



Psychotherapy in the aesthetic attitude

John Beebe, *San Francisco, USA*

Abstract: Drawing upon the writings of Jungian analyst Joseph Henderson on unconscious attitudes toward culture that patients and analysts may bring to therapy, the author defines the aesthetic attitude as one of the basic ways that cultural experience is instinctively accessed and processed so that it can become part of an individual's self experience. In analytic treatment, the aesthetic attitude emerges as part of what Jung called the transcendent function to create new symbolic possibilities for the growth of consciousness. It can provide creative opportunities for new adaptation where individuation has become stuck in unconscious complexes, both personal and cultural. In contrast to formulations that have compared depth psychotherapy to religious ritual, philosophic discourse, and renewal of socialization, this paper focuses upon the considerations of beauty that make psychotherapy also an art. In psychotherapeutic work, the aesthetic attitude confronts both analyst and patient with the problem of taste, affects how the treatment is shaped and 'framed', and can grant a dimension of grace to the analyst's mirroring of the struggles that attend the patient's effort to be a more smoothly functioning human being. The patient may learn to extend the same grace to the analyst's fumbling attempts to be helpful. The author suggests that the aesthetic attitude is thus a help in the resolution of both countertransference and transference en route to psychological healing.

Key words: aesthetic attitude, analytical psychotherapy, countertransference, cultural attitudes, grace, Henderson, shape, taste

Introduction

My aim in this opening lecture* is to persuade you that the transcendent function, even in a therapeutic context, operates more aesthetically en route to understanding than analytical psychology has tended to admit.¹ I also hope to show that, in ordinary analytic practice, independent of art techniques, to

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¹ Jung (1916/1980, p. 87, §180) opposes what he calls 'aesthetic formulation' to 'understanding', and though he postulates that these processes exist in a compensatory relationship, regulating and supplementing each other to form the transcendent function he states, rather flatly, 'Aesthetic formulation, when it predominates, leaves it at that and gives up any idea of discovering a meaning'.

mirror this aspect of the transcendent function with a similarly robust aesthetic response can help to keep it alive and healthy. For that reason, I have chosen the title 'Psychotherapy in the aesthetic attitude'.

Although a conference for analytical psychotherapists on the transcendent function might well be expected to begin with an address that would be, at least symbolically, more uniting, one that would invoke the self's power to transcend the differences that sometimes divide colleagues engaged in the psychotherapeutic endeavour, I am going to risk emphasizing somewhat at the expense of all the others just one of the cultural attitudes that psychotherapists bring to this work. Cultural attitudes were first sketched out by Joseph Henderson (1984) in his remarkable small monograph *Cultural Attitudes in Psychological Perspective*, but before that could be published he discussed the way they affect an analyst's perception of the proper content of a psychotherapy in a paper on countertransference (Henderson 1982) that he delivered to a meeting of analysts in San Francisco. Henderson felt that the most common cultural attitudes that he encountered in the people he analysed were the *social*, the *religious*, the *philosophic*, and the *aesthetic* attitudes. He also recognized that this neat quaternity did not sufficiently account for cultural attitudes that have developed over recent centuries, such as the *scientific* attitude, which has emerged since the 17th century from the philosophic attitude. I would want also to mention a strong branch of the social attitude, which we might term, drawing on some of the work of Andrew Samuels (1993), Thomas Singer (2000), Samuel Kimbles (2000)², Betty Meador (2000), Lawrence Alschuler (2007), and Peter Dunlap (2009), the *political* attitude, one that is rapidly shaping the way many of us are approaching our patients, who turn out so often these days to be bringing their political feelings to analysis for further development.

In his book, Henderson postulated that what most Jungian analysts and patients share, however, or at least are developing through their analytic work, is a cultural attitude that first made its appearance in American culture with William James: the *psychological* attitude. William James was of course a great influence on Jung, and Henderson felt that it was this new cultural attitude that makes a pragmatic examination of all the others possible in analytical psychotherapy. For that reason, Henderson described the psychological attitude as the quintessential cultural attitude for psychotherapy. By pointing to its ability to transcend and unite all the others, he made it an aspect of the transcendent function. In recent years, another offshoot of the psychological attitude has been identified, what Hester Solomon (2000, p. 210) has called the *ethical* attitude. The ethical attitude corresponds to what in my own writings (Beebe 1992, 1998) I call integrity, a term that implies its ability to unite

² In this article, Kimbles calls attention to Hersh's (1985) distinction between 'ethnos and polis'. Singer and Kimbles (2004a, 2004b) have since expanded the notion of group or cultural complexes in a way that makes clear they do not belong to one cultural attitude.

the psyche, thus again harking back to the transcendent function. The ethical attitude of moral integrity helps us to rethink what the development of the psychological attitude, which articulates the relation between self and others in an individual way, is aiming at.

These many differentiations of the notion of cultural attitude suggest that there can be no last word in the delineation of specific cultural standpoints. No one of these attitudes, not even the psychological, can claim to offer the ultimate basis of how psychotherapy heals. Our present job, it seems to me, is to see how each of the cultural attitudes that Henderson and others have identified can inform and shape the process of psychotherapy. As practitioners, we want to be able to see how the patient's efforts at learning from experience are requiring him or her to make use of a particular cultural attitude, and we need to notice how the patient's development is being fostered or inhibited by the psychotherapist's championing another cultural attitude as the better way to go.

To illustrate the way an analyst's cultural attitude can shape the countertransference an analyst brings to a patient, Henderson described a colleague whose own individuation had taken him from an originally strong religious attitude to an equally energized social attitude in his mature years. In his attitude toward analytic work, this colleague

had become convinced that it is our duty to react to political and social injustice by word and deed at all times and to correct any kind of bigotry. This was a valid stage in his own development, but it was not always right for his patients. One of his patients was a reflective man with an aesthetic attitude who ignored social issues as much as possible. He was a photographer and film-maker primarily interested in form, only secondarily in content. The analyst could not restrain himself from criticizing this attitude and [from] trying to stimulate his patient's interest in social welfare as a corrective for what seemed to him mere narcissism. . . .

At length this patient 'fired his analyst' and came to Henderson. Henderson says, 'As soon as he got from me an acknowledgment that there is a healthy cultural form of art-for-art's sake, which needs no social justification for its existence, his resistance vanished and his therapy went forward' (Henderson 1982, pp. 50-51).

