Analytical psychology and
its relation to psychoanalysis.
A personal view¹

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Abstract: Jungian analysis is a process based on analytical psychology; it shows local
variations giving emphasis to different aspects of Jung’s work within the various societies
which make up the IAAP. I describe the orientation of the Society of Analytical Psy-
chology (SAP). I have emphasized the different origins of psychoanalysis and analytical
psychology and described how, because we encounter the same clinical phenomena, our
differences centre on technique and interpretation in the context of our theoretical differ-
ences (see Astor 1998, p. 697 & 2001). In the main the link to psychoanalysis has come
from the connection forged by Fordham, who recognized that Jung and Klein shared a
similar perception of the significance of unconscious phantasy. For Klein unconscious
phantasy was the primary unconscious content, and this is different, as Spillius has recently
pointed out, from Freud for whom, ‘the prime mover, so to speak, is the unconscious
wish’ (Spillius 2001, p. 361).

Key words: analytical psychology, Fordham, Jung, psychoanalysis, Self, transference,
unconscious.

I was asked to introduce the theme of the relationship between analytical
psychology and psychoanalysis, a subject too vast to encompass briefly. Both
analytical psychology and psychoanalysis include a great deal more than a
psychotherapeutic method. Local trainings add further differences. Jungian
analysis in London is very different from Jungian analysis in Zürich, just as
psychoanalysis in London and Boston differ significantly.

It is also widely recognized that psychotherapy existed in different forms long
before Jung and Freud, and continues to exist in versions unrelated to Freud
and Jung; this is apparent even from the diversity of psychotherapies registered
with the UKCP here in England. In addition, Freudian analysis and Jungian
analysis as practised today have very little to do with the practices of Freud
and Jung. So when we talk about psychoanalysis or Jungian analysis we need
to be clear that what we are talking about is a localized version of an analytic

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approach which may well be strongly influenced by the location of the society and its members.

Having said that I could briefly outline the models in a generalized form. I could spell out the facts about psychoanalysis in such a way as to make it seem clearer than analytical psychology, but is it? Or is it that trying to be clear is more a feature of psychoanalysis than analytical psychology? But space does not permit an exposition of a historical kind such as this. Others such as Ken Eisold have recently produced thoughtful contributions to this discussion (Eisold 2001). What I want to emphasize is that in addition to differences arising from where we are based, whether Freudian or Jungian, there are fundamental differences in the origins of psychoanalysis and analytical psychology.

Analytical psychology

Stimulated by the work of Ellenberger, contemporary historians have traced the Swiss and French origins of analytical psychology. In particular the influence of dissociationist psychology has been emphasized (Ellenberger 1970). Haule writes:

Dissociationism accepted the notion that ideas and images tend to combine into complexes ... (The dissociationists) held that every aggregation of ideas and images possessed in some measure or other its own personality. The guiding image for this was the phenomenon of multiple personality.

(Haule 1984, p. 637)

Jung’s first paper was written within this tradition. It was a study of somnambulism, based on his experiments with his cousin Hélène Preiswerk, and heavily influenced by Flournoy’s work. In this paper Jung wrote:

It is, therefore, conceivable that the phenomena of double consciousness are simply new character formations, or attempts of the future personality to break through ...

(Jung 1902/1957, para. 136)

Here we have Jung’s distinctive thought that maybe there can be a psychology of personality which does not pathologize spontaneous and autonomous expressions. The dissociationist route brings with it into analytical psychology, Janet’s ‘abaissement du niveau mental’ and the idea of mental exhaustion, the purposive nature of psychological phenomena, the replacement of causality with teleology, and the recognition that different part selves coexist within the personality and that these different part selves could be opposites. Jung later added to this his ideas of psychic energy, compensation and the theory of opposites. This is the beginning of Jung’s complex psychology which he was later to define in this way:

Complexes are autonomous groups of associations that have a tendency to move by themselves, to live their own life apart from our intentions. I hold that our personal
unconscious, as well as the collective unconscious, consists of an indefinite, because unknown, number of complexes or fragmentary personalities.

