I use the term enantiodromia for the emergence of the unconscious opposite in the course of time" (p. 426).

gives rise to images which are themselves self-amplificatory. The intrinsic self-amplificatory nature of imagery invites an increased valence on the context of meaning.

I argue that in the secured-symbolizing/context-plus field, therapists become especially vulnerable to overemphasizing the meaning context at the expense of the dialectical context. This vulnerability, manifesting as verbalized archetypal amplification, derives in part from the nature of the field itself which abounds with numinous archetypal imagery. As this imagery is of a different order in the psyche, it can in and of itself diminish the significance of the interpersonal context. Additionally, neglect of the dialectical context augments the likelihood of verbalized amplification being used by the therapist both as a tension-reducing frame/field break and, in hubris, as a tension-reducing attempt to contain the power of the activated archetypes by naming them. This tension discharging converts the field to a complex-discharging or persona-restoring field.

I will show that the nature of this field seems to encompass both the context of meaning and the dialectical context. In this respect, it presents an opportunity to hold them in concert rather than to neglect one of them. For the therapist to beckon the constellated imagery, and thus potentially to incarnate the image (see Plaut, 1956, 1970, and Fordham, 1970), weights an archetypal transference. This so eradicates the more ordinary human interpersonal and intrapersonal elements of the personal transference that the

Self is less likely ever to be experienced by the patient as "within" himself.

Jung and Jungians (see Goodheart, 1980, p. 12, Machtiger 1982, p. 87, and Ulanov 1982, p. 71) all hold an extra dimension to the clinical field, an archetypal dimension. Hans Dieckmann and his colleagues investigated this aspect of the clinical field. Dieckmann (1974) writes that "in a deeper layer underlying the analytical situation there is a synchronistic process regulated by the self, a process that cannot yet be differentiated further for lack of the requisite conceptual tools" (p. 83). The phenomenon of synchronicity is described as "the not uncommonly observed 'coincidence' of subjective and objective happenings, which cannot be explained causally" (Jung, 1960c, p. 205n).

Jung (1960f) wrote his essay on the transcendent function[9] in 1916. It was first published in 1957 after one of his students discovered it in 1953. The essay addresses the issue of how to come to grips with the unconscious in one's life. It is this extra activated dimension, the field of the transcendent function, that I call context-plus. It is the field of the ultimate Self to

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[9]The transcendent function mediates the opposites in the psyche and through symbolic understanding bridges ego consciousness and the unconscious. Jung (1960f) writes, "There is nothing mysterious or metaphysical about the term 'transcendent function.' It means a psychological function comparable in its way to a mathematical function of the same name, which is a function of real and imaginary numbers. The psychological 'transcendent function' arises from the union of conscious and unconscious contents" (p. 69).

ultimate Self connection. I take the position that verbalized amplification prevents, precludes, or destroys this connection.

It is my view that the patient and the therapist are at any given moment in a particular bipersonal field created from the within, the between, and the "surround" of them. This surround is what I call context-plus. I take the position that the surround is created by the activity of the ego-Self axis.

Hall (1983) defined the transcendent function as "the symbol-making capacity of the psyche, which is able to alter the conflict of opposites through the creation of a symbolic solution that relativizes both warring opposites in a wider frame of meaning" (p. 29). Henderson (1982) cites an expression Jung was fond of using: "In Habentibus Symbolum Facilior Est Transitus", which Henderson translates as "It is easier for those who have a symbol to change" (p. 16).

The transcendent function is an intermediary psychic state between the ego and the imaginal. The secured-symbolizing/context-plus field can be viewed as an outgrowth of this psychic activity. In clinical practice, it is the therapist who mediates these opposites until such time as the patient is able to do so. The symbol heralds the emergence in the psyche of something fresh and unexpected.

The secured-symbolizing/context-plus field is the distillate manifestation of the activity of the transcendent function. The addition of the concept of the transcendent

function adds to Langs' original Type A field in such a way that the nature of the field is of a different order. This order I call context-plus.

While Goodheart mentions the archetypal dimension of the secured-symbolizing field as a Jungian point of departure from various writers in contemporary psychoanalysis who are describing clinical field phenomenon, he does not fully explicate this archetypal dimension. Goodheart in fact obscures this dimension by referring to the secured-symbolizing field as the Jungian equivalent of Langs' Type A field when in fact it is much more than an equivalent.

However, Goodheart's (1980) acknowledgment of this added dimension is inherent in such phrasing as "the secured-symbolizing field which is attempting to be established" (p. 14), as if some phenomenal field in and of itself was manifesting.

The secured-symbolizing/context-plus field is the field of the mundus imaginalis, a term coined by Corbin (1972) who described the mundus imaginalis as "the world of the image" and as "an intermediary universe." It is:

> A world that is ontologically as real as the world of the senses and that of the intellect. This world requires its own faculty of perception, namely, imaginative power, a faculty with a cognitive function, a noetic value which is as real as that of sense perception or intellectual intuition. We must be careful not to confuse it with the imagination identified by so-called modern man with "fantasy," which according to him, is nothing but an outpouring of "imaginings." (p. 7)

Samuels introduced Corbin's concept into the clinical realm.

Samuels (1985a) writes, "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" (p. 59).

It is the field of the maieutic countertransference/transference process described by Stein (1984) who writes, "Goodheart's 'secured-symbolizing field,' which implies a reliable empathic 'holding' on the analyst's part, is basically what I have in mind as a maieutic countertransference/transference process" (p. 85).

The basic question being addressed is what is the ontological status of this field? Jung did not accord the unconscious a secondary importance to the conscious. (Here Jung is using the unconscious as synonymous with the objective psyche.) On the contrary, Jung felt that the unconscious was the wiser of the two. Rauhala (1969) writes that Jung accepted "the phenomenologically important principle that the lived world is constituted at a number of levels. So-called unconscious constitution is as real, correct and necessary for man's being-in-the-world as is conscious constitution" (p. 101). Spiegel (1975) describes a lived-world aspect of the therapy situation:

> In the dyad of analyst and analysand, two individuals (identified with and differentiated from each other) are engaged in a common task--that of understanding the analysand--and thus we have a unifying culture which can be called a psychoanalytic one. This psychoanalytic culture is commonly called 'the analysis', note not 'my analysis'. 'The analysis' accurately indicates that there is something beyond that of the individuals in it

> or at least is more than the sum of its many individuals. (p. 385)

The secured-symbolizing field is the result of the mutual effort of both therapist and patient and an archetypal-level informing agency which I call context-plus. Any clinical intervention should arise from the sinews of the mutual hold. To take a contextual approach to amplification is to recognize the datedness of a subject/object dichotomy. This contextual view focuses on the space between and the ambient surround of the encountering indwelling centers. While therapist and patient are co-present, there is a level at which the field is relatively free of the impact of the dyad and so to speak has a life of its own. The task is to indwell and reverberate with the extant activity of the constellated objective psyche.