Henderson chose this particular example, I think, to emphasize the need to free the aesthetic attitude from a stigma that it sometimes encounters within our field. As in many families, the aesthetic attitude may meet in therapy the prejudice that it is a form of self-indulgence. Such a prejudice can lead, even among analysts who are personally sympathetic to refinement of the aesthetic dimensions of existence, to a failure to analyse the patient's aesthetic strivings, as if these belong to a territory off limits, a sacred preserve of the Self. Henderson certainly had to bend over backward to free his patient, who was still reacting to his former analyst, from the suspicion that no analyst would have patience or room for his aesthetic development, a suspicion Henderson corrected by

directly communicating to the patient that art for art's sake is okay. Like this patient, many artists are used to disavowal, and can sometimes shake off the prejudice against the aesthetic attitude by going forward to use it anyway in their individuation. Such individuation, as Jung knew, often occurs in their work, however, and not in their analyses. I am minded of what Hermann Hesse took away from his sessions with Jung in 1921, which occurred at a time when the visionary Swiss novelist was having trouble completing his novel *Siddhartha*. Regarding his time spent in therapy with Jung, after which he did happily complete the novel, Hesse in later years (1950/1973) told a correspondent, 'I got a nice impression of him, though at that time I began to realize that for analysts, a genuine relationship to art is unattainable: they lack the organ for it'.

Patients who are not artists, but may need to use or develop the aesthetic attitude if the transcendent function is really to deliver for them, are not always so ready to dismiss the contribution that an analyst can make to their lives at the aesthetic level. Therefore I will be striving in these remarks to free the aesthetic attitude both from the suspicion that it cannot contribute to the deeper aspects of psychological work and from the ethical anxiety on the part of practitioners that aesthetic perceptions and choices are so intrinsic to the patient's individuality that they are best left untouched. Since the aesthetic attitude is a *cultural* attitude, however, you might be wondering what it has to do with the transcendent function, which we usually conceive of as a more individual thing, having more to do with the way ego connects to Self, than the way it connects to society, which is what culture implies. Surely the aim of therapy is not to facilitate the making of the personality into a work of art for others to admire. And even if so, the cultural attitudes would belong then to a psychotherapy of the persona, or be at most epiphenomena of individual differences in ego strength of the kind described by Jung in *Psychological Types*. Indeed, the art historian Joan Evans (1939) did link individual differences in taste, one of the key ways in which the aesthetic attitude is exercised, to the attitudes and functions of the different psychological types.

When Henderson developed his theory of cultural attitudes, however, he took pains to distinguish them from the types, and that led me to ask myself, as I tried to receive his work and apply it to my own, where then are the cultural attitudes located in the psyche? Only after mulling this question for a long time have I finally realized that they operate at the level of the animus and anima, a conclusion I reached by noticing how often anima and animus development coincide with the development of a cultural attitude that may have been far less distinct when the patient entered analysis. This is so, I believe, because animus and anima are archetypes that supply much of the libido for what we are energized to pursue in the world. As projection-making factors, which is how Jung (1951/1968, para. 26; 1935/1966, para. 333) describes them, they are bridges to the world as much as bridges to the Self (Ulanov 1992), even though that latter function is the one we have preferred to emphasize in therapy. As bridges to the world, the anima and animus are quite specific in the destinations

they choose to connect us with. Anima and animus select not only the people we idealize, but also the causes we espouse and the interests we hold.

It is an interesting paradox that these same archetypes are so closely associated with the inferior function in our individual typologies (Hill 1998; Beebe 2004). We can speak of an extraverted intuitive man (like myself) as having an 'introverted sensation anima', and I regard the anima of Jung as carrying his inferior extraverted sensation, symbolized by the Biblical Salome who had to demand the physical head of the chaste ascetic, John the Baptist, to be able to kiss him—which suggests a rather concrete hands-on anima of the kind we associate with an introverted intuitive man. The inferior function will be an important player in the papers we are about to enjoy, I predict, because the transcendent function emerges in individuals, as Marie-Louise von Franz (1971) first noted, out of the inferior function.

The transcendent function of psyche, in her view, is nothing more mysterious than the way the conflict for ascendancy between the different functions is transcended when the inferior function emerges as ripe for integration. When the inferior function is pulled up into the personality, the personality is suddenly united and operates as a whole. The inferior function that was carried by the anima and animus figures then becomes the transcendent function, the bridge to the wholeness that is the Self. In my own writings on typology, I have described the link in our typology between the superior function dominating the ego and the inferior function leading to the Self as the 'spine' of personality, and once this spine is psychologically viable, it is as if it has a spinal cord through which libido can easily flow. Then this spine can function as the 'ego-Self' axis described by Neumann and Edinger (Beebe 2004).

The anima and animus archetypes do not disappear in the individuation that follows. The anima and animus shape individuation in very particular ways over decades, often as specific activities we feel we should take up to realize our potential as human beings, activities that define our integrity as persons and as moral agents in the world. They are therefore not illusions, empty forms to be overcome, but meaningful forms of attachment that give texture to our lives in the world. I believe the cultural attitudes play a critical role in the choices the anima and animus drive us to make. The anima and the animus are part personal, part cultural (almost always there is a cultural aspect to their personifications) and because these are the archetypes that shape the relation to the Self, they assure that such a relation will not just be personally enhancing, but also acculturating in some meaningful way. Acculturation is therefore an important part of the role the transcendent function plays in therapy. Cultural attitudes undergo development whenever we live out the values carried by the anima and animus. In discussing the part played in psychotherapy by just one of those attitudes, the aesthetic attitude, I will be describing the way such self-realization is proceeding for certain of our clients, but at the same time I will be describing a way that I think the transcendent function can function in all of us, since I believe that, just as we have access to all of the typological functions, we

also have all the cultural attitudes. The development of a cultural attitude that is weak in us might become one of the goals of a particular analytical psychotherapy. I have chosen to focus on the aesthetic attitude not just because my own anima development, as it emerged in psychotherapy, demanded I pay attention to it, but also because I believe it is important to emphasize this aspect of the transcendent function at this particular time for the development of our field.