(Jung 1935/1977, para. 151)

In contrast while Freud’s early studies on hysteria written in collaboration with Breuer also refer to the work of Janet, what is significant is the different emphasis Jung and Freud gave to these ideas (Freud & Breuer 1895). In referring to this I am wanting to make it clear that the differences between analytical psychology and psychoanalysis go back to a time before Freud and Jung met. In citing these early studies I am wanting to demonstrate a fundamental difference which no amount of congruence today about clinical practice can undo. The origins of analytical psychology are different from the origins of psychoanalysis, even though some analytical psychologists are closer to psychoanalysts in their way of working than they are to other analytical psychologists.

Freud’s response to the dissociationists’ work was to conceptualize dissociation as a pathological state. Furthermore he thought that it was defined by some idée fixe which it was the analyst’s job to identify. Thus for example the black snake which Anna O saw coming across her father’s bed was for Freud the key to understanding Anna O’s hysteria (Freud & Breuer 1895, p. 38). The idée fixe, the imagined/hallucinated snake, was in his view dissociated from some thought unacceptable to consciousness such as her imaginings about her father’s penis (Haule 1984). What followed from this was that Freud began to assume that behind the dissociated state was a trauma, that dissociation was a feature of pathology and that the normal psyche was unified. Underpinning this was his sexual theory, and the model which he built on in which ‘the basic unit of the system unconscious is not phantasy but the unconscious instinctual wish’ (Spillius 2001, p. 361).

So when we later find Jung going back to his roots and exploring the individuation processes in the normal psyche across cultures and historical periods, we find he begins with a case of Flournoy’s, Miss Miller, and with a revision of Freud’s sexual theory, namely that it is neither a necessary nor a causal feature of all psychopathological states (Jung 1912/1956). His rejection of the sexual theory was not that it was without substance; it was that it was being used in a way which was not congruent with his understanding of the psyche. Libido is psychic energy and as such is neutral and not exclusively sexual energy, he thought.

Jung’s association experiments revealed to him the complex and his guiding thoughts about this were organized along the lines of the coexistence of unconscious combinations of different parts of the personality. The concept is spatial and teleological. Out of this thinking and his further researches he developed his archetype theory. Freud on the other hand was thinking more causally and temporally, in terms of stages of development; thus behind the manifest hid the latent.
In what I have said so far I have wanted to indicate: a) that analytical psychology has its own origins and is not a derivative of psychoanalysis. Thus the sobriquet ‘Jungian analysis’ needs to be contextualized by those elements of Jung’s work which were the principal inspiration of the founders of the particular training organization referred to. The contrast might be between the influence of Fordham in London and Hillman or von Franz in Zürich. Fordham stressed the scientific and empirical, Hillman the numinous. Following on from this, differences in practice developed. These two elements, context and inspiration are at the root of the dissensions which exist in the Jungian movement.

It would be a mistake, however, to think that what any of us is doing is what Jung did. It would be virtually impossible to replicate what Jung did with his patients, since he did something different for each one and his practice varied at different times of his life (cf. Jung’s notes on S. Spielrein’s analysis, JAP, 46, 1, 2001). Jung, for instance, saw some of his patients frequently for short periods, while others he had a few sessions with, and then referred on to his assistants, Meier, Baynes, and especially Toni Wolff. As we read accounts published by those who had analysis with Jung when he was no longer working in hospital-based medicine, what is striking is the way they were prepared educationally for the experience, by being expected to attend seminars, to study, and further to treat their analysis as a form of induction into a process which they could continue on their own later (‘Recollections of my encounter with Dr Jung’ by Tina Keller, in the Francis Countway Library of Medicine, Boston). They were encouraged to behave as if they were studying an objective phenomenon, their psyche.

Here is Jung analysing one of his own dreams from this vertex. When he resigned from the Presidency of The International Psychoanalytic Association in 1914, he had a dream which recurred three times:

In the middle of summer, an arctic cold wave descended and froze the land to ice. I saw, for example, the whole of Lorraine and its canals frozen and the entire region deserted by human beings. All living green things were killed by frost.

