
An edited volume on Jungian views of psychopathology is a great idea and, for the most part, the chapters of this book adhere to that theme. However, I am not sure about the accuracy of the word ‘contemporary’ in the book’s title, because it means ‘at the same time’ and that implies current viewpoints. If one considers the 1980s as ‘contemporary’, then just under half of the chapters are in line with that view. Seven of the remaining chapters are from the 1970s and one each from the 1960s and 1950s. This volume is an uneven but valuable collection of seventeen articles, fifteen of which were originally published in the Journal of Analytical Psychology, one in Chiron, and one other is now published for the first time.

Reading this book was like going on a walking tour of a ‘Land of Psychopathology’ with various Jungian guides. Depending on who was with me at the time, I might explore part of the landscape in a cursory, almost cryptic manner, or go through a certain part of the terrain in an organised, stepwise fashion, feeling as if I really came to know a specific region quite well. Sometimes it felt as if I was sitting by a brook in a mountainous territory getting a new and refreshing insight into a difficult and problematic issue. At other times it was as though my explorations brought me into a dark wood and illuminated a shadowy vista, allowing me to experience a new understanding of an otherwise obscure area.

In his introduction Andrew Samuels reviews various attitudes to psychopathology, including seven main objections to the subject. Samuels suggests that psychopathology is whatever threatens or blocks the individuation process and he calls for a balance between science (content/diagnosis) and art (process/therapy). He outlines three different modes of psychopathology (affective, psychic structure, and deficit), each of which could be understood by a phenomenological (descriptive) or an aetiological (causal) approach. According to Samuels, and I agree with him, all three modes of psychopathology are represented in the book. In sum, Samuels’s introduction and his brief preludes to the individual chapters represent a comprehensive, well thought out, and valuable contribution to Jungian literature. Now let’s start the journey through each of the seventeen regions in this ‘Land of Psychopathology’.

Hubback’s opening chapter, entitled ‘Depressed patients and the coniunctio’, addresses an all too common predicament that six depressed patients experienced in infancy and childhood: a seriously depressed mother. Her chapter is a thoughtful, developmental perspective on depression. Hubback suggests that the depressed patient must go beyond endlessly analysing the negative mother introject and identify with the inner healer. She illustrates sensitively and skilfully how analytical therapy facilitates this process. She refers to an alchemical model of depression in which the nigredo gradually leads to mortificatio, then to separatio, next to the divisio, and finally to coniunctio (a unification of opposites).

In the second chapter, Hultberg focuses on the ‘depressive defence’ which is a retreat from over-stimulation. For Hultberg, gratitude is one of the most important feelings to emerge in analysis. Permission to feel positive about one’s accomplish-
ments relates to the concept of *coniunctio*, a theme Hubback developed in the previous chapter. While Hultberg's view of depression is interesting, it is somewhat limited.

The third chapter, by Seligman, 'A psychological study of *anorexia nervosa*', is about a disorder that is associated with both despair (depression and suicidal thoughts) and hope (the value of the healing symbol). Anorexia nervosa is seen as a regression to, and a fixation at, an oral stage of development. There is a 'stunting or deformation of the ego structure, a distorted body concept and arrested psychological growth'. Seligman describes the patient's *anorexia nervosa* as a 'futile attempt to be in control'. The patient's preoccupation with death represents a danger (self-starvation) but also a hope (symbolic death and rebirth through inner transformation).

Plaut's chapter, entitled 'Object constancy or constant object', is very creative, but it seems out of place with the overall subject of the book. In fact, Samuels characterises this chapter as 'iconoclastic' since Plaut 'to some extent disputes the very idea of psychopathology'. Nevertheless, Plaut raises a provocative question: could a part-object achieve constancy? As a possible theoretical advance, Plaut suggests that part-objects are experienced in the same way as objects. Later he posits that each individual is 'forced to abandon the illusion of mastery over [his or her] objects'. Plaut's challenge to the ideal of mastering object constancy makes this chapter one of the more provocative in the book.