The aesthetic attitude was somehow in shadow for Jung at the time he was writing down and drawing his fantasies in the course of developing his understanding of the unconscious. This becomes apparent when Jung (1963, p. 185) characterizes as belonging to 'a talented psychopath' the inner voice that tells him that his way of exploring the unconscious 'is art'. Jung evinces the same deprecating attitude toward Schiller in *Psychological Types*. Schiller's ambition in the *Letters on the Aesthetic Education of Man* to establish that 'the aesthetic mode of perception can make the individual whole' (Letter 27, no 10, trans. Bishop 2008, p. 109) led Jung (1921, para. 194) to retort, 'Aestheticism is not fitted to solve the exceedingly serious and difficult task of educating man, for it always presupposes the very thing it should create—the capacity to love beauty'.

As a consequence, aesthetics has remained, theoretically, a bit off limits for our psychology, and it has rarely been seen as applying to what we might do with patients. Though art techniques and images produced by patients continue to attract the attention of analytical psychotherapists, the aesthetic *attitude* has only scantily been described in our analytical psychology literature, quite as in depth psychology generally³. We do not always focus on the aesthetic choices the client makes when using art therapy techniques and we are actually trained not to focus too much on the aesthetic properties of the images patients produce in psychotherapy, for instance when doing watercolours of their dreams or active imaginations. Therapy, we are taught, is not the place for an art school critique.

As a consequence, what I think has gone into shadow within analytical psychology is not art, but the aesthetic attitude by which art can be critiqued and integrated. Most of us rarely employ that attitude as a way of engaging with our patients when they present us with the images they produce, and even more rarely when they present us with themselves. At least, we try not to. Attending in therapy to 'the beautiful as opposed to the merely pleasing, the moral, and especially the useful and utilitarian', which is the dictionary definition of 'aesthetic', can seem when relating to a psychotherapy patient, either excessively judgmental or potentially seductive—either way, not therapeutic. That the patient's own psyche may be bidding for critique and consultation at such a level may not always be evident, because psychotherapy is not often conceived as the kind of acculturating experience where the aesthetic attitude might take its place. That leaves practitioners who do avail themselves of the aesthetic

³ Exceptions to this rule would be the book by Meltzer & Williams (1988) and the papers on the 'Politics of Beauty' in Hillman (2006).

attitude in their practices a bit uneasy about what they find themselves doing. I believe it is time to give the aesthetic dimension of the psychotherapeutic endeavour a closer look, and I offer these remarks as a step toward all of us taking that closer look as we listen to the papers that will follow mine. I will organize my own remarks around three concerns that are highlighted when a therapist's aesthetic attitude takes the lead in defining what is most salient to the content and process of a psychotherapy. I think it is reasonable to say they have been neglected in most discussions of what is important in psychotherapy. They are *taste*, *shape*, and *grace*.

Taste

Let me start with a problem that cannot be addressed in psychotherapy without the aesthetic attitude. In a sense, every session in which the patient expresses pleasure or displeasure about someone or something in his or her life invites the analyst to consider the question of the patient's taste. Therapists are generally taught not to argue with their patients' feeling judgments, and yet secretly the therapist often wonders if they are actually grounded in good judgment. Patients, reviewing their own associations to things, also are moved to revise their judgments—in fact, this is what the therapists who wait them out rather than argue with the more arbitrary of their judgements hope will happen. Such revisions often involved aesthetic refinements, which we can better understand if we examine how artists approach the problem of revising their work.

No one is more celebrated for his revisions of his earlier works than Henry James. In the handsome 1909 New York edition of his fiction, in which he presented many of his earlier novels and tales with extensive revisions, the exacting author took the occasion to explain to his faithful readers what had led him to re-engage in such a hands-on way with his past publications:

to do so is in a manner to retrace the whole growth of one's 'taste', as our fathers used to say: a blessed comprehensive name for many of the things deepest in us. The 'taste' of the poet is, at bottom and so far as the poet in him prevails over everything else, his active sense of life: in accordance with which truth to keep one's hand on it is to hold the silver clue to the whole labyrinth of his consciousness.

(James 1909/1934, p. 340)

Something like Henry James's retracing of his entire *oeuvre* occurs in a more modest form in therapy every time a patient, reflecting on what he or she has previously said to the therapist about something or someone, decides to use therapy time to revise a former statement. Such moments reveal that a patient's taste is a matter of concern to him or her. Otherwise, the need to revise an earlier statement would not be so urgent. That the patient is obviously also concerned with what the therapist thinks about what was said earlier raises a question of analytic technique. Should the therapist always be waiting for the

patient to take the lead in reviewing the patient's taste? I believe the answer for a therapist who is in close touch with the aesthetic attitude is likely to be no. For such a therapist, the taste of the patient can be a problem, deserving a closer look.

Let us consider a circumstance in which such a discussion might be indicated. For some time, I have been working with a client whose aesthetic taste became an issue in his treatment. This is a gay man who has had a series of long term relationships that have disappointed him, because each time his partner turns out to be so much less developed than he is. My patient is a man in late middle age with features that he describes as pronouncedly 'ethnic'. When I first saw him, I thought, there are many comedians in America who would love to have such a face. The patient's description of his father almost made him sound like one of those comedians of the 1950s and 1960s who made ethnic humour into mainstream entertainment. Like them, this father was a man without a great deal of evident taste who had nevertheless married a beautiful woman. My patient's mother had regarded herself as a martyr in their marriage. About his developing resemblance to his father at the time he entered therapy, my patient commented obliquely early on: 'I have learned not to look in the mirror'. As we shall see, I have had to function as that mirror anyway, and it has been a test of my persistence and my tact as a therapist to find a way of doing so that would not be offensive.

At the time he entered therapy, my patient's complaints almost stereotypically focused on the ethnic themes of beauty and ugliness, classiness and vulgarity that had been acted out in the Woody Allen movie of his parents' marriage. The patient described a young man with a classic body and even beautiful features, sometimes employed as a stand-in for a movie actor noted for his handsomeness, that he had met at a gay dance event of the kind sometimes described as a 'rave' or a 'circuit party'. At such events, the people on the dance floor are high on recreational drugs like Ecstasy, and my patient had met the younger man, who quickly became his lover, in such a state. By the time he and this startlingly handsome man began living together, an arrangement that required the patient to break up with a longstanding partner, it was already clear that the new lover had a serious drug problem. Most of the time, he was too knocked out coming off drugs to have sex or even conversation with my patient. When awake and not at work, he lounged around my patient's house in gym clothes and did nothing to help keep order. I began to wonder why my patient, a man who was certainly old enough to do so, had never questioned the maturity of his taste in making such an important life decision as to take up with this particular partner on the basis of his physical beauty alone. The young man did enter into drug rehabilitation and was eventually able to maintain sobriety, making clear in the process that he had no long term interest in partnership with my patient. Eventually, he moved on to another partner. I had to help my patient with his grief at the rejection, and to explore how in many ways this relationship involved an acting out of wishes from a time in his own adolescence when he

had desired without reciprocation athletes who looked and acted very like the young man he had chosen, and also a re-enactment of the rejection he had felt then. What I felt we were not getting to, however, was the underlying question, which was why a man with so limited a capacity for relationship remained so very attractive to my patient.