(C. G. Jung 1963, p. 170)

The third time Jung had that dream it had an unexpected ending.

There stood a leaf-bearing tree, but without fruit (my tree of life, I thought) whose leaves had been transformed by the effects of the frost into sweet grapes full of healing juices. I plucked the grapes and gave them to a large, waiting crowd.

(1963, p. 170)

Jung’s interpretation of this dream was that his task was to understand ‘to what extent my own experience coincided with that of mankind in general’ (p. 170).
My understanding of this dream is that this last image brings with it restitution: out of frost comes fruit, out of a frozen death-like state comes new life. The psyche compensates, and the self holds together and integrates these opposites. Out of the bleakness of his loss of Freud, and the fruitful work they had so much hoped to collaborate on, comes eventually a new hope, a new encouragement to go forward. You will note, however, that what Jung emphasized was not his personal loss, but what he later wrote of in terms of enduring these ‘assaults of the unconscious’ and ‘obeying a higher will’. Part of maintaining his psychic equilibrium and the self was to distance himself from what was personally threatening.

In making links today between psychoanalysis and analytical psychology I shall be talking mainly about the SAP. Of all the institutes which offer training in Jungian analysis, the first to be founded, the SAP, is the one most identified with both psychoanalysis and significant theoretical and clinical developments of Jung’s ideas. It is closely identified with psychoanalysis in the Jungian world because our focus initially was to develop the work of Jung when he was working in hospital-based medicine, within the discipline of medical psychology. By contrast, other Jungian groupings have focused more on the later Jung, when he was working in private practice and making studies of individuation and complex psychology which were not confined to the consulting room.

Jung’s letters to the founders of the SAP witness to his emphasis on training doctors. Moreover the forum for clinical discussions, when the SAP training was instituted, the medical section of the British Psychological Society, was wider than our own group and included prominent psychoanalysts. The huddling into separate groups which now prevails and the lip service paid to broadening the debate through public programmes while keeping the core clinical work groups exclusive had not yet set in.

When the SAP was beginning, its members tried to work with the images of the collective unconscious without reference to the transference and found, as Jung indicated, that it was premature if, in Jungian language, the parental imagos had not been integrated. Few patients even today present with an absence of difficulties in that area. It was found, and we still find that, as Jung has described:

\[(\text{Jung 1928}/1953, \text{para. 113})\]

His solution in this situation is what he calls ‘resolving the transference’ which lays the foundation for a subsequent synthesis. And this is the furrow the SAP has ploughed, as have the psychoanalysts. This is not to say that our work is...
not quintessentially within the tradition of Jungian analysis, which has at its core the concept of individuation, and where individuation is defined as:

the process by which individual beings are formed and differentiated. In particular, it is the development of the psychological individual as distinct from the general, collective psychology.

(Jung 1921/1971, para. 757)

Central to the way members of the SAP developed Jung’s ideas was their awareness of the need to show in what ways they connected with and in what ways they diverged from or radically changed Jung’s ideas.

This approach was congruent with Jung’s pragmatic approach:

There is no question of my producing incontrovertible truths – they are simply ideas thrown out in an attempt to bring a bit of order into the bewildering conglomeration of psychic realities.

(C. G. Jung quoted in Hostie 1957, p. 13)

And our guiding principle has been his statement that:

as a doctor and a scientist, I proceed from facts which everyone is at liberty to verify ... it is facts which are of prime importance to me and not a provisional terminology or attempts at theoretical reflections.

(Jung 1952/1958, para. 461)

What, you might well ask, is a fact in medical psychology?

Jung gives an example of what he means:

The fact that archetypes exist is not spirited away by saying that there are no inborn ideas. I have never maintained that the archetype an sich is an idea, but have expressly pointed out that I regard it as a form without definite content.

(Jung 1952/1958, para. 461)

Like the psychoanalysts we as a society have kept our focus on what goes on in the consulting room. Most psychoanalysts refer their ideas to Freud or his successors when describing clinical developments. In the same way we have sought to develop Jung’s core ideas as they related to clinical practice.