Jung addresses the phenomenon I call context-plus in his description of the "third," his experience of the clinical dialectic. Jung (1959a) writes:

> As opposites never unite at their own level, a superordinate "third" is always required, in which the two parts can come together. And since the symbol derives as much from the conscious as from the unconscious, it is able to unite them both, reconciling their conceptual polarity through its form and their emotional polarity through its numinosity. (p. 180)

Context-plus is the "child" or the "third," a metascape emanating from the activated ego-Self axis. According to Jung (1954), "dialectic was originally the art of conversation among ancient philosophers, but very early became a term for the process of creating new syntheses" (p. 3). Geigerich

(1977), discussing the notion of dialectic and the "third," writes:

> Jung went beyond the dialogue-idea to a dialectical understanding of psychotherapy. Whereas a dialogue is an interaction or communication between two persons, dialectics involves a third. A dialectic understanding of therapy thus implies that doctor and patient are not alone. There is always a third factor, a third "person" present. This idea of the third characterizes Jung's view of psychotherapy throughout. (pp. 153-154)
>
> Psychological induction is . . . not thought of as running from the patient to the analyst or vice versa, but rather as an embeddedness of both persons in the Third . . . . instead of asymmetrically concentrating on the patient, both persons now focus their attention on the objective third factor. What is this factor, who is the third person of psychotherapy? . . It is the world of complexes and archetypal images. (p. 154)
>
> The "grammar" of psychology is faulty, we cannot conjugate properly: I, Thou--this is where we stop. But the proper "conjugation" (Greek: syzygia!) knows of a third person, of the objective and impersonal It (the objective psyche, the "great", Psychologia) which is present along with the two other persons because it is their impersonal and larger aspects. (p. 171).

The "third" can be seen as the symbolic activity of the transcendent function (see Rauhala, 1969, p. 101). Jung used this term because through symbol formation the tension of opposites could be transcended. It does not refer to the metaphysical. Previously disparate realms of being are held by the symbolizing activity of the transcendent function.

The secured-symbolizing/context-plus field is the field of the archetypal transference (see Jung, 1954). Context-plus is the silent force field of the indwelling to indwelling connection. The amplificatory state of context-plus is more than just "the holding environment" of Winnicott (1965) or "the container and the contained" of Bion (1962). The concept of the container and the contained is not large

enough if we think of patient and therapist as merely discrete entities. The context-plus force field is really the metacontainer of the traditional dyadic container and the contained. Context-plus is a domain that is quite "other."

Edinger (1972) sees dreams as expressions of the ego-Self axis (see p. 125). He describes this axis as "the gateway or path of communication between the conscious personality and the archetypal process" (p. 38).

Fordham (1957) describes two stances which the therapist can take in relation to the patient. The first is "trying to isolate oneself from the patient by being as 'integrated' as possible" (p. 97). The second is "simply listening to and watching the patient to hear and see what comes out of the self in relation to the patient's activities, and then reacting" (p. 97).

The second stance according to Fordham (1957) involves deintegrating. He writes:

> It is as if what is put at the disposal of patients are parts of the analyst which are spontaneously responding to the patient in a way that he needs, yet these parts are manifestations of the self. It was this that led me to see what Jung describes as the dialectical relationship is based upon processes which neither I nor my patients can control consciously, and that analysis depends upon the relatively greater experience of the analyst in deintegrating so as to meet the patient's deintegration. (p. 97).

It is the acceptance of a phenomenological given, such as I call context-plus, which breaks the positivist paradigm and renders Jungian work to be of an order different from other models. Context-plus is simultaneously an exponent of the

secured-symbolizing field and the aegis under which this field obtains.

The Significance of Amplification in the Secured-symbolizing/context-plus Field

Now we will examine the relationship between the practice method of verbalized and silent archetypal amplification and the secured-symbolizing/context-plus field which is intrinsically a field of self-amplifying processes.

Zinkin (1969) stresses the need to consider analytic content in the context of clinical interaction. He expresses this concern:

> Analytical psychologists as a group appear to concern themselves less with the problems of technique than perhaps any other comparable group of therapists. Most of the published work follows Jung's own writings in concentrating on psychological content rather than on method, and yet this very content, the data on which we depend to enlarge our knowledge, may well depend on the method used to collect it. (p. 119)

Similarly, Machtiger (1982) writes:

> Zinkin has remarked that analytic psychologists as a group are more apt to be concerned with the content of analyses and less with the problems of technique. In their devotion to the archetypal imaginal aspects of the psyche, they appear to glory in the notion of an analytic encounter that is not encumbered by awareness of methods or a need to follow rules. (p. 92)

One of the purposes of the present analysis is to lead to a differentiated use of the method of amplification, so that what is being sacrificed by a particular intervention is as well-known as what is hoped to be gained by the intervention. The method like all else has a dual face--constructive and

destructive. There is the additional problem of inaccurate interventions (commissions) and failures to intervene (omissions). Although both verbalized and silent amplification are seen as interventions, I take the view that, in a secured-symbolizing/context-plus field, silent amplification is the preferred intervention because of the nature of this field.

I take the position that the therapist's verbalized archetypal amplification when in a secured-symbolizing/ context-plus field is an attempt to break the seal of the vessel. I hold that the therapist's verbalized archetypal amplification effectively destroys a secured-symbolizing/ context-plus field.

The task is to attend to the nature of the field in order that it might serve as an underpinning for the use of this method. There is a question of whether to incubate the amplificatory imagery silently (intensionally) or to amplify verbally (extensionally).