It was around this time that another theme entered our dialogue. My patient, an extraverted feeling type, would often come into his sessions, which were held weekly, asking if I had had a good week. In the course of responding just a bit concretely to the question, he became aware that I am interested in films. Naturally, he started discussing the movies he saw each week with me. I recognized the link to the movie star looks of the unsuitable partner, and I decided to see where this would go by allowing the conversation to proceed to exchanges between us that were on this aesthetic level of critiquing a cultural product.

If I had seen the movie the patient described, I would let him tell me what he thought about it, and then I would tell him what I had seen. As I write about films often, I have a fairly developed taste in them, and I was often in disagreement with my patient. I wondered if sharing my evaluations was simply an enactment of my frustration at my patient's inability to look past the obvious in his own life, and I even felt I might be bullying the patient, but he really valued the discussions, more it seemed than any other part of his therapy. He really wanted to know what I thought, and he could easily survive disagreement.

The patient's superior extraverted feeling seemed to make it easy for him to relate to my expressions of feeling about the movies. In fact, the only hours he ever complained about working with me were those in which I reserved my own feeling, in accord with the introverted feeling style of analysis Freud inaugurated by sitting behind the patient so that his feelings would not be evident. The level of the patient's inquiry into what I felt about the movies reached its height, perhaps, with a discussion of Clint Eastwood's film *Mystic River*, which had received a great deal of praise from critics, particularly for Sean Penn's performance. Taking up the negative, I pointed out how much the film used its director's and actors' technical skills to create a rather superficial view of its characters' narcissistic injuries and the inevitability of their need to repair them without even a consideration of integrity. This seemed to me a cynical view, and I questioned the objectivity of the vision of the film, which I regarded as an aesthetic as well as a psychological flaw.

What seemed to interest the patient was the discrepancy between a strong surface and an underlying shallowness of vision. The following year, Eastwood's *Million Dollar Baby* came out. This time, my patient took the lead in analysing the film. He found its boxing scenes much too brutal. I had to admit that I rather liked the whole first half of the film, in which Clint Eastwood's character trains a woman boxer, feeling it to be psychologically balanced, but I concurred with my patient's judgment of the last half, in which the heroine becomes paraplegic and her family arrives at the hospital seeking only to exploit her. My patient

and I eventually agreed that the style of the film began to deteriorate from that point on.

These conversations about Clint Eastwood's aesthetic choices and about the emotional taste of other filmmakers have enabled us to address limitations of the kind that the patient experienced from his own father's anima, compromises of relatedness that have impacted some of my patient's later life choices. For a long time, he seemed to find it hard to bring much specificity to characterizing his father's way of operating in the world. Experiencing my anima helped him to approach and face his father's (Beebe 1984). My sharing my aesthetic values in an area that was important to me mattered to him. He often affirmed that it did.

For quite a time, though, I continued to worry in the transference, whatever the patient said, that I was simply hectoring him with my own taste. I wondered if, even with the expanded notion of transference that I had taken aboard from Kohutian self-psychology, in which there is a place, in the alter-ego or twinship transference, for the therapist sometimes to function as an adversarial selfobject, I was exceeding the boundaries of my role. But the patient clearly did not feel this way. He loved our conversations about taste, and he was happy to apply them to the problem that had brought him into therapy, his choice of partners and the suffering this had cost him. Before he came to therapy, not only had he not deeply examined the discrepancy between the surface and the reality in several of his partners, including the one he chose after breaking up with the one I have described, but also he had not examined his tendency to regard himself as a martyr and to provoke guilt whenever possible once the reality did surface. What he and I were able to conclude on the basis of our discussions about movies, which have allowed many of his own ideas about what is actually beautiful to emerge, is that both patterns of behaviour are finally related to taste—not living up to his own aesthetic standard even though ostensibly he tries to surround himself with beauty.

There has been a third process in this case that I would like to mention. Every Christmas, my patient has insisted on bringing me a present, and it has seemed important to him that I accept them. Each of these presents has come in a rather large box, each has been an object that would be described as a conversation piece, and none has been in the style of how my office is decorated. Nevertheless, I have noted that each has flair, colour, and wit, and each has got me to examine the way I tend to leave the function Jung describes as extraverted sensation out of my life. The patient seems to me to have been asserting his own taste in these gifts, and in a parallel way to what has been happening in his therapy, educating mine.

At this point, my patient is also asserting his own aesthetic in our hours. He frequently describes books I haven't read and movies I haven't seen, and his articulations of why he enjoys them are compelling. Moreover, he clearly takes pleasure in these discussions. Where this relates to the transcendent function is that in articulating what he finds good about what he enjoys, and defending it

to me, this extraverted *feeling* man is for the first time in his life really *thinking* about his taste. As his anima becomes more active, the inferior function of thinking, carried by the anima, emerges, helping him to begin to define in the analysis what his Self consists of, to delineate his core values, and to explicate for himself a rationale for his life choices.

In his relation to his current partner, he has been able to differentiate the errors of taste that led him too quickly into the relationship, but also to keep from falling into the victim role. A very interesting dream came recently. The patient dreamt his father had died, and his mother was quietly cleaning up their apartment, able now to live there without him. What I believe this dream has to do with the processes I have described is that his psyche is now no longer stuck, as his mother's had been her whole life with a man whose life revolved around compromise. His anima, unlike his mother in life, can resist feeling sorry for herself in the aftermath of some of the choices that it can no longer be reversed. What interests me about this case is that through a process of development of the patient's own taste, the limitations of his father and the martyrdom of his mother no longer seem very relevant to the person he is becoming.