Recently there has been more interest in exploring whether what we are doing is a science or an art, or whether disease as metaphor is radically different from images of illness and suffering, but this has never been central to our organization. This may be because such discussions can so easily take one into the area of what Jung called religious convictions. As a society we have eschewed that approach, preferring Jung’s pragmatism.

What we have achieved, which is recognized widely is that we have managed to create a school of Jungian analysts who work in the main reductively, but who have managed to separate reductionism from causality. We reduce as
part of deconstructing the image and metaphor in the service of integration and hence individuation, not in the service of causality. Central to this approach is Jung’s recognition, through his concept of the transcendent function, that the clinical and the symbolic are indissoluble. That does not mean that we do not and cannot investigate what we do from different perspectives. We might consider transference-based analysis to be rooted in a symbolic process and those Jungians who do not work in the transference to be concerned with symbolic content. The discussion then moves to what each group thinks is the therapeutic factor. Debates of this kind abound in our professional life. And while, as [here] at a congress, we struggle to find common ground, when we return to our professional groups the fundamental divisions persist, for we are all products of local groups and their institutes and loyalties. Mine is to the SAP. So I quite comfortably move in a world of clinical realities and shared discourse with psychoanalytic colleagues, but in the wider world of analytical psychology the historic divisions and ancient feuds and fantasies continue to be nurtured.

Within the tradition of the SAP’s interest in transformations in the consulting room, analysts such as Fordham, Redfearn, Gordon, Plaut, Lambert, Zinkin and others have made numerous studies of the self in clinical practice, some of which have been widely taken up. Fordham’s paper on the ‘Defences of the Self’ is one of these (Fordham 1974). Perhaps the most significant, and possibly the only completely original addition to Jungian theory and practice, is Fordham’s concept of the dynamic of the self, deintegration and reintegration (Fordham 1957, 1985). This has been used across cultures and trainings, both as a dynamic present within the analytic relationship and as a developmental model extending Jung’s concept of the self from a phase theory, where the self was thought of mainly as a feature of introverted study in the second half of life, to a field theory where it was recognized as being significant from infancy through to the end of life. Thus Fordham’s work on the self in childhood found him having to account for the evidence of actions which seemed discriminatory but outside consciousness and therefore arguably not ego functions; he ascribed these actions to the self and named the dynamic of the self deintegration. He then went on to show how what in psychoanalysis is called the achievement of depressive concern was an example of the individuation process as it exemplified the bringing together of the opposites, the good and the bad breast/mother in a symbolic resolution which contributed to growth. This work stimulated colleagues to make further investigations of a quintessentially Jungian idea, namely the transcendent function, but from a clinical focus, where technique could be examined along with content and theory. All of this resonates with contemporary psychoanalysis; the material is the same even if the language and theory are different. In the field of child analysis the SAP has been pioneering in its development of Jung’s ideas in normal and pathological developments, with Fordham’s work on autism as a disorder of the self a prime example (Fordham 1976). These clinically driven contributions were
creative additions to Jung’s concept of individuation. Other significant essays have ranged from systematic studies on the transcendent function by Norah Moore to numerous papers on technique, transference and countertransference by other members (Moore 1975, 1983).

Another strand in the overlap between psychoanalysis and analytical psychology has been the mapping exercises which Fordham and Plaut particularly have done on Kleinian and Bionic concepts and Jung’s work. Fordham showed that there were at least eight connections which linked Bion and Jung. Both criticized causality and laid emphasis on meaning. Both emphasized growth and the here-and-now. Both were interested in the religious vertex in man.

Archetypes and expectations meeting realizations are linked together through Bion’s ideas about alpha function. Jung’s ideas on empathy and the container/contained link to Bion’s idea of containment and projective identification. Bion wrote a book on transformations, a theme which Jung described in a clinical paper and which is present in his alchemical studies.

Bion’s idea in his theory of thinking that thoughts seek a thinker is similar to Jung’s idea that thoughts come into one’s mind and are not created. This could be compared to God needing man to realize himself. And finally Fordham’s last point was that Bion’s O is similar to the original self and that this later becomes an ultimate truth, or God, which is similar to Jung’s thesis of the primary self. O in the analytical session is the position where we aspire to rid ourselves of memory and desire; again this is similar to Jung’s encouragement to us in sessions to avoid the doctor’s trick of ‘knowing beforehand’ (Fordham 1995, p. 224).