Goodheart's secured-symbolizing field is enhanced and informed by the objective psyche which is not part of Langs' Type A field in that it is contained within the psychoanalytic paradigm. The activity of this informing by the objective psyche, in an extension of Langs' understanding, is what I call context-plus. I form the compound noun "secured-symbolizing/context-plus" to underscore the context-plus aspect of this field.

In our reading of the literature, it is important to

consider what field is under discussion. According to Goodheart (1980), most of the analytic literature presupposes a complex-discharging field. He writes, "Most of the cautious guidelines and precautions in the literature for analyst's behavior are derived from dealing with the complex-discharging field. There are most likely different criteria for healing and for intervention within the secured-symbolizing field" (p. 33).

Although these concepts did not exist for either Freud or Jung (Freud's explorations centered on the complex-discharging field and Jung's explorations centered on the secured-symbolizing/context-plus field), it is not surprising that they should develop such different paradigms inasmuch as the fields of their study differed so.

According to Goodheart (1980), Langs' work focuses primarily on "illuminating the distinctions and interface between the secured-symbolizing and the complex-discharging fields where they become confounded. He has not explored deeply the nature of therapy once the secured-symbolizing field is firm" (p. 34). Goodheart (1981) writes that "complex formation and discharge is the shadow of the secured-symbolizing process" (p. 24). Thus he suggests a tension exists in the secured-symbolizing field which yearns to be discharged. Goodheart (1980) writes:

> Immense pressures begin to operate unconsciously within the patient and the analyst to get out of this field, and the only way to do so is to alter it into a complex-discharging or into a persona-restoring field or to create leaks in the therapeutic container and to relieve

the pressure. (p. 12)

It is my contention that amplification acts as a pressure-release valve. I am interested in the nature of the therapy process once this secured-symbolizing/ context-plus field is extant. I propose that when a therapist verbally archetypally amplifies in a secured-symbolizing/context-plus field, it is because of intrinsic pressures for tension discharge exerted by the nature of this field.

The secured-symbolizing/context-plus field represents Jung's fourth stage of treatment, the stage of transformation. It is the field in which it is crucial that in Jung's words there be a vas bene clausum (a well-sealed vessel, see Jung, 1968, p. 167). As previously stated, Hall (1983) writes, "The therapeutic relationship is the temenos" (p. 54).

At best in the secured-symbolizing field, the therapist needs to have developed what Keats called negative capability (Margulies, 1984, p. 1029). This is the capacity to tolerate the inchoate--ambiguity, uncertainty, mystery, perplexity and chaos. It is the capacity silently to incubate the unknown without the tension-reducing reach for delineation through amplification.

The secured-symbolizing field is what is generally considered to be the analytic field. It is a field of parallelistic or compensatory concurrent experiences (see Dieckmann, 1974). The analytic process is fully activated, and movement between the various centers of consciousness is fluid. In Jungian terms, this movement is between the ego-

center and the Self-center.[10]

The concept of the Self is a very difficult one, especially inasmuch as the term is used in radically different ways by various schools of thought. Regarding the Jungian understanding of the Self, Edinger (1972) writes:

> The Self is the ordering and unifying center of the total psyche (conscious and unconscious) just as the ego is the center of the conscious personality. Or, put in other words, the ego is the seat of subjective identity while the Self is the seat of objective identity. The Self is the supreme psychic authority and subordinates the ego to it. (p. 3)

Elaborating on the concept of the Self, Edinger (1968) writes:

> The Self is defined by Jung as both the center and the circumference of the psyche. It incorporates within its paradoxical unity all the opposites embodied in the masculine and feminine archetypes. Since it is a borderline concept referring to an entity which transcends and encompasses the individual ego, we can only allude to it and not encompass it by a definition. (p. 7)

Redfearn (1983) writes regarding the ego and the Self:

> For Jung the term 'self' is not used for a totality or for a mainly 'not-me' force in, or at the centre of, the psyche which is usually not experienced clearly by the conscious 'I'. Jung's 'self' is placed over against his 'ego' which corresponds with Freud's pre-1914 ego. That is not surprising as the divergence between Freud and Jung dated from about 1913. Of course, in its aspect of the total personality, Jung's 'self' would include 'ego', so that thus defined it would consist of ego plus unconscious or 'ego plus archetypes', but Jung does not always use the terms in this way. The self is for Jung

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[10] I follow the convention of most Jungian thinkers and the editorial policy of most Jungian publications in capitalizing the term Self. Jung's use of this term differs paradigmatically from that of most contemporary psychoanalytic thinkers. The capitalization indicates his understanding that the Self refers to the objective dimension of the human psyche.

> not something experienced directly, but, as in the Platonic and neo-Platonic tradition, indirectly through symbols, stories, and numerous experiences, including religious ones. (p. 98)

These concepts of the ego and the Self are part of Jung's view of the structure of the psyche. Edinger (1972) writes, "Since there are two autonomous centers of psychic being, the relation between the two centers becomes vitally important. The ego's relation to the Self is a highly problematic one" (p. 4). The transit between these two centers is both the goal of treatment and the process of treatment. In the Jungian literature this transit is referred to as the ego-Self axis, i.e., "The vital connecting link between the ego and the Self that insures the integrity of the ego" (Edinger, 1972, p. 6). The full activation of this axis creates the secured-symbolizing field. I agree with Stein (1982) who states, "What actually creates the therapeutic effect in Jungian analysis is the increasing amplitude of the person's experience of the Self" (p. 30).

I argue that when in the secured-symbolizing/context-plus field, it is necessary for the therapist to hold the amplificatory imagery silently as part of his task of maintaining this field. This represents the attempt at bearing-witness-consciousness which at the very least does not interfere with and likely enhances and perhaps engenders the patient's own symbolizing capacity.

This point of view is consonant with Jung's (1963, p. 419n) rainmaker analogy. In this analogy, the rainmaker is

called to a distant village to alleviate drought, and does so by going into his house for three days and taking no apparent action. It does rain, and when queried about his method, he replies that upon arriving in the village he discovered that it was in disorder, which created disorder in him. In those three days, he brought himself back into order and then the rain came.