Shape

This patient accepted the form of his therapy—once a week, at the same time every week, for the same amount of time—without question. He loved the imposed ritual, and at the end of our sessions often greeted the next patient the way one does someone who is part of the same ritual. It seems that his anima likes therapy, and the form of it is part of the attraction. He isn't therefore a good example of the kind of patient who might need to shape not just the content of the hours, but also their form. I am not going to dwell long on this aesthetic possibility here, but I would like to state that with the emphasis on the 'frame' that dominated so much discourse about therapy after 1978⁴, the year I became an analyst, an important point was lost: when adherence to the initially established frame is seen as a condition of a therapy's integrity, this definition of the therapeutic situation requires not just the therapist but also the patient to submit to a predetermined aesthetic. This is ironic, in that the notion of frame was first introduced to psychoanalysis in a far more fluid way by Milner (1952), who in 'trying to study some of the psychological factors which facilitate or impede the painting of pictures', became interested in 'the part played by the frame'. She realized that a similar 'temporal spatial frame' was always present in a psychoanalysis and that it marked off, for both patient and analyst, 'the special kind of reality of a psychoanalytic session', so that the 'creative illusion that analysts call the transference' can fully develop (Milner 1952, p. 183). From the vantage of the aesthetic tradition that Milner was drawing upon to

⁴ This is the publication date of Robert Langs's *The Listening Process*.

make this fluid formulation, a predetermined frame might well be questioned, for it would seem to deny the patient a role in the creative business of figuring out exactly how such sessions might best be framed to maximize their potential (see Zinovieff 2004). In recent years, I have been willing to question whether I should be the only one making the decisions in that regard, and to let patients, as they proceed in therapy, have more say in how long, how often, and even how inconvenient for my schedule the session times need to be to further their healing. I reserve (and indeed must preserve) the right to bid back to protect them from too much resentment on my part, but I am also willing for the sake of the therapy to be more flexible than I ever imagined I would be able to be as an analyst, because I think the shape of therapy really ought to be co-created by the partners, even if they settle on a standard frame as easiest for them both. I think shape is a better word than frame, from the aesthetic angle, because it allows the possibility that we don't already know the shape of the therapy. This recognition can be especially important at times of termination, when aesthetic factors can be particularly shaping.

A man who had been talking to his woman therapist for years about his mother problem finally was told by her that one of the reasons he had so much trouble separating from his mother was that the mother had failed to let him go, instead insisting almost incestuously on retaining the relationship they had had when he was a pre-adolescent well into his early adulthood, until she died.

'Okay', the man replied to his therapist, 'you've been like a mother to me, and since I can't do it with my own mother, why don't we terminate the therapy, and you can show me what it's like to let go'.

Taken aback, the therapist said,

'I'll have to think about that'.

When she did, she decided that it made sense to cooperate with the termination as he proposed.

Although a bit frightened by what he had said, the man was pleased with this dramatic, creative solution to the psychological problem. Consulting with the therapist, he arranged after a few more sessions to move on to a male therapist. Later, this man, an aficionado of fiction, thought of what he had done as something like what happens in many an O. Henry⁵ story, where there is an unexpected, ironic twist at the end, often in the very last lines, to punch home the essential meaning of the story as a lesson in living. The sacrifice of the therapeutic relationship had been like this, ritualistic yet real.

I believe if therapists compared termination stories, they would often find just such a burst of artistry on the patient's part. Appreciating the point of the artistry is like understanding what a creative aesthetic shape can accomplish for a work of art: it helps to release the meaning as a whole of what would otherwise be experienced only sequentially, in a rather passive way. From the

⁵ O. Henry is the pseudonym of William Sydney Porter (1862–1910), a popular American writer at the turn of the twentieth century who is generally recognized as a master of the short story.

standpoint of the aesthetic attitude, it is important not to undercut the patient's creativity in reaching toward this holistic standpoint by imposing a standard termination frame on the patient. Rather, the therapist needs to see the shape the patient is reaching for at the moment of making the therapy his or her own, and to understand how the shape the patient would like to co-create actually relates to the content of the work. To Jung's (1944/1968, para. 3) well-known list of possible moments of termination I would add: 'When the patient is able to see a way to impart a pleasing shape to the process'.

As to the role the aesthetic attitude can play in shaping the process of ongoing therapy, I would like to recall two rarely mentioned papers by Jungian analysts. One is by Sylvia Perera (1990). With her knowledge of Celtic ornamental design she discovers that when analyst and patient start to discuss dreams in therapy the to and fro of their conversation moves over the content of a dream in a pattern of spiral, maze, and interlace, as the therapeutic dyad develops associations and interpretations en route to appreciating what the dream is trying to say. Perera's account is an astonishing display of how the transcendent function shapes the very process of understanding in an aesthetic way, and how the beauty of the process holds both patient and analyst to the task of pursuing inner truth.

The other paper is by William Willeford (1967), who was at the time of writing it responsible for group psychotherapy at the Zurichberg Clinic, a residential psychiatric facility that had been started with a Jungian orientation. In language that is still fresh, Willeford explicates the 'integrating process' (Hobson 1959) of the group as having two aspects. One is 'making connections'. The other is 'the play of fantasy and the emergence of a structure within it'. I would point out that both processes move the participants closer to being able to exercise the transcendent function, because forming connections with other people and engaging in creative work both constellate the anima or animus.

In group psychotherapy of the type Willeford describes, the creative work, shared by each participant in the group, is to contribute to establishing a meaningful and effective group process. To do this, they have to not just relate to each other, but creatively bring something from inside themselves to the work. As a consequence, a spark of connection between the anima or animus and the Self may be constellated in each person, as well as in the group as a whole.

Here is a fragment of a group session described by Willeford:

The group is first concerned with a patient (absent) who smashed a window and a radio the night before. . . . A woman patient tells about dancing alone in her room. There is some comment about the film 'Zorba the Greek', in which the hero expresses his emotions through dancing, even those about the death of his son. Attention then turns to the queer relations that people in the clinic have to their bodies. The stiffest member of the group, A, has been rocking in a rocking chair. With no explanation, he begins rocking forward across the room. Everyone laughs uncontrollably. . . . (His bit of play had something very dream-like about it, as though we had suddenly become part of a semi-surrealistic film by René Clair.) It was clear to everyone that his rocking

had not only put an end to the meeting but brought a satisfactory resolution of the discussion. A possible translation of his action would be: 'We talk and think about moving our bodies; instead, we should move them. Otherwise, the potentially explosive split between mind and body—like that between isolated people—remains. The body should be allowed to talk and think: the *whole* person should move, even if that movement is at first irrational.