Chapter five, by Ledermann, 'Narcissistic disorder and its treatment', discusses in detail six clinical manifestations of narcissistic disorders. The six sections include: (1) the barrier, (2) non-humanised archetypal experiences, (3) putting the clock back, (4) splitting defences, (5) difficulty in symbolising, and (6) pathological defences of a deformed ego. The detailed description of these six clinical manifestations give one a real feeling for this disorder. The fear of narcissistic patients (a terror of non-existence or a 'living death') is illustrated by Ovid's myth of Narcissus. Ledermann carefully reviews the treatment of narcissistic disorders and cautions the reader that an incorrect diagnosis can lead to the wrong treatment. The foundation of successful therapy is building trust and developing an alliance with the patient. Throughout the chapter she is refreshingly open about her therapeutic approach with her own patients. I offer only three of many of Ledermann's therapeutic pearls: 'Always greet the patient with warmth and openness . . . with loving acceptance'; 'Never raise your voice'; and 'No silences'. This is a superb chapter: well organised, beautifully written, clinically illustrated, practical, humane, and meaningful.

Kirsch's chapter six, 'Reflections on introversion and/or schizoid personality', concerns female patients who are emotionally isolated and depressed. In working with these patients, Kirsch realised that some of them were schizoid and had a limited capacity for relationships. He gives examples of cases that were successful and not so successful. Kirsch stresses the importance of case formulation and the correct diagnosis of schizoid personality disorder versus introversion. He recognises that some schizoid people are amenable to treatment. This is a short but clear and useful chapter that is very true to its title. The author cautions us lest we miss diagnosing a schizoid personality disorder and misuse the typological category of introversion.

In chapter seven, 'Reflections on Heinz Kohut's concept of narcissism', Mario Jacoby compares and contrasts Kohut's and Jung's views of the psyche, particularly pertaining to the self. Jacoby encourages Jungians to take Kohut's psychology seriously. He describes (à la Kohut) how a 'coherent self' evolves from mirroring the 'gleam in mother's eye', which is necessary for the development of 'healthy narcissism'. The archaic grandiose self and its fantasies of omnipotence are gradually transformed into a bipolar self with two components: (1) a realistic and ambitious part that strives for admiration, and (2) a mature ideal part that aspires to meaning. Jacoby points out that Kohut's approach seems very similar to Jung's view of neurosis
as the 'suffering of a soul which has not discovered its meaning'. Kohut’s idea that 'the realization [through a person's actions] of the blueprint for life that has been laid down in his or her nuclear self' is very close to Jung's idea of individuation process. Another similarity with Jungian thought is apparent when Kohut states, regarding the self, 'whatever the history of its formulation, it has become a center of initiative: a unit that tries to follow its own course'. This sounds like Jung's concept of the central archetype of the self. Paralleling Jung's view of the self is the following quote from Kohut, 'the Self... is not knowable in its essence'.

Jacoby finds Kohut's views on the self most helpful in dealing with transference/countertransference phenomena, particularly in relationship to the bipolar self. Kohut differentiated two main types of transference: (1) mirroring transference (the gleam in the eye', acceptance, and 'empathic resonance') and (2) idealising transference (the need for patients to merge with the seemingly omnipotent self-object projected on to the analyst). The patient's frustration and disappointment when the analyst does not conform to the ideal fantasy figure gradually stimulates the process of 'transmuting internalisation' which is very similar to the withdrawal of projection in analytical psychology. Sharing one's accomplishments ought to generate some gleam in the other person's eye rather than automatically evoke shadow projections in the forms of rejection, envy, and secret admiration. One way to defuse the effects of the grandiose self is to develop a sense of humour. Jacoby concludes his excellent chapter with the problem of the idealisation of Jung when the self is fused with Jung the individual—potentially this can make for religious dogmatism in analytical psychology.

