Perversions in the Temenos

By Steven A. Galipeau, M.A., M.Div.

Introduction

My intent in this paper is to present an overview of a transference relationship within which the dynamic between patient and analyst becomes perverted, that is, "turned around," so that the patient is unconsciously used by the analyst to heal the analyst's own neglected narcissistic wounds. Though sexual acting out is one disastrous form of this phenomenon, I seek to formulate the scope of such analytic perversions to include destructive interactions that are not sexually enacted but are equally, and maybe even more insidiously, injurious to the patient. This broader formulation should enlighten our consideration of how the parameters of the ethical analytical practice are determined.[1] A numinosity or fascination exists that, though not necessarily sexual, clouds the objectivity of the analyst and allows patient and analyst to become gripped by a state of unconscious union that is governed by primitive affects.[2]

In the earliest versions of this paper, while I was preparing to present this material at the National Conference of Jungian Analysts, I had worked with the slightly different title of "Perversions *of* the Temenos." However, in one of its transmutations the title mysteriously became "Perversions *in* the Temenos."[3] This inadvertent event moved me to reflect further on the nature of this transference/countertransference phenomenon I was working to understand. I realized that this new title—from wherever it may have come—was actually more accurate. For perversion isn't something the analyst or patient does to the analytical process, but rather it is a very real direction the analytic process might take. As we will see, *perversion*, which is a direction in which psychic energy can flow, is inherent in the analytical relationship. The practical, clinical, and ethical question is not *if* this potential for the inversion of psychic energy is there, but will its activation within the transference/countertransference dy-namics of the temenos subvert the therapeutic endeavor that is supposed to ensue on behalf of the patient by reversing the roles of patient and analyst?

A quote from Jung in "The Psychology of the Transference" sets the tone for this topic:

> *The doctor, by voluntarily and consciously participating in the psychic sufferings of the patient, exposes himself to the oppressing contents of the unconscious and hence, also to their inductive effect. The case begins to* "fascinate" *him....Doctor and patient thus find themselves in a relationship founded on unconsciousness (1946, para. 363, italics added).*

This "fascination" described by Jung is usually an important component

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Steven Galipeau, M. A., M.Div. is a Jungian analyst in private practice in Studio City, California. He is a graduate of the C.G. Jung Institute of Los Angeles where he is a faculty member and current Chair of the Ethics Committee. He is the author of *The Journal of Luke Skywalker: An Analysis of Modern Myth and Symbol.*

of perversion, wherein some mesmerizing unconscious enthrallment is occurring. Jung's reflections in this quote follow upon the vicissitudes of his many years of experience as an analyst. If we juxtapose these words of the later Jung with ones he wrote years earlier to Sabina Spielrein, his first analytical patient, after her treatment had been completed, we get a glimpse of his early struggles with these pervasive dynamics:

I am looking for a person who can love without punishing, imprisoning and draining the other person;…Return to me, in this moment of my need, some of the love and guilt and altruism which I was able to give you at the time of your illness. Now it is I who am ill *(Jung to Spielrein, 4 December 1908, italics added; quoted in Covington 1996).*

Jung's letter to his former patient reveals how deeply Jung felts the very wound that his patient felt—indeed, he turned to the patient for healing of his wound and reciprocation of the treatment. Jung's psychological honesty in his letter reflects the core theme of this paper and the inherent problem an analyst is faced with as a result of his or her chosen profession: the unconscious desire of the analyst to turn to the patient to heal the analyst's dormant, unconscious narcissistic wounds—wounds that are evoked in the course of treatment through the exposure to the patient's psychological suffering. The unconscious inductive effect activated by these wounds within the analytic temenos may create a perversion of the treatment and the analytic relationship. The patient may unconsciously become a self-object on which the analyst comes to depend for his or her own psychic equilibrium.

Our reflections on Jung's early experience lead us to the root meaning of the word "perversion." It comes from the Latin *pervertere*, meaning "to turn the wrong way" or "to turn around." The word is made of the components *vertere*, "to turn," and *per*, meaning "completely." A perversion of the flow of psychic energy means that the activated libido moves in a direction that it is not normally meant to go—but as Jung was careful to note, psychic energy has to go *somewhere*. We notice the closeness of the roots of the word *perversion* to the classic Jungian concepts of *introversion* and *extraversion*. The latter have clear directional significance for the flow of energy in the psyche; the former involves a kind of psychological reversal of energy.