Plaut in a thoughtful and fascinating paper, ‘Part object relations and Jung’s luminosities’, compared Jung’s luminosities and Klein’s part object, with reflections on addictive states of mind and psychopathology (Plaut 1974). He wrote of Klein’s model:

With the introduction of this theory new emphasis had to be given to individually different strengths of attachment to part objects, accompanied by anxiety and greed. In other words it represented the thin end of the wedge wielded against the once predominant theory of instinctual drives. As for analytical psychology, Jung’s luminosities (and the ‘psychoid’ end of the spectrum of consciousness) question the usefulness of the concept of ‘conscious’ as well as the distinction mind from matter, body from soul ... Bion seems to have delivered the coup-de-grâce to the strictly deterministic attitude of psychoanalysis; he throws doubt on the usefulness of preconceived knowledge and prefers to look upon the phenomena of analytical transactions as emanations of ultimate reality or absolute truth, unknowable as such. The difference between this thesis and the numinous aspects of the self archetype seems to me purely semantic.

(Plaut 1974, pp. 179–80)

The overlaps, connections and discussions of psychoanalytic work within the SAP have mainly but not exclusively been confined to the Kleinian tradition. Lambert gave careful attention also to the work of Winnicott, Bollas, Symington,
Kohon and Juliet Mitchel, finding much in common with their ideas about practice, wholeness, and integration. Lambert wrote that this common ground demonstrates the implication of objects relation theory whereby the actual presence of the whole mother can be introjected and then imaginatively enriched from archetypal sources.

(Lambert 1988, p. 93)

What emerged from that period can be found in the nine books which Fordham published and the seven volumes of the Library of Analytical Psychology, which included individual books by Lambert, Gordon, Fordham and Redfearn, the first volume of which was called *Analytical Psychology, A Modern Science*. Central to the SAP approach is that analytical psychology is a science and that we are scientific in our attitudes, where science is defined in a way which is hard to distinguish from art:

[T]he process of scientific discovery is a particular example of unconscious activity coming into relation with the conscious. If this thesis be true it demolishes the rationalistic basis of science, though obviously it does not demolish reason and logic as part of scientific discovery.

(Fordham 1957, p. 23)

Careful reading of these authors reveals how certain core ideas of Jung’s were put to the test of clinical practice. Some were modified, some discarded, and others adapted to the techniques of analysis which were being developed here in the UK. In this last category we must include the archetype. And if we haven’t tackled some of the inherent problems in the way Jung describes archetype and archetypal image, for instance the problems of language and description and thinking that Hobson pointed out in 1961, nor have other societies (Hobson 1973, p. 66). The problem of the reification of the concept remains, with its concomitant confusion as to what of the archetypal is variable and what is invariable. The archetype as described by Jung is innate, uniform and sometimes even a priori, all characteristics which are invariable, but it is also described as a typical basic pattern which is inherited, universal and imprinted which are variable characteristics (see Carette 1994). Further the evidential basis for the concept is problematic.

Jung linked the archetype to instincts and their actions, which in his words gave ‘an organic substrate’ to ‘psychic processes’ (Jung 1954, para. 375) which brings me to what has been the SAP’s emphasis within archetype theory. This is to value Jung’s thought, that the archetypal images are the representatives in consciousness of the instincts, where instincts are understood as innate patterns of behaviour. Add to this Mary Williams’ formula that

nothing in the personal experience needs to be repressed unless the ego feels threatened by its archetypal power and that the archetypal activity which forms the individual’s myth is dependent on material supplied by the personal unconscious.

(Williams 1973, p. 79)
and you have the SAP rationale for investigating the personal unconscious, while remaining true to the archetypal nature of the experience. Archetype has the predominant meaning at this point of a universality of form, a similarity of function and a compelling quality, which is both impersonal and personal. In its imagery and phantasy content it expresses a relationship between people, and within people between their objects. This is what brings us close to psychoanalysis as well, since both groups recognize the centrality of certain patterns in the development of the individual. An example of this would be attachment theory or theories of development which link psychoanalysis and psychology such as Stern’s *The Interpersonal World of the Infant* (Stern 1985).