Schwartz-Salant's chapter eight, 'The borderline personality: vision and healing', at 48 pages is the longest chapter in the book. He is very open about his own personal odyssey of working with patients with borderline personality. He maintains that 'the core of madness in the borderline patient must be uncovered if successful treatment is to be achieved' and he shares subjectively how this can be done. Schwartz-Salant advocates the use of 'imaginal sight', a technique akin to active imagination. The author emphasises that the focus is always on the creative acceptance of the borderline's pathology and personality and not on analytic knowledge or reductionism: 'One can never understand a person's mad parts, but one can know that one does not know.' In this stage the therapist can err by failing to embrace the 'neither 'yes' nor 'no' ' logic of the borderline patient. Creative acceptance and comiunctio (the psyche's inherent capacity to heal the characteristic splitting of the borderline patient) is the hallmark of successful work with borderlines. The therapist must be able to tolerate the borderline's experience of the 'dark night' and to accept his or her 'dead self', because this acceptance heralds creative rebirth, an experience of numinosum. While the soul is within the patient's grasp, the shadow is also released and demonic parts of the patient become conscious, at which point suicide is a real risk. The patient has to realise that 'In some mysterious way [these] demonic aspects may be necessary for the destruction of structures in the old personality that have outlived their usefulness'. I term this process 'egocide', the killing of the old negative ego structure—one's old identity ('false self') that has to die in order for the new ego—self identity (the 'true self') to develop. In sum, this chapter by Schwartz-Salant is creative and, to use his terms, 'imaginal' and 'visionary'.

Chapter nine, 'The treatment of chronic psychoses', by C. T. Frey-Wehrlin and three co-authors, focuses on the dark side of chronic, incurable, and 'hopeless' psychotic patients. It deals with the challenge of the difficult case and of new hope when the chronic patient is newly admitted for treatment. The chronic patient is a mirror for our own chronic illness: 'It is that which is most distinctly our own, that from which we suffer; although it may have been touched upon during our own
analysis, yet it has remained untransformed. It is sick, unproductive, evil and infantile—it is the shadow of our individuality.' The emergence of shadow, engagement, and healing encounters can lead to transformation. The authors compare working with chronic patients to the myth of Sisypheus, because it is hope that keeps chronic patients and therapists working together. They posit that we respond to that because 'It is always there as long as life goes on'. This is a very brief but helpful chapter.

Chapter ten by Redfearn, 'The energy of warring and combining opposites', emphasises 'that there is a disintegrative process in nature and in the human psyche which is itself the opposite of the creative synthesis of opposites which we associate with the symbolic process'. The holding capacity of mother parallels the therapeutic relationship and the containment of opposites by the analyst's ego and subsequently by the patient's ego. Redfearn is critical of mastery and ego control theories and describes these as as 'illusory as mastering the wind or controlling the lightning'. Manic and depressive parts of the psyche must be contained; it is as though the healing process represents the Tao of the psyche: a middle path or balanced way. Redfearn discusses countertransference towards psychotic patients: 'Countertransference feelings... are the best guide to the psychopathological level and nature of the situation between patient and therapist.' He values understanding one's own psyche: 'If the therapist has not coped with the primal forces in himself he cannot have the necessary empathy and integrity to cope with them in his patient.' Work with psychotic patients is taxing because these patients 'demand that the relationship with the therapist be right, or got right at the primal level'. He mentions various experimental residential projects aimed at providing treatment at the primal level, such as the Agnews project in the United States and the Philadelphia Association in England, but provides no references for the interested reader to pursue this subject in greater depth. Redfearn calls out for 'an analogous institution for London Jungian analysts'. While it may be true that there was no such facility in London, the author omits mentioning the Jungian therapeutic community at Withy Meadow as described in a book by Anthony Stevens.