(Willeford 1967, pp. 154–55)

To get to this level of empathy for the emergent symbol in an anxious group, and to let it shape the release of the group's tension in an unexpectedly insightful and healing way, Willeford had to recognize that something rather beautiful was emerging out of the chaos of the group process. He links his ability to value this sort of shaping to his appreciation for the radical form of unstructured jazz improvisation the saxophonist Ornette Coleman had then been experimenting within his ensembles, starting with his 1959 album, *The Shape of Jazz to Come*, where 'unexpectedly perhaps, out of the droning and twitching chaos emerge clear and (to some ears) beautiful patterns, charged with feeling' (*ibid.*, p. 137).

Willeford understood that 'the conscious problem of the musicians' making such music, as for both therapist and patients in a group session was

finding these patterns or allowing them to emerge, developing them in ways that will allow other such patterns to emerge and making links of form and feeling among them.

(*idem*)

To do this as a therapist required Willeford to be sensitive to each ear in his group that at different moments of the therapy was the one most attuned to what was trying to emerge, and like Coleman in a jazz session, let it be the 'dominant ear' of the moment, the guide to what needed to be articulated next. The transcendent function would then be shaping the uniting symbol that eventually emerged—in Willeford's example, the rocking forward of the formerly stiff patient—and this would provide the image, the formal fuel, for the group to understand and also transcend its own chaotic process. A similar trajectory can shape the conversation between analyst and patient in individual therapy, when the analysis can allow itself to include a measure of free dialogue between them of the kind that developed between me and my patient around taste, in which first I and then he felt free enough to risk, in the form of critical opinions, levels of self-disclosure that included, in Henry James's terms, 'many of the deepest things in us'. From then on, our hours assumed a new shape, a sign that the transcendent function was starting to permit the emergence of new forms of psychic structure in this patient. Aesthetic discernment of shape, or what Joseph Cambray (2006, p. 10) has called 'pattern recognition', is the key to identifying in the psyche of a patient the presence or absence of emergence, which we might even describe as the basis of the transcendent function's ability to heal (Cambray 2006, pp. 3–4).

Grace

The analysis of the anima or animus as arbiters of taste and sources of shape often engages the aesthetic attitude, but the therapeutic aim in letting this attitude have its say is not just to elaborate a more mature taste and creative sensibility in these archetypes. The justification of psychotherapy in the aesthetic attitude is that it can sometimes free the transcendent function so that the patient's self-experience can emerge in a new way. Even if the therapist is willing to serve as a role model by sharing some of his or her anima or animus opinions on aesthetic matters to prime the pump, the therapist sooner or later must yield the initiative to the patient where issues of taste and shape are concerned.

Such yielding, too, can be aesthetic. I am speaking here of the grace of the therapist. Joseph Henderson, who was the last of my analysts, was particularly gracious in the way he made interpretations: they always seemed to fit into the material I had just presented, rather than to be imposed onto my psyche as a pronouncement from on high. I would like to recall the way he worked here since it bears on our theme.

Before I had my first session with Dr. Henderson, I dreamed that I was in his waiting room, and there, in the waiting area, was a young woman I had used to take to tea dances when I was a prep school student. Her name was Grace. In another dream the same night, I dreamed that I was going to a library that was just about to close. On one shelf was all the literature of analytical psychology (this dream was thirty years ago). Imagining there might be even greater riches elsewhere in the library, I hurried to other shelves, and then the warning bell came and I decided to hurry to the original shelf. Not having time even to look at what I was taking, I hurriedly pulled one slim book off the shelf and when I went to check it out was disappointed to see that it was titled *English Manners*. When I related the dream to Dr. Henderson, I thought the library that was about to close was him, with his vast knowledge of analytical psychology, and I thought it said something about me that all I expected to take away from this special chance to work with him was his 'English manners', but he disagreed. 'No, it fits', he said. Jung, he told me, had had one of the Hohenzollern princesses in his practice,⁶ and said she made an excellent analytic patient because she had such good manners. By that, Dr. Henderson explained, Jung meant that she could apply the social training she had received to the way she met the contents of the inner world. In this way, Dr. Henderson got me to begin to address the overbearing, sometimes tiresome intensity I was bringing to my own material. Gradually, I learned to have an anima that also had a degree of persona and could connect to unconscious issues

⁶ She was Princess Marie-Alix, the daughter of the last King of Saxony. A 1936 photograph of her with Jung is included in Reid 2001, p. 115. Reid's mother, Catharine Rush Cabot, was a patient of Jung's, and recorded in her analytic diary his response to what Cabot describes as the 'exquisite simplicity' of the Princess, which Jung attributed to the patient's 'conscious ancestry' (Reid, p. 113).

with at least a measure of grace, which in my case meant not over-reacting to them. Recognizing that I needed to develop my grace could not have come for me, as for the princess, simply by drawing on a royal education! My native aesthetic attitude, however, did help to promote progress in this area. Watching Henderson and the gracious welcome he had extended to my unconscious with his interpretation of my dream, allowed me to consider what it meant simply to let the unconscious be what it wanted to be. Eventually, I linked the way he had handled the ritual of a first interpretation not to English manners, but to Confucian culture, in which sincere and appropriately offered gestures of acceptance are an aesthetic imperative.

Herbert Fingarette has noted such an attitude in Confucius himself, who deployed what his philosophy calls, in Chinese, the *li*, the rites of everyday human intercourse, in a way that laid emphasis on greeting, welcome, and acceptance. He describes how even in America today, where questioning and disapproval are so much more in favour, it is possible to put the Confucian rituals of reciprocal good faith and respect into practice in our dealings with each other:

I see you on the street; I smile, walk toward you, put out my hand to shake yours. And behold—without any stratagem, force, special tricks or tools, without any effort on my part to make you do so, you spontaneously turn toward me, return my smile, raise your hand toward mine. We shake hands—not by my pulling your hand up and down or your pulling mine but by spontaneous and perfect cooperative action.

(Fingarette 1972, p. 9)

Such gracious rituals are also very important in treatment. I have former patients who have told me that perhaps the most important thing they took away from their work with me was how I greeted them to bring them into my office for the analytic hour. What they recall is how gracious I was at such moments. Perhaps there is also an unconscious irony in such compliments, because it is obvious that I am not always so gracious in accepting them at all times in my work. The important thing, though, is how much grace means to patients, and how much this involves a deployment of the aesthetic attitude.