Dieckmann (1974) describes his research group's experience with the rainmaker paradigm:

> We have tried at least with one eye to put the metaphor of the rainmaker to a practical test, and in so doing have found that it functions far better than we ever dared to think. What has impressed us most throughout our investigations is that the usual causal model of transference and countertransference, i.e., of action and reaction or influence and counterinfluence, has not sufficed as a means of grasping the phenomena in question. (p. 83)

The rainmaker is one paradigm, that of taking your position in relation to your own unconscious. A second paradigm is to empty your mind and take your position in relation to the patient's unconscious. A third paradigm is to take your position in relation to <u>the</u> unconscious. The actual task of the therapist is to take a triple stance.

It is not clear in the Jungian literature what the "mandate" is regarding clinical verbalization of amplification. I argue a position in the tradition of the corrective silence of the rainmaker. This is in line with Hubback (1983) who, as a healing intervention, suggests, instead of verbal amplification, "The implicit offering of a concentrated extract (so to speak) of my attempted inner

harmonisation" (p. 326).

Russack (1984) at the conclusion of an extended description of an amplification of his patient's material, writes:

> Did I use amplification in the treatment process? No, I did not share any of that knowledge with him. I used it solely for my own edification to help me understand him better and the process that was unfolding in the unconscious. I might have shared it with him if it had come up naturally, for example, if he had had a dream of a fertility goddess or if he had conceptualised the material in that direction. I do not know if other analysts share this kind of amplification, but I expect that, like myself, they are careful not to burden the patient with too much intellectual knowledge because of the danger of interfering with the analytic process within the patient and do not want to disturb the transference and countertransference. (p. 134)

It is because we cannot assume that silent amplification is the norm that I have undertaken this study.

Verbal Amplification

There are two ways of viewing the significance of amplification; first, as it informs the therapist's tacit understanding and secondly, as it informs the therapist's manifest intervention.

Considerations of verbal and/or silent amplification are predicated on which of the following is granted "primary ontological status" (see Kugler in Kugler & Hillman, 1985, p. 144): (1) the archetypal image, or (2) the interpersonal aspect of the dyadic bipersonal field.

If the latter option is weighted, then Kugler reasons that "'intrapsychic reality' is only a secondary and derivative

phenomenon to be 'translated' through interactional analysis back to the more primary term of interpersonal relations--back to 'the real thing'" (p. 144).

Strachey (1934), in what I would consider an emphasis on "field," even though at that time this concept had not been articulated, writes of a concern which while not directly addressing amplification is certainly pertinent:

> It follows that extra-transference interpretations tend to be concerned with impulses which are distant both in time and space and are thus likely to be devoid of immediate energy. In extreme instances, indeed, they may approach very closely to what I have already described as handing-over to the patient of a German-English dictionary. (p. 154)

Samuels (1985a) opts for holding the tension of the two positions. He writes:

> It is necessary to see our field of reference in analysis as seamless and continuous so that ostensible 'images' and the ostensible 'interpersonal communications' do not get separated, nor one gain ascendency over the other on the basis of a pre-conceived hierarchy of importance. (p. 68)

It is assumed that a very specific dyadic field is uniquely constellated between the two individuals. Amplification is being seen as a barrier against the phenomena of this constellated field. Does verbalization interfere with the transformation of content thereby resulting in giving the content to the patient in so raw a form that it cannot be used by the patient? Is speaking at all, when in this field, in the service of a tension-reducing reach? Stevens (1982) addresses this concern:

> Therapists easily assume that because they are "just" talking, they are not acting out and are at least

> attempting to communicate, rather than block or discharge emotion, but Langs demonstrates quite powerfully that this assumption is not always grounded. (pp. 6-7)

Balint (1955, p. 32) discusses the tension reducing aspects of interpretations as an attempt "to overprotect one's patients" (or the therapist?). Balint raises this question:

> Would it be a better technique, in the sense of one producing more fundamental and lasting results, to tolerate the patient's getting into this situation of very high tensions and to enable him to learn to cope with these high tensions also? (p. 32)

It is an interesting question to raise regarding any manifest intervention, but in our case, we see this as an attempt on the part of the therapist to reduce his own tension which is experienced as a projection onto the patient.

Referring back to the section in Chapter III on the problem of meaning, we have to ask, what is the communication, conscious and unconscious, to the patient when the therapist amplifies? We must examine ways in which amplification might be a complex-dominated intervention. Goodheart (1980), speaking generally of frame/field breaks, suggests one possibility: "At anxious moments I had relinquished a firm guardianship of the container to become a guardian of something else, possibly a concrete infantilized image of the patient" (p. 19). Goodheart (1984b) continues: "We are learning that therapists' behavior and communication are infused with unconscious instinctual, archetypal, and defensive needs that are obstructive to the analytic process

and the full individuation of the patient" (p. 114).

McCurdy (1982) offers a more positive possibility: "The analyst can also be present in a more active 'feeding' way, by offering such things as empathy, interpretation, and amplification in relation to the patient's symbolic material" (p. 59).

The validity of amplification is based upon a proper assessment and appreciation of the current field state. There are multiple instances in the literature of concern being expressed regarding verbalized amplification. These can be subsumed under the category of a frame/field break or a disruption of the bipersonal field. Amplification becomes problematic when the therapist uses it unawares as his own active imagination, thereby isolating himself from the patient. Verbalized amplification may weight the significance of the objective psyche over the significance of the patient himself or his everyday life. Fordham (1957) writes that it can be used "to support depersonalizing defences and mask easily verbalized transference relationships" (p. 102), and that "extraneous mythological parallels . . . can be used to obscure rather than clarify what is going on in the transference" (p. 101). Fordham (1978) further writes, "Over the years I have almost given up using parallels because I find they tend to isolate the material from the patient's day-to-day life" (pp. 26-27).