Chapter eleven, by Edwards, entitled 'Schreber's delusional transference: a disorder of the self', is a re-analysis of the Schreber case. In the shortest chapter in the book (at only seven pages), the author extends Jung's idea of Schreber's problem as 'anima inflation', which he classifies as a disorder of the self. Edwards's 'post-Jungian view' might be considered a contemporary Jungian perspective on psychopathology if he had integrated Jung's and Kohut's self psychology in understanding the Schreber case. Part of Schreber's delusion was that his genitals retracted into his body. This is exactly what Koro involves (a well-described psychopathological condition in Asian as well as other cultures). Perhaps this represents something archetypal as well as contemporary (for the reader's information, there is an interesting article on Koro in the December 1990 issue of the American Journal of Psychiatry).

Gordon's chapter twelve is entitled 'Masochism: the shadow side of the archetypal need to venerate and worship'. She presents five cases of masochism to support her thesis that masochism is the shadow side of an archetypal need to worship. After she reviews the literature, she explores and discusses masochism in religious experience and clinical work. Early on in her chapter she discloses that masochism figures 'very little in Jungian literature'. In fact, as she also points out, there is not one reference to masochism in the index to Jung's Collected Works. However, Jung writes about the necessity of the 'torture of initiation'. Gordon reviews Freud's two categories of masochism, primary and secondary, as well as Klein's 'death drive', which is warded off by the ego in the service of the life instinct. Most revealing is a reference to a paper by Elie Humbert, in which he points out that etymologically 'to sacrifice' means 'to make sacred'. There is a bond between masochism and the search for
meaning. This chapter is well organised and presents Jungian psychopathology in a new, clear, and relevant way.

Storr’s chapter thirteen, ‘The psychopathology of fetishism and transvestism’, is hardly contemporary, having been initially published in 1957. However, I agree with Samuels in his précis to the chapter, ‘This early work of Storr’s has stood the test of time remarkably well.’ After a critical review of Freudian theory on perversion, Storr offers a Jungian perspective on the subject which he illustrates with examples from his own practice. Storr’s central point is that ‘the symptom represents an attempt to transfer masculine power from a person who is thought to possess it to the patient who is thought to be lacking in it’. In a comprehensive approach to the subject, Storr discusses homosexual fetishism and ‘phallus-fetishism’. In addition, he links heterosexual fetishism to Odysseus and Ino’s veil which he relates to the view of the fetish as a ‘magical object’ that is both phallic and maternal. Storr discusses the ‘phallic mother’ with whom the transvestite symbolically identifies and ‘demonstrates that the hero’s “incest” is regenerative or symbolic incest’. Storr cites an archetypal/ritual example from anthropology in which some primitive tribes require the adolescent boy to have intercourse with his mother in order to overcome her power over him and attain masculine independence. Again, Storr demonstrates a capacity to integrate mythology and psychopathology as he interdigitates the story of Perseus. Storr provides excellent clinical examples throughout his chapter. This chapter is artfully composed, creative, and thought provoking.

Fordham’s chapter fourteen, ‘The androgyne: some inconclusive reflections on sexual perversions’, in contrast to Anthony Storr’s previous chapter dealing with the same topic, is not clear or well organised at all. Nevertheless, it is interesting—the androgyne blends a contemporary and ancient archetypal theme (alchemical process) and image (hermaphrodite).

Chapter fifteen, ‘The archetypes in marriage’ by Williams, outlines Jung’s concepts of anima/animus as relating to ‘unconscious collusion, within a couple’. After discussing anima/animus (the basic archetype of marriage), she presents three cases that are analysed, for the most part, on a personal rather than archetypal level. There is no mention or discussion of typology in marriage and how typology relates to marital difficulties. The cases are useful and interesting, but I was disappointed that she did not go beyond Oedipal theory and the incest taboo.

The next chapter, sixteen, by Dreifuss is entitled ‘The analyst and the damaged victims of Nazi persecution’. This is a painfully sad chapter. The author bases his study on a single indepth case, from which he generalises certain findings. The single case study is acceptable. However, it contrasts with the other chapter formats utilised in this book. This chapter does not contain a review of the literature on the psychopathology of Nazi holocaust survivors and it is not necessarily applicable to other horrendous collective traumas, as Samuels suggests. Another unique feature of this chapter is the inclusion, at the end, of comments from four individuals along with the author’s marvellous rebuttal. Interestingly, the commentary is varied and revealing, clearly suggesting that these four individuals witnessed the same devastated landscape in entirely different ways. All in all, this chapter is moving and touching, particularly in light of the conflicts in today’s world.