Grace in the aesthetic attitude is not only present when the therapist is artful in conducting the rituals of psychotherapy, however. It can emerge in far less planned ways. In my early years of trying to make Dr. Henderson's grace as an analyst my own, more than one patient complained to me that I seemed contrived, or at least, as one put it (with his own considerable grace) 'not artless'. What may have been important for the gay patient I described earlier was not the artful way he felt held by me as an adult as we approached the problem of our shared frustration with his repetitions of his parents' mistakes, but a certain clumsy brother quality—and though I was older than he, he thought of me as a younger brother. In long-term therapy, we often have to hold our patients through embarrassing re-enactments of family issues, and it helps if we are not

too together as we do so. Embarrassed certainly defines the comedic mask with which the patient started his treatment with me. Aside from what it re-evoked of his father's face and its ethnic ramifications, the patient began his work with a shit-eating grin, the look of someone who can't stop introjecting his parents' shadows. This patient was embarrassed because he already knew, long before he saw me, and had told several other therapists, just how much he couldn't stand the choices his father and mother made. Yet here he was on the other side of the continent in another sexual orientation making the same compromises in relationship they had.

What was incumbent upon me as his therapist was to find a way of meeting the patient around these humiliating identifications that wouldn't itself be unbearably shaming to him. Somehow, my letting our conversation move into aesthetic dialogue served that purpose, because there I could criticize my patient's taste on relatively neutral ground and at the same time be doing something that from the conventional standpoint of how analytical therapy is conducted is in questionable taste. The analyst is not there to talk about works of art. Isn't that violating the law of abstinence? This may not have worked as well with an introverted feeling client, who might have been more sensitive too to the potential for imbalance of power where sharing my aesthetic opinion was concerned. But for this extraverted feeling patient, sharing my own aesthetic responses with him to a movie we had both seen and been troubled by seemed to open the therapy up.

I should point out that I think his own cultural attitude, were I to assign one of Henderson's cultural attitudes to him, would not have been the aesthetic attitude. If anything, this patient had pre-eminently a social attitude. Part of what the circuit party dances meant to him was a way to bond with his gay 'brothers' in a cultural ritual. I learned early that I needed to let him have that, and not to criticize these events from an aesthetic angle (too hot, too crowded, too tastelessly sexual, too involved with risky drugs) because that would have been to oppose my introverted sensation anima's opinions to his way of meeting and caring for his friends, which by and large worked for him. But we did have to find some similar way to meet, and there I had to have a way to criticize the aesthetic attitude he brought to his choice of partners. What was the graceful way to do that? That there was something crude or gauche about him was something he'd heard his whole life, first as a member of the original immigrant culture he'd grown up in, and second, in what many people had said to him from his earliest childhood about what it was like to be a gay man.

I think it charmed my patient that I chose the movies as my staging ground for the discussion of his taste. He liked the elegance of this decision partly because it made me vulnerable too. What made my assertion of my own taste interesting to him, I think, was that it was a little bit exhibitionistic on my part, which showed not so much my adult strengths as a critic, but an immature side of myself that might need his mirroring. Though I had feared that as a published movie critic (albeit in the little world of Jungian analytic publications), I would

end up having too much authority in the transference, in fact he saw me as engaging him through a much more boyish side (not surprising, since the *puer aeternus* is the archetype associated with my extraverted feeling function).

'I have a child for an analyst!' he would tell his friends with delight. And indeed, around my sharing of my taste in movies, of which I was obviously proud, he had an occasion to see my naïveté. One week I had suggested to him that he might like to see a certain movie that I had enjoyed. It was at an out of the way theatre in our city. The same week, as an analyst with a bee in his bonnet will, I suggested to another client that he see the same movie. I had no idea this other client knew my patient, but they ran into each other at the movie. I will tell you this other patient's report of what happened next. 'Why are you here?' one asked the other. 'My psychiatrist told me to see this movie'. 'We have the same psychiatrist', came the reply. Only a childlike therapist would have failed to foresee that collision, but this became a matter of charm for my patient, not the disaster one might assume.

Conclusion

Whether artful or, as above, artless, the aesthetic attitude operates in therapy a bit like divine grace, to lend integrity to people who would not be able to connect to the beauty of their own felt sense of appropriateness so easily in other ways. Entering into a dialogue about taste, letting the patient shape the sessions in ways that speak to the beauty of the work, and finding graceful and gracious methods of interacting in it let the transcendent function live in the analytic process. Though psychological healing can also be a religious, a philosophic, and a social experience of profound value to our patients, often getting to these other modes of the transcendent function depends on the aesthetic decisions we make and voice along the way.

TRANSLATIONS OF ABSTRACT

S'appuyant sur les écrits de l'analyste jungien Joseph Henderson sur les attitudes inconscientes vis-à-vis la culture que patient et analyste apportent en thérapie, l'auteur définit l'attitude esthétique comme l'un des moyens élémentaires d'appréhension par la conscience de l'expérience culturelle, celle-ci devenant une part consciente de l'expérience propre d'un individu. Dans le traitement analytique, l'attitude esthétique émerge comme une partie de ce que Jung a nommé la fonction transcendante, apte à créer de nouvelles possibilités symboliques d'accroissement de la conscience. Elle peut offrir des possibilités créatrices d'adaptation nouvelle, là où l'individuation s'est enlisée dans les complexes inconscients, à la fois personnels et culturels. S'érigeant contre les formulations qui ont comparé la psychologie des profondeurs au rituel religieux, au discours philosophique et au renouveau de la socialisation, l'auteur met l'accent sur une prise en compte de la beauté qui fait de la psychothérapie également un art. Dans

le travail psychothérapeutique, l'attitude esthétique confronte l'analyste et le patient au problème du goût, influe sur la forme et le cadre de l'analyse et peut conférer une dimension de grâce à la façon dont l'analyste renvoie en miroir au patient ses combats et ses efforts pour devenir un être humain au fonctionnement plus flexible. De même, le patient peut-il concéder la même grâce aux tentatives maladroitement de l'analyste pour se rendre utile. L'auteur suggère que l'attitude esthétique constitue donc une aide à la résolution du transfert et du contre-transfert, *en route* vers la guérison psychologique.