I am reminded here of Jung’s statement about language:

> Interpretations make use of certain linguistic matrices that are themselves derived from primordial images. From whatever side we approach this question, everywhere we find ourselves confronted with the history of language, with images, motifs that lead straight back to the primitive wonder-world.

(Jung 1954/1959, para. 67)

In other words we reach into the collective when we genuinely interpret unconscious affect.

My focus in this short communication has been on transference analysis; Jung wrote on this in the preface to Fordham’s book, *New Developments in Analytical Psychology*, that:

> The problem of the transference occupies a central position in the dialectical process of analytical psychology and therefore merits quite special interest.

(Fordham 1957)

The ambivalence about transference analysis within some Jungian circles seems to have been that it was closely allied to a causal, reductionist, temporal psychoanalytic model of the psyche, and was therefore inherently not compatible with the teleological, hermeneutic, spatial model of Jung’s. Surprisingly this view persists in some Jungian circles.

Within the SAP the archetypal aspects of the analytic process were understood in the affective relationship between analyst and patient such that the analyst became the carrier of the images, which were not exclusively personal. This in turn led to a state of projective identification between the two. Fordham pointed out that this was Jung’s view of how to analyse ‘individuation cases’. The analyst’s analytic attitude, way of listening, and responses could then promote ego developments within the patient. Subsequently these could be further clarified by interpretation. This led to the development of Fordham’s work on syntonic transference, later reformulated in terms of the presence of projective identificatory processes (Fordham 1979). This revealed the truth of Jung’s teleological approach and gave new meaning to Jung’s observation;

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

(Jung 1946/1954, para. 364)

And, as Jung clarified, it is the analyst’s relation to his own unconscious which is the mainspring of the therapeutic endeavour.

Led by Fordham, the SAP, as an organization, directed its attention to the study of transference and countertransference. This further strengthened our clinical connections to psychoanalysis and deepened our understanding of the ways in which transference analysis was synthetic. The personal and the ego were also brought into prominence, and the dynamic of the self and the child were not treated as one of many symbols heralding change and development, but as an embodied psychic reality (Jung’s indivisibility of psyche and soma). Added to this was a strong desire to dispel the idea that Jungians were members of a cult, or of a mystical group awed by the numinous character of the archetypal images.

In summary

Jungian analysis is a process based on analytical psychology; it shows local variations giving emphasis to different aspects of Jung’s work within the various societies which make up the IAAP. I have described the orientation of the SAP. I have emphasized the different origins of psychoanalysis and analytical psychology and described how, because we encounter the same clinical phenomena, our differences centre on technique and interpretation in the context of our theoretical differences (see Astor 1998, p. 697; 2001). In the main the link to psychoanalysis has come from the connection forged by Fordham, who recognized that Jung and Klein shared a similar perception of the significance of unconscious phantasy. For Klein unconscious phantasy was the primary unconscious content, and this is different, as Spillius has recently pointed out, from Freud for whom, ‘the prime mover, so to speak, is the unconscious wish’ (Spillius 2001, p. 361). Our link to psychoanalysis is therefore to a psychoanalysis developed by Klein and the post-Kleinians.

As analysts we know that reality is promoted to meaning through perception. Implicit in this thought is the potential for there being a hierarchy of meaning, each contributor presenting their prism as the one more sensitive and subtle than the other persons’. For the discussions to be meaningful we must eschew, thinking in the blood, vehement assertions and prescriptive accounts as to what analysis is or is not, and stay close to descriptions of clinical experiences. Central to the analytic endeavour is a relationship over time between two people, their conscious and unconscious minds. Generalizations, polemical and political statements do not describe this.