The last chapter, chapter seventeen, by Zoja, entitled ‘Working against Dorian Gray: analysis and the old’, contributes, like the previous chapter, to the uneveness of this book. The chapter would have been more fitting in a volume on ‘Special Topics in Jungian Analysis’. Zoja criticises Freudian psychology and its focus on sexuality and youth. The author is correct that Jungians have rarely written about the problems of analysing the elderly. However, there is one piece entitled ‘Analysis with the aged’ by Bruce Baker and Jane Wheelwright which I recommend (see
Jungian Analysis, edited by M. Stein, Boston: New Science Library, Shambhala, 1984, pp. 256–74). Zoja is critical of retirement and suggests (and rightly so) that it has 'dispossessed [the elderly] of their psychological, truly archetypal role as guardians and transmitters of wisdom, traditions, and collectively accepted values'. The author outlines the disappearance of the positive archetypal value of the senex which incorporates the wisdom of the aged. Zoja attempts to raise consciousness about the fact 'the old are a disadvantaged group in [our] society' and that the 'myth of the eternal youth' is taken as the norm. This is not earth-shattering news, but it is nevertheless important. This chapter is an overview of the problems of analysis with the aged and the loss of the myth of the wise old man and the wise old woman in society.

As I journeyed through this volume, I learned more about depression, anorexia nervosa, narcissism, masochism, and various sexual perversions such as fetishism and transvestism. I gained new insights regarding the far off land of the schizoid personality and the tremendous gulf that can be bridged in understanding borderline personality disorder. An unusual but innovative chapter on 'object constancy' stands out like a solitary peak. There is a three-chapter detour into the region of psychosis which includes a very detailed excursion into Schreber's delusion. Part of the variability of this book relates to the three different kinds of chapters at the end of the book which have to do with 'Archetypes in marriage', 'Damaged victims of the Nazi persecution', and 'Analysis with the elderly'. Nevertheless, after coming full circle at the end of the tour, I realised that reading this book was a worthwhile and meaningful experience.

David H. Rosen

I approached this review hesitantly; a Jungian book reviewed for a Jungian journal. What could a Freudian have to say of relevance? I agreed to do it out of an interest in reading some contemporary Jungian work seriously in a way I would probably not otherwise do. What is the difference between the schools? What of the claim, of many Jungians, that there is no real difference now between the practice of Jungians and Freudsians? Would my appetite be whetted for more?

In the event, this book was for my purposes both too much and too little. It was too much in the sense that to tackle the achievements of eighteen people writing about a wide variety of clinical conditions offered me a very rich diet of detailed material indeed. Most of the nuances of the Jungian debates and even rhetoric were only dimly apparent for someone looking in from outside. It is, however, what must make this a very appetising prospect for those who are deeply engaged in Jungian practice.

Andrew Samuels has been, as always, meticulous and inspired in his work of editing a book of papers by disparate workers with diverse patients from different countries writing over a long time span (1957 to 1988). The coherence within the book is achieved by his introduction, which is characteristically synthetic of different points of view, and with short abstracts of his own at the beginning of each paper.

The scope is impressive: there are papers on depression, anorexia, narcissistic disorders, borderline personality, psychosis and Schreber, masochism and other perversions, marriage pathology, and survivors of persecution; and by some eminent Jungians—including Anthony Storr, Michael Fordham, Joseph Redfearn, Rosemary Gordon, and Nathan Schwartz-Salant. Those that were particularly effective in adding to my own personal store of ideas were Hubback's view of depression in relation to depressed parents; Hultberg's descriptions of the manifestations of states of excitement in the clinical setting; Redfearn's brief and perhaps rather theoretical