Further references in the literature to the disrupting effects of amplification include Adler (1967a), who writes,

"Mythological material must be used only as far as it enriches the actual dream symbol and as far as it is therapeutically relevant to the psychological need and situation of the dreamer" (p. 368). Charlton (1985) writes, "Repeated mythological amplification . . . constitutes a distraction to the unfolding experience of the analysand" (p. 32). Hall (1982) writes, "Archetypal amplifications should not be allowed to overshadow personal associations" (p. 151). Hall (1983) further writes:

> [Archetypal motifs] constitute a rich field for the pure study of archetypal symbolism, but must be used with caution in interpreting any particular clinical situation for the complexity of an individual person is greater than the complexity of any myth. (p. 33)
>
> Archetypal amplification, however, should be used with restraint in the clinical setting. An unwanted and even dangerous side effect of excessive archetypal amplification is fascination with unconscious images and their archetypal meanings. This fascination can lead one away from the process of individuation which requires finding a personal meaning among the many archetypal possibilities offered both in the unconscious and in the outer collective world. (p. 78)

A particular type of defense is alluded to by Stein (1984). The therapist may project his own degree of development and relatedness to the Self onto the patient and thereby feel that archetypal amplification is in order. Stein writes of the maieutic type of attitude in which "the central exchanges within the analytic relationship are seen as revolving around creativity and the revelation of the Self" (p. 80). Stein continues with this warning:

> But it can happen that a chronic maieutic type of countertransference attitude occludes the analyst's vision. It may be intolerable for someone who operates habitually out of this attitude to realize that the

> unconscious of an analysand is not always pregnant and abundantly creative, and that some analysands are so riddled with ego deficits and encased in pathological defenses that pregnancy and giving birth are out of the question until these issues are resolved. (p. 83)

While symbolic communication is consonant with the nature of the secured-symbolizing/context-plus field, it is important not to equate symbolic communication with archetypal amplification.

A more subtle aspect of the tension-reducing reach for amplification may be an attempt by use of symbol to contain the force of the archetypal image by naming it. Klein (1973) speaks of this function of metaphor: "Since metaphor involves the choice of words which have a control as well as expressive function, a metaphor is a way of handling simultaneous trains of thought. (p. 129)

Despite all of the foregoing, Hobson (1971) reminds us that although Jung's "method of amplification is fraught with many serious dangers . . . maybe if used by the right kind of therapist, with the right kind of patient, at the right time, it can reveal the pearl in the oyster" (p. 102).

Silent Amplification

Glover (1955) writes, "The selection of the analogy by the analyst is brought about by two factors, the stimulus of the patient's material and the analyst's elaboration of that material" (p. 272). He adds, "The relevance of the analyst's imagery and associations would depend upon the state of

rapport existing with the patient at the time" (p. 271). Fordham (1957) writes that in the stage of transformation (our secured-symbolizing/context-plus field) "the mutual unconscious bond between analyst and patient becomes increasingly apparent" (p. 102). Because of the heightened dyadic bond in the secured-symbolizing/context-plus field, I assume that the imagery constellated is relevant. Even given this, the question remains how to use the imagery.

The question of the issue of the silent use of amplification revolves around the issue of how the therapist might best make use of his innnermost experience. Stevens (1982) writes, "Through this silent inner process the therapist begins to metabolize the patient's subjective state" (p. 5). Langs (1981a) writes, "Silence is among the most difficult interventions for the therapist to make. There appear to be powerful tendencies toward active intervention" (p. 612).

Silence at best offers the patient the opportunity for total involvement with the material at hand. It does not manifestly introduce the slightest anything that has the possibility of diluting or dissuading the patient's involvement with the currently experienced material.

In my view, amplification at its best is based on an underlying assumption of the therapist's conscious use of introjective identification which Langs (1978) defines as:

> The interactional process through which introjects are formed. As a rule, it is invoked by a projective identification from the object, although it may also

> entail active incorporation efforts by the subject. The process is influenced both by the nature of the object, the content and processes that are being taken in, and the inner state of the subject. (p. 635)

The introjective identification mode is expressed in Jung as the rainmaker metaphor. Dieckmann (1974) and Blomeyer (1974) both addressed this process within the therapist in their discussion of their shared research project. In their approach, the therapist uses his internal state imagery to adduce the patient's internal field as part of the existent bipersonal field. The question that we are reflecting upon is the practice implications of the imagery once it is in the within of the therapist.

It is understood that in the therapist's silent holding of the material he is contributing to the secured-symbolizing/ context-plus field, however ill-understood at present. Silent amplification is part of the "unseen matrix" (see Clark, 1982) that the therapist brings to the clinical setting. Silent amplification is part of the therapist's intrapsychic context, i.e., a context of understanding.

In most spiritual traditions, when one is in the presence of the sacred or numinous, one is silent. It is interesting to me that while this is clearly spoken about in Jungian circles, when it comes to the clinical setting, in the encounter with symbolic material, there can be an unexamined excess of verbalization of archetypal imagery. Stevens (1982) suggests a reason: "Since therapists have a considerable narcissistic investment in their interpretations,

they tend to discount the enormously ego-enhancing qualities that result from their capacity to silently contain the patient's associations until they are fully interpretable" (p. 29). Hall (1981) writes, "In most cases I believe perfectly good analysis can proceed without interpretation at the archetypal level" (p. 247).

I have long puzzled about the collective injunction against verbally amplifying sandtrays while dreams are so readily amplified. I have wondered why the attitude toward these two forms of psychological material differs so. Have the "primary entities" (Fordham, 1978, p. 84) been reached any less in a dream image than in a sandtray picture? I have wondered if there is not something to be learned from sandplay therapists whose amplification is silent. Odajnyk (1984), regarding the sacred stilled silence, writes:

> With full immersion, one stops talking so much. Words and images aren't that important any more. They have their place, but are not overvalued and examined with such consuming interest. The impact of psychic reality becomes so strong, the soul is reduced to silence--the silence where no images reign. (p. 48)

What my argument leads to is that verbalized amplification should <u>not</u> be used in this field; in the process of making this specification, I argue rather that any amplification in this field should be silent.

This study articulates a rationale for the use of silence when in the secured-symbolizing/context-plus field, whether or not one is concretely in the sandplay room. It is important not to equate the value of amplification with its verbalized

form. It is my position that silent incubation of imagery more nearly protects the secured-symbolizing/context-plus field, and is therefore more effective.

Returning to the problem of meaning, we have to consider the patient's assignment of meaning to the experience of silence. It must be remembered that from a clinical viewpoint the ultimate significance of any intervention is the significance the patient attributes to it. Meanings are manifold. Panken (1981) writes, "Of course, techniques have variegated meanings for both patient and analyst" (p. 28). The patient most likely will not immediately apprehend silent amplification as the silent-informing-bearing-witness-consciousness of archetypal imagery.

