

volves seminars of clinical and theoretical content. Trainees analyse five patients from the C.G. Jung Clinic: one adult, three children and an adolescent. The adult, a mother, is seen four or five times weekly for a minimum of two years. Two children, one of pre-school age and the other of the latency age group, and preferably of different sexes, are analysed four to five times weekly, one for two years and the other for a minimum of one year. The adolescent patient must to be seen for a minimum of three times weekly for one

year. A further child is seen once or twice a week for at least one year. Trainee child analysts normally work in a child guidance clinic or in a child and adolescent psychiatry department.

Members of the SAP automatically become members of the International Association of Analytical Psychologists. In the UK at present they also become members of both the British Confederation of Psychotherapists and the United Kingdom Council for Psychotherapy, Analytical Psychology section.

What is Analytical Psychology?

Andrew Samuels

Analytical psychology is a form of psychotherapy and a body of knowledge stemming from the work of C.G. Jung. Many people know of Jung from his early relationship with Sigmund Freud, which ended in a permanent break between the two men. Analytical psychology and Jungian analysis have since retained a close connection with psychoanalysis, but there are several features that Jungians regard as particularly important to their own way of working.

Jungian analysts and their patients are in a kind of dialogue. The patient brings material from his or her life, past and present, and the analyst responds to it in a way that often resembles a conversation. Jung was the first to advocate a compulsory analysis of those training to be analysts, and great emphasis is placed on the personality of the analyst as an important factor in the therapy

relationship.

Jung believed that we can trust the psyche and the unconscious. He argued that the psyche was capable of very high levels of self-knowledge, self-healing and self-regulation. Hence the task of the analyst is often to create the conditions in which these innate tendencies can flourish. The patient is said to be in the process of individuation, becoming who he or she truly is, not merely conforming to social norms. The less positive side of life is addressed in Jungian analysis via Jung's notion of the 'shadow' — that part of ourselves which we would rather not own and would like to rid ourselves of by locating it in other people.

Dreams are often given a special place in Jungian analysis, but the ways in which they are understood differ from psychoanalytic approaches. The dream is not regarded as an attempt to 'deceive' the

dreamer or the analyst, but as a condensed expression of the psyche as it is. Because of this creative aspect of dreams many Jungian analysts encourage their patients to enter into them more fully, sometimes employing artistic or expressive means to help.

In Jungian analysis much attention is paid to issues of sexuality, sexual orientation and gender. Jung said that the facts of a person's anatomical sex did not tell us everything about that person, and he recognised that male and female homosexuality were not in themselves pathological, specifically saying that they were not perversions.

Jung was responsible for developing the idea of the archetypes which lie at the heart of the well-known concept of complexes. These refer to patterns of psychological behaviour that are common to all humans, although with wide variations according to cultural and social circumstances and across history. The tension between cultural specificity and cultural universality is present in the Jungian analytic approach, which emphasises the struggle to hold the tension between all kinds of opposites. This makes Jungian analysis especially sensitive to issues of race, ethnicity and transcultural matters generally.

Jung valued religion and did not see it as a running away. He was also critical of the materialism and excessive rationality and dependence on technology of modern Western societies. Jungian analysis respects spiritual, mystical and other transpersonal experiences that the patient might wish to explore and focuses on concerns about the purpose and meaning of life.

It is not necessary to have specific problems to undergo Jungian analysis, which holds that self-discovery and exploration of the inner world are valuable in their own right.

Analytical Psychology: The Developmental School

The orientation and style of Jungian analysis at the SAP is informed by theoretical perspectives stemming from Jungian, post-Jungian and post-Freudian psychoanalytic theory, including object-relations, transference and countertransference. These theories emphasise the importance of the relational needs of individuals, rather than their instinctual drives. Also important in SAP training, for both adult and child analysts, is the work of Melanie Klein and her followers, particularly Wilfred Bion and Donald Meltzer.

The hybridisation of psychoanalysis and analytical psychology has come about largely through the influence of a founder member of the Society, Dr Michael Fordham. Fordham was sensitive to the relative neglect of the dynamics of early development, infancy, childhood and the 'first half of life' that he found in Jung's writing, reasoning instead that individuation is a process covering the whole lifespan. He proceeded, via work with adults, children and through the infant observation he pioneered for Jungians, to develop a model of early ego formation in the neonate, using the structural elements of Jung's model of the psyche — the ego, the self and the shadow. His work brought the theory at the Society of Analytical Psychology into relation with the work of psychoanalysis on ego development and has provided the basis for a

fruitful exchange of ideas. In addition to offering ways of working with infantile aspects of the adult psyche from a Jungian point of view, Fordham's ideas have made possible the introduction of Jungian child analysis.

Critics of this development have been concerned that an emphasis on treating personal infantile aspects may become too dominant and lead to a tendency to ignore the broader symbolic and archetypal dimensions of a patient's healing. They have also been concerned that the incorporation of psychoanalytic ideas into Jungian work on infancy may have weakened the specifically Jungian identity

of the SAP and left it acknowledging a debt to Freudian analysis, without any admission that the exchange may be reciprocal. However, it is a strength of the SAP that it can tolerate a plurality of approaches and theoretical orientations within its membership, which covers a very broad spectrum. All of these views are reflected in the training, which encourages candidate analysts in their own individuation processes and enables them to work from a position of flexibility, rather than one of hollow theory, a position that has meaning both for themselves and for the wide range of people they treat.

The History of the SAP

Catherine Kaplinsky

Analytical psychology developed out of the split, well documented by Andrew Samuels, that came about in 1913 between Jung and Freud. In brief, Jung challenged the early Freudian tendency to understand symptoms solely in a causal-reductive way, believing that the psyche also had a purposive, prospective and creative aspect. Symptoms could therefore be understood in terms of their meaning for the individual concerned; they drew attention to development that had been one-sided.

Jung felt the Freudian emphasis on sexuality, oedipal theory and incestuous wishes was too limiting, and in Jungian analysis the psychoanalytic concept of libido is replaced by a more generalised theory of psychic energy. This comes

about through the dynamic play of opposite forces and tendencies in the psyche. The individual encounters these forces and tendencies in the form of images; Jung emphasised the symbolic attitude to dream and other imagery. He also saw issues of personal integration (individuation) as central to analysis and, rather than focusing on his patients' defects, preferred to 'look at a man in the light of what in him is healthy and sound'.

As opposed to Freud's model of 'closed system' analysis, Jung introduced a dialectical procedure. In addition, he was particularly interested in other cultures, in religions and in myth. He did sometimes get things wrong, however, and tended, since his work was largely with patients in the second half of life, to neglect early