I am aware that I have not gone into some of the deeply felt controversies and minority interests which we and our psychoanalytic colleagues have been
slow to revise. In particular I am mindful that Jungian and psychoanalytic views on gender, race and sexuality all need hauling into the light and scrutinizing. Not least because of the way society is evolving, but also because of the discoveries of neuroscience. Fundamental challenges are being raised to the symbolic significance of the inner world couple, such that the suggestion that archetype plus expectation no longer give rise to realization. A truly radical thought challenging as it does Jung’s ideas of the trinity. Meanwhile and in conclusion let us take forward Jung’s observation towards the end of his life about his work:

You will see that certain points will be taken from Freud’s ideas, others from Adler’s ideas and some from my ideas. There is no question of victory of one idea, of one way of looking at things. Such victories are only obtained where it is a matter of pretension, of convictions, for instance philosophical or religious convictions. In science there is nothing of the kind, there is merely the truth as one can see it.

(Jung in McGuire & Hull 1978, pp. 254–5)

Translations of Abstract

L’analyse jungienne est un processus décrit par la psychologie analytique; il existe des variations dans l’approche, qui dépendent de l’accent mis sur des aspects différents existants dans la pensée de Jung, variations que l’on trouve dans les différentes sociétés qui composent l’IAAP. Je vais pour ma part décrire l’orientation de la SAP. J’ai déjà mis l’accent sur les différences dans les fondements de la psychologie analytique et de la psychanalyse, et décrit que, du fait que nous avons à faire au même phénomène clinique, nos différences se centrent sur les techniques et les interprétations, dans le contexte de nos différences théoriques (voir Astor 1998, p. 697 & 2001). Dans l’ensemble le lien à la psychanalyse se fait par la connexion élaborée par Fordham, en se basant sur l’idée que Jung et Klein partageaient une même perception de la signification des fantasmes inconscients. Pour Klein, les fantasmes inconscients se constituent avec les contenus inconscients primaires, ce qui diffère, comme Spillius l’a récemment montré, du point de vue de Freud, pour qui ‘le mouvement premier, pour ainsi dire, est le désir inconscient’ (Spillius 2001, p. 361).


L’analisi Junghiana è un processo basato sulla psicologia analitica; esso mostra variazioni locali che danno enfasi ai diversi aspetti del lavoro di Jung all’interno delle varie società che costituiscono la IAAP. Io descrivo l’orientamento della SAP. Io ho dato enfasi alle differenti origini della psicoanalisi e della Psicologia analitica e ho descritto come, dal momento che incontriamo gli stessi fenomeni clinici, le nostre differenze sono concentrate sulla tecnica e sull’interpretazione nel contesto delle nostre differenze teoriche (vedi Astor 1998, p. 697 e 2001). Principalmente il legame con la psicoanalisi è venuto dalla connessione fornita da Fordham, che ha riconosciuto che Jung e la Klein condividevano una percezione simile dell’importanza della fantasia inconscia. Per la Klein una fantasia inconscia era il contenuto inconscio primario, e ciò si differenzia, come ci ha fatto notare recentemente Spillius, da quanto afferma Freud, per il quale ‘il primo motore, tanto per intenderci, è il desiderio inconscio’ (Spillius 2001, p. 361).

El análisis junguiano es un proceso basado en la psicología analítica; muestra variaciones locales en donde se enfatizan los diferentes aspectos del trabajo de Jung dentro de las distintas sociedades que conforman la IAAP. Describo la orientación del SAP. He enfatizado los diferentes orígenes del psicoanálisis y de la psicología analítica y descrito como, por nuestro encuentro con el mismo fenómeno clínico, nuestras diferencias se centran en la técnica y la interpretación dentro del contexto de nuestras diferencias teóricas (ver Astor 1998, p. 697 & 2001). En su mayoría, el principal vínculo con el psicoanálisis proviene de la conexión expuesta por Fordham, quien reconoció que Jung y Klein compartieron una percepción similar sobre la importancia de la fantasía inconsciente. Para Klein, la fantasía inconsciente era el contenido inconsciente primario y, como ha señalado recientemente Spillius, esto difiere de Freud para quien ‘el incentivo mayor’, por decirlo de alguna manera, ‘es el deseo inconsciente’ (Spillius 2001, p. 361).

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