Silence may be viewed as supportive or assaultive. A containing silence may be seen as an opportunity for merger/fusion or as an opportunity for communion or, in Jungian parlance, "coniunctio." Viewing silence exclusively as an opportunity for merger is viewing silence as a hallmark of the primal self or the pre-Oedipal world of blissful uroboric union. Most of the literature on silence reflects the bias that it belongs to the pre-Oedipal period. Rather, I describe a more differentiated field and the use of silence at the behest of the ultimate Self to ultimate Self connection.

It is important that silence be appropriate. A patient may view silence as punitive, withholding, or retaliatory. The shadow side of silent amplfication is failure to intervene. Unempathic silence can earmark a frame/field

break. Silent amplification can contribute to the building and maintaining of the secured-symbolizing/context-plus field. Also, just because amplification is focused upon in an inner way by the therapist does not free the therapist from countertransference scrutiny. For instance, the therapist's inner preoccupations could herald a retrenchment, i.e., the need to move away, displace or distract from the charge of the extant field. Langs (1978b) writes:

> Silence is, of course, absolutely basic to the analyst's repertory of interventions. It is filled with nonverbal and unconscious implications, which may vary from moment to moment and from session to session, within the context of the dynamic interaction between patient and analyst . . . . There has been little effort to empirically delineate the characteristics of appropriate silence and the definitive properties of moments at which its maintenance is no longer tenable. (p. 635)

In listing desired interventions in his Type A field, Langs (1981a, p. 649) puts silence first. In my secured-symbolizing/context-plus field I would do likewise.

The context-plus aspect of the secured-symbolizing field is a silent amplificatory surround. Silent amplification nourishes and expands the container. Silent amplification is a non-interpretive intervention. There is meaning in the not-saying, in the conscious use of silent incubation, an inner witnessing. To incubate is to hold an optimal environment for the development of nascent forms.

Kraemer (1958) writes, "To know more but to say less is a necessary principle for the initiated" (p. 232). McCurdy (1982), commenting on Kraemer, writes, "A period of incubation is implied, a period where the experience and comprehended

information is held and ripened to its proper age of birth" (p. 63). Incubation though is more than just proper timing. An incubating incarnating silent amplification may evoke the transcendent function which, activated, manifests as the secured-symbolizing/context-plus field. Perhaps the maintenance of this field rests upon the therapist's silent indwelling upon his internal-state imagery. Guggenbuhl-Craig (1971) writes, "Although the analyst does not tell his own dreams and fantasies--these two influence both the analysand and the course of analysis" (p. 49).

I take the above passage from Guggenbuhl-Craig as referring to the field I call the secured-symbolizing/ context-plus field and of Jung's idea of the presence of the "third."

Guggenbuhl-Craig continues:

> It is immediately evident that a person's fantasies about himself exert an influence on him. But it is somewhat more difficult to see how fantasies about another person can influence that person without their being verbalized. Jungian psychology comprehends a relation between two people as more than a contact between two consciousnesses. When two people meet, the totality of their psyches encounter each other; conscious and unconscious, spoken and unspoken all have their effect upon the other. We do not know precisely how this happens. (p. 48)

The nature of the secured-symbolizing/context-plus field is such that at those moments when the spiraling, intensifying, centripetal force of the dyadic helix is fully activated, speaking tears the membrane of the moment. Hubback (1983) writes:

> Detailed descriptions of the clinical use of

> amplification would perhaps help those analysts who are chary of introducing their own cultural [used in Henderson's sense, see page 61n] associations, who fear they might prevent the development of the patient's own imagery, or interfere with its potential flow. I do not think I have helped patients forward significantly when I have tried amplifying openly [italics added]. (p. 326)

Non-verbal interventions fly in the face of the roots of any analytic tradition which reside in Freud's dictum of insight through verbal interpretation. The primacy of the word was established by this first principle of technique. Humbert (1980) writes, "Today when people talk of entering a post analytic era, what they mean is a reaction against the imperialism of speech and an appeal to the experience of the non-rational" (p. 135). It is in this spirit that I present this study.

Amplification as a Frame/field Break

While frame and field can be distinguished theoretically, I speak clinically of frame/field as an interacting unit. In this I follow Langs and Goodheart. Breaks in fixed frame are often dismissed as of no import; on the other hand, an intact fixed frame is often treated as if it were identical with an intact therapy container. Goodheart (1980) writes, "It seems as if the actual analytic frame (time, place, fee, stance) and the more subtle secured-symbolizing field are in a mutual fluid interpenetration, so that an impingement on one is an impingement on the other" (p. 22).

Traditionally we think of frame breaks as alterations in

time, extra-analytic contact with the patient or the patient's family or significant others, agency contacts, insurance contacts, fee alterations (such as carrying a bill, reducing or raising fees), or change in frequency of visits. I have proposed that the method of amplification can be a frame/field break in and of itself, diluting the affect of the secured-symbolizing/context-plus field.

It must be remembered that any intervention or non-intervention can be disclosing of countertransference, although the effects of non-intervention are more difficult to ascertain. Stein (1984), in suggesting methods of examining countertransference (in this case, a frame/field break can be considered a correspondent of countertransference), suggests looking at therapists' clinical interventions "since they are strong indicators of countertransference" (p. 70). In the same vein, Beitman (1983) states, "Any technical manuever may represent a manifestation of countertransference" (p. 85).

There are repeated concerns expressed in the literature regarding verbalized amplification. Just as therapists can be caught in personal reductionism--"the defensive use of a genetic link" (Langs, 1980, p. 352), and a therapist can also be caught in interactional reductionism (many would see the whole body of Langs' in this vein), likewise, a therapist can be caught in archetypal reductionism. Hall (1983) holds that "the danger of archetypal reductionism [lurks] constantly in the Jungian consulting room" (p. 100). It is this third

possibility that is of interest to us here. Hall has been the writer who has most explicitly dealt with this concern. Hall (1983) describes a problematic aspect of amplification:

> Since all complexes are constructed upon an archetypal core, it is always possible to overamplify a dream motif toward an archetypal meaning, with the attendant danger of substituting the (often fascinating) archetypal amplifications for the tensions of the individuation process in the dreamer's own life. (pp. 34-35)

While not the focus of this work, it is worth noticing that amplification can also be problematic in both the persona-restoring field and the complex-discharging field (see Goodheart, 1980, p. 24 and pp. 36-37). For instance, regarding the substitution of the synthetic approach as an avoidance of the more ordinary (and more difficult?) work of a reductive approach, Ulanov (1982) writes, "Jungians can easily waft themselves into mythological spiritualizing, with talk about 'the goddess' and 'the gods'" (p. 75). McCurdy (1982) writes, "It would merely become the enactment, albeit on a very elevated and heady plane, of a massive defense mechanism a deux [or bastion]" (p. 55).