Am Beispiel der Schriften des jungianischen Analytikers Joseph Henderson über unbewußte kulturelle Haltungen, die Patienten wie Analytiker in die Behandlung einbringen, definiert der Autor die ästhetische Haltung als einen der elementaren Wege, auf dem instinktiv Zugang zur kulturellen Erfahrung gewonnen und vorangetrieben wird, so daß diese zum bewußten Bestandteil der Erfahrungswelt eines Individuums werden kann. Innerhalb der analytischen Behandlung erscheint die ästhetische Haltung als Teil dessen, was Jung die Transzendente Funktion nennt, um neue symbolische Möglichkeiten für das Wachstum des Bewußtseins entstehen zu lassen. Sie kann kreative Möglichkeiten für Neuadaptionen da schaffen, wo die Individuation in einem unbewußten Komplex steckengeblieben ist und dies sowohl auf personeller wie auch auf kultureller Ebene. Im Kontrast zu Ausführungen in denen Tiefenpsychologie mit religiösen Ritualen, philosophischen Diskursen und Erneuerung der Sozialisation verglichen wurde fokussiert sich der Autor auf die Betrachtungen der Schönheit, welche Psychotherapie zugleich zu einer Kunst werden lassen. In der psychotherapeutischen Arbeit konfrontiert die ästhetische Haltung den Analytiker wie den Patienten mit dem Problem des Geschmacks der beeinflusst, wie die Behandlung geformt und 'gerahmt' wird, und der eine Dimension der Anmut zum Spiegeln des Analytikers hinzufügt, dem Spiegeln des Ringens, welches die Anstrengungen des Patienten, ein glattes funktionierendes menschliches Wesen zu sein, begleitet. Der Patient kann lernen, die gleiche Anmut den tastenden Versuchen des Analytikers hilfreich zu sein, entgegen zu bringen. Der Autor unterstellt, daß die ästhetische Haltung eine Hilfe darstellen kann bei der Auflösung sowohl der Gegenübertragung als auch der Übertragung auf dem Weg zu seelischer Heilung.

Attingendo agli scritti dell'analista junghiano Joseph Henderson sugli atteggiamenti inconsci nei confronti della cultura che pazienti e analisti possono portare in terapia, l'autore definisce l'atteggiamento estetico come uno dei modi basilari con cui si accede istintivamente all'esperienza culturale così che questa possa diventare parte conscia dell'esperienza di un individuo del sé. Nella terapia analitica l'atteggiamento estetico. Emerge come parte di ciò che Jung chiamo funzione trascendente per creare nuove forme simboliche per lo sviluppo della consapevolezza. Può fornire opportunità creative per un nuovo adattamento quando l'individuazione è rimasta bloccata in complessi inconsci, sia personali che culturali. In contrasto con le affermazioni che hanno comparato la psicoterapia del profondo al rituale religioso, al discorso filosofico e al rinnovamento della socializzazione, l'autore si concentra sulla considerazione della bellezza che fa della psicoterapia anche un'arte. Nel lavoro psicoterapeutico, l'atteggiamento estetico mette

a confronto sia l'analista che il paziente con il problema del gusto, influenza il modo in cui il trattamento prende forma e 'si struttura', e può aggiungere una dimensione di gentilezza al rispecchiamento dell'analista delle lotte che accompagnano lo sforzo del paziente di divenire un essere umano più morbido. Il paziente può imparare ad estendere la stessa gentilezza ai goffi tentativi dell'analista di essere di aiuto. L'autore pensa che nel percorso di guarigione l'atteggiamento estetico può quindi essere di aiuto alla risoluzione del transfert e del controtransfert.

Обращаясь к трудам юнгианского аналитика Джозефа Хендерсона о бессознательных установках по отношению к культуре, привносимых пациентами и аналитиками в терапию, автор определяет эстетическую установку как один из основных способов инстинктивного доступа к культурному опыту и к его переработке, в процессе которых этот опыт становится сознательной частью личного переживания. В аналитической терапии эстетическая установка проявляется как часть того, что Юнг называл трансцендентной функцией, создающей новые возможности для роста сознания. Она может обеспечить творческие возможности новой адаптации там, где индивидуация застряла в бессознательных комплексах, как личных, так и культурных. В противовес формулировкам, которые сравнивают глубинную психотерапию с религиозными ритуалами, философским дискурсом и обновлением социализации, автор фокусируется на размышлениях о красоте, делающей психотерапию искусством. В психотерапевтической работе эстетическая установка обращает как аналитика, так и пациента к проблеме вкуса, воздействует на то, какую форму и «рамки» приобретает лечение, и может добавить еще одно измерение – изящество и грацию – к процессу отражения аналитиком тех отчаянных усилий, которые пациент прилагает в надежде стать более плавно функционирующим человеком. Пациент может научиться распространять то же изящество и на мямлящие попытки аналитика быть полезным. Автор предполагает, что эстетическое измерение, стало быть, оказывающа помощь в разрешении как контрпереноса, так и переноса на пути к психологическому исцелению.

Estudiando los trabajos del analista Jungiano Joseph Henderson sobre las actitudes inconscientes hacia la cultura que pacientes y analistas aportan a la terapia, el autor define la actitud estética como una de las formas básicas en las cuales la experiencia cultural es instintivamente alcanzada y procesada para ser parte consciente de la experiencia individual del self. En el tratamiento analítico, la actitud estética surge como parte de lo que Jung llamó la función trascendente, ella crea nuevas posibilidades simbólicas para el desarrollo de la consciencia. Ella puede proporcionar oportunidades creativas para una nueva adaptación donde la individuación se ha detenido en complejos inconscientes, tanto personales como culturales. Contrastando con formulaciones que han comparado la psicoterapia profunda con el ritual religioso, el discurso filosófico, y la renovación de la socialización, el autor se enfoca en aquellas consideraciones sobre la belleza que hacen de la psicoterapia un arte. En el trabajo psicoterapéutico, la actitud estética confronta tanto al analista como al paciente con el problema del gusto, afecta en cómo el tratamiento es establece y se 'encuadra', pudiendo otorgar una dimensión de gracia al espejo del

analista en las luchas que asisten al esfuerzo del paciente para convertirse en un ser humano más armónico. Al paciente aprender a ver esta misma gracia en los esfuerzos del analista por ser útil. El autor sugiere que la actitud estética es, por lo tanto, una ayuda en la resolución de la contratransferencia y de la transferencia en el camino de la cura psicológica.

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