Both of these passages indicate the problem of amplification as a defense against the complex-discharging field. Rycroft (1958) writes, "There are indeed numerous occasions on which the use or abuse of words betrays a breakdown in communication on a more simple emotional level" (p. 409).

Amplification can be a cliched intervention on the part of the therapist and thus can be an attempt to return the

field to a persona-restoring field or an attempt to maintain the field as a persona-restoring field. Amplificatory images are stereotypical in their "everyman" quality. Amplification then becomes merely narration or pontification.

Summary

I have described how the concept of clinical field is a derivative of seeing transference/countertransference as a paired unit. By extension, I have raised the question about the method of amplification in the secured-symbolizing/context-plus field constituting a frame/field break. Amplification <u>is</u> an intervention. Amplification, like any intervention, can constitute a frame/field break. I have shown how the history and nature of amplification makes this method particularly open to be used as a frame/field break and specifically so in the secured-symbolizing/context-plus field, which is intrinsically self-amplificatory. Amplification has not previously been cast in this light. I have shown that the various problematic issues regarding amplification which have been raised in the literature can be subsumed under the heading "context of therapy." Addressed from this vantage point, the problems raised about the practice method of amplification lead to a solution. This solution is a specification for the use of amplification modified by an awareness of frame/field.

I am recommending silent amplification when in the

secured-symbolizing/context-plus field.

Although concerned about examining this method, I would hold with the spirit that Goodheart (1980) articulates: "It is probably impossible for any analyst to avoid making such defensive interventions unconsciously and continuously throughout the course of any analysis. The test of his metal is his ability to recognize when they occur" (p. 21). It is the unacknowledged and the unmended or unrectified frame/field breaks that are of concern.

CHAPTER VI

IMPLICATIONS AND SIGNIFICANCE OF STUDY

This work has bearing on a live issue in the Jungian community, that of the increasing division of the community into two schools, symbolic and clinical.

The symbolic school is called variously the orthodox (Adler, 1967, p. 339), the classical-symbolic-synthetic (McCurdy, 1982, p. 50), the cultural-anthropological (Henderson, 1982, p. 17), the cultural-mythological (Schwartz-Salant, 1984, p. 3), cultural (Hubback, 1980, p. 221), and classical (Samuels, 1985b, p. 15).

The clinical school is called variously the neo-Jungian (Adler, 1967, p. 340), the non-classical (McCurdy, 1982, p. 50), the clinical-personal (Henderson, 1982, p. 17), the personal-clinical (Schwartz-Salant, 1984, p. 3), clinical (Hubback, 1980, p. 221), and developmental (Samuels, 1985b, p. 15).[11]

Overemphasis of either the context of meaning or the dialectical context gives rise to the two major Jungian schools--the symbolic school (emphasis on the meaning context) or the clinical school (emphasis on the dialectical context).

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[11]Samuels (1985b) adds a third school, the archetypal school, which clinically emphasizes "the examination of highly differentiated imagery" (p. 15). The major spokesman for this school is Jungian analyst James Hillman. This school represents the first major modification of Jungian theory. It takes a pure phenomenological position and employs the phenomenological bracketed reduction. For purposes of this study, I hold the position that the archetypal "school" represents its own school of thought.

Initially the distinction between the two major trends in Jungian thought was seen as geographic (Fordham, 1978, pp. 51-53) and referred to as the Zurich School (symbolic) and the London School (clinical).

While initially these trends may have been primarily associated to the geographical centers, this is no longer exclusively so. A wide divergence of views can be found in Stein (1982), a collection of articles by American analytical psychologists.

Henderson (1982), a San Francisco analyst, describes the difference in emphases between these two schools:

> Those of us who were analyzed by Jung, and many others who have followed the Zurich model, are most comfortable using the symbolic method not only for our patients but for ourselves, in our efforts at self-analysis. It is implemented by the use of amplification of dreams or fantasy content in order to draw upon the archetypal source of all inner imagery. In contrast, there is an alternative method, which has always existed in Jungian analysis or psychotherapy as a sort of reaction-formation to the symbolic method. It is a purely clinical method of dealing directly with the patient's personal problems. This method has been given a more official kind of recognition and sponsorship by Fordham and those members of the London school of analytical psychology whose practice consists mainly of children and regressed adults. It is also being taken up by some of the younger analysts in the United States. Those analysts who favor the clinical method are working mainly in a neo-Freudian style and are at variance with those who use the symbolic

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In fact Hillman (1975, pp. 138-147) calls this school "archetypal psychology" to distinguish it from the Jungian school, analytical psychology. Odajnyk (1984), wary of this new modification and its detached view of the unconscious, wrote that it "can so readily degenerate into a literary, esthetic, or intellectual show piece. It then becomes a way of talking about the unconscious, of getting one's feet wet, but never leaving the security of the shore for fear of becoming fully immersed. (p. 48)

> method--or seem to be, until one talks to them about specific cases. (pp. 16-17)

Because these trends are no longer tied to geographic locations, I prefer to use the terms symbolic and clinical for the two schools. The passage quoted above obviously reflects Henderson's bias that the clinical school does not exist substantively but rather as a "reaction-formation." It also contains a bias that those patients requiring the clinical method are either more regressed or are children, an interesting combination of patient groupings.

Briefly, the symbolic school stresses amplification, dream interpretation, active imagination, and the archetypal transference and interpretation. The clinical school emphasizes developmental issues, the personal transference/ countertransference and reductive interpretation and the dyadic clinical interactional realities.

It is important to realize that these groupings are in Samuel's (1985b) words "based on priorities rather than exclusivities" (p. 18). Hubback (1980, pp. 223-224) commented that although the lack of publications regarding amplification by London analysts might suggest that this method had fallen into relative disuse, nonetheless when she informally questioned some of the analysts of the clinical school, she discovered that they did in fact verbally amplify. Both schools of course have their shadow side. Henderson (1982) writes:

> If however the imaginal activity invested in this symbolic approach becomes an end in itself, it may have

> the aesthetically seductive effect of concealing, instead of curing, the original problem for which the patient sought help. In this sense, it merely sets up another line of defense against facing the personal shadow. (p. 18)

Warning against being too clinical, Schwartz-Salant (1984) wrote that "once we begin to get extremely engaged in the transference/countertransference issues we easily lose a larger perspective on healing, one informed by feeling and intention" (p. 8).

Henderson (1982) sees the split into so-called schools as a struggle within a particular clinician. He is the only writer promoting this view. He wrote, "I prefer to think that, for the most part, any such split is to be found in certain individual therapists at certain times and not in the movement as a whole" (p. 17). His view may be a reflection of the nature of the C. G. Jung Institute of San Francisco which Henderson helped found and which according to Fordham (1978, p. 53) has managed more successfully than elsewhere to keep the symbolic and clinical emphases together.

Adler (1967, p. 340) was the first writer according to Samuels (1985b, p. 11) to attempt a delineation of schools. Adler described a center group composed of a combination of the symbolic and the clinical. The San Francisco group would be classified here.

While there are no officially recognized Jungian schools (see Henderson, 1982, p. 17; Samuels, 1985b, p. 1), the 1983 conference of the International Congress for Analytical Psychology held in Israel was devoted to the issue of the

two major traditions in Jungian thought (see Schwartz-Salant, 1984, p. 27).

In summing up his views of the symbolic/clinical controversy, Schwartz-Salant (1984) writes that "there can be complementarity between approaches that focus upon transference/countertransference issues in the clinical interaction and those which focus on dreams and other objective symbolic patterns" (p. 2).

I agree with his view and have argued for a differentiated use of archetypal amplification based upon a consideration of extant field.

Amplification considered in relation to the context of therapy provides a case example for how these two schools--the symbolic school emphasizing the context of meaning and amplification, and the clinical school emphasizing the dialectical context and the context of therapy--might creatively inform each other if the tension of opposites is held rather than dichotomized.

Amplification considered in relation to the context of therapy prototypically illustrates thereby how these two schools might creatively inform each other if the tension of opposites is held rather than dichotomized.

Kugler (see Kugler & Hillman, 1985, p. 145) makes the point that the different ontological assumptions of each of the schools are used erroneously to invalidate the other. The more encompassing approach would be to allow these different ontological assumptions to inform and enrich the

practice forum of each Jungian school. When a splitting into schools occurs, the discussion deteriorates into the position of one school being more "real" than the other. The other becomes a secondary derivative predicated on the ostensibly primary "reality." Walsh and Peterson (1985) write, "Criticism is of limited value which employs the bias of one epistemological position to illustrate the fallacy of another" (p. 149). Kugler argues for a "multiple definition of reality" and "a multiple set of ontological assumptions" (p. 145).

The question of whether or not one amplifies verbally or silently is a derivative argument of the different definitions of reality upon which each of these schools is predicated.

As stated above, amplification can be seen as a distillate of the symbolic school which is identified with the context of meaning. The context of therapy can be seen as a distillate of the clinical school which is derivative of the dialectical context. Because of the distillate significance of each of these elements, practice method and context of therapy, they can be seen as paradigmatic of the current controversy between schools and therefore an examination of their interplay could serve mutually to inform these two schools.

Because amplification is a Jungian hallmark method, this examination of amplification-in-the-(secured-symbolizing/context-plus)-field serves as a syncretic fulcrum beckoning these two Jungian schools to inform each other

rather than resorting to dichotomy.

Further Research

A method for further research might be borrowed from the Dieckmann (1974) and Blomeyer (1974) research group which examined analytic process in a small group[12] format. Dieckmann (1974) writes:

> We formed a group of four analysts with many years of practical experience behind them . . . . At each meeting, one of the analysts presented a report of a single analytic session together with a patient's archetypal dream; the patient's associations as well as the analyst's were noted down synchronously. Account was also taken of the content of the previous session and its subsequent development. All this was thoroughly analyzed in the group situation. (p. 71)

Each group meeting lasted three hours. Twenty-five cases were "throughly analyzed in the group," but Dieckmann (1974) reminds that "the background material at our disposal is of course much larger, since the method allowed each of us to write up or observe considerably more cases than he was able to present to the group" (p. 72). Dieckmann also emphasizes that more value was placed upon "the intensity of the emotions contained in the dream than on 'classic' mythological motifs" (p. 72)

In support of the Dieckmann research group's methodological approach, a philosopher of science, Michael Polanyi (1974) addresses the problem of investigating a

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[12]The group was composed of the two above-mentioned Jungian analysts plus E. Jung and H.-J. Wilke.

different-order phenomenon by describing his epistemological concept "indwelling":

> We need a theory of knowledge which shows up the fallacy of a positivist scepticism and authorizes our knowledge of entities governed by higher principles. Any higher principle can be known only by dwelling in the particulars governed by it. Any attempt to observe a higher level of existence by a scrutiny of its several particulars must fail. We shall remain blind in theory to all that truly matters in the world so long as we do not accept indwelling as a legitimate form of knowledge.
>
> Indwelling involves a tacit reliance on our awareness of particulars not under observation, many of them unspecifiable. We have to interiorize these and in doing so, must change our mental existence. (p. 149)
>
> Indwelling operates on all levels of reality. But when we know living things, our indwelling enters into an especially intimate relation to that which it knows. (p. 142)

A devoted group of therapists using the epistemological approach of indwelling and willing to expose their work might employ the Dieckmann group's method in relation to a content analysis of process recording of sessions in which the therapist had verbally amplified. The impact of amplification on the frame/field could then be evaluated by the group.

Langs' method of attending to patient's derivative communications, after an identified frame/field break by the therapist, might provide a basis upon which a categorization of the impact on the therapy endeavor might be ascertained.

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