Jung, Jungians, and Perversion

In order to proceed I would like to look more closely at the nature of perversions, especially as outlined in Jungian literature. While there isn't much that has been published on this topic, what is available is quite insightful. Part of the reason for the limited Jungian contributions to this subject matter is that Jung himself wrote little on perversions; the bulk of his writing on the matter is found in *Freud and Psychoanalysis (CW 4)*. Following the break with Freud, Jung generally turned his creative energies away from this particular psychological dynamic, in part because he associated perversion with Freudian theory. This left a gap in the development of a Jungian understanding of such a pervasive feature of human psychology. However, Jung did have important ideas concerning the topic of neurosis, which are relevant to my subject. "Neurosis," says Jung, "is intimately bound up with the

problem of our time and really represents an unsuccessful attempt on the part of the individual to solve the general problem in his own person" (*CW 7*, para. 18). If we replace the word *neurosis* with that of *perversion*, we get an excellent definition of the latter. When perversions in the temenos are activated, it means that the analyst is now using the patient to solve the general problem of his or her own person, rather than the other way around.

In my clinical experience perversions can be viewed as interacting with the two areas Jung outlined as critical for individuation—and reflect an unconscious desire to heal both our connection to our own soul and our outer relationships. As Jung noted, "Individuation has two principal aspects; in the first place it is an internal and subjective process of integration, and in the second it is an *equally indispensable* process of objective relationship. Neither can exist without the other, although sometimes one and sometimes the other predominates" (1946, para. 448, italics added). In its primary and unconscious intention, there is a transcendent element to the perversion that seeks to open an avenue to the subjective reality of the unconscious; yet it is also an attempt to recoup loss or trauma in the realm of formative interpersonal ("objective") relationships. Ann Ulanov's article "The Perverse and the Transcendent" (1996) offers a case study that demonstrates the relationship between these two components of a perversion and how they can become unraveled within analysis.

A look at current clinical studies reveals that the formation of perversions is closely related to narcissistic wounding. To understand perversions we must comprehend the wounds that underlie them. Several books have been written by Jungian analysts to demonstrate the relevance of Jung's work to treating narcissistic wounds. (*Narcissism and Character Transformation* [1982] by Nathan Schwartz-Salant and Mario Jacoby's *Narcissism and Individuation* [1990] are probably the most well known.) Another important contributor is Kathrin Asper. In her book *The Abandoned Child Within: On Losing and Regaining Self-Worth* (1993), she elucidates the inherent dangers we, as Jungians, face of becoming encapsulated in our theory (a problem for *all* psychological theories) in such a way that we are no longer truly serving the patient. Asper indicates, much as Jung stated about neurosis, that narcissistic wounds are the essential psychological problem of our time. She writes:

> *The narcissistically wounded analysand is often fascinated by the collective and teleological orientation of Jungian psychology. Since he is not grounded in himself, has difficulties with feelings, and has lost all trace of his childhood,* he welcomes this orientation because it does not awaken memories of his former pain. *Another factor that explains the narcissistic person's predilection for Jungian psychology is his grandiosity. Archetypes, the Self, and orientation toward the future are themes that stimulate and gratify his longing for greatness. If we analysts go along with this, we will lead the narcissistically damaged person past his wound, bypassing the place where he needs our help the most (pp. 255-56, italics added).*

Asper, without using this terminology, is talking about perversion *in* the temenos leading to the perversion *of* the temenos. A patient may actually adopt a particular psychological orientation as a defense against his or her

internal pain. Some form of theoretical magical thinking inadvertently replaces the hard work of assimilating unconscious complexes.

In his paper "The Perversions in Analysis" (1989), James Wyly offers an excellent review of this subject. He distinguishes perversions that are practiced in isolation from those practiced in the context of some kind of shared psychological situation. I'm concerned with the shared relationship when speaking about the analytical situation, though I know of a number of instances in which a patient brought an "isolated" or "introverted" perversion into analysis, and then the analyst allowed for a conjoint perversion to escalate. Often, then, there is a repetition of some original traumatic enactment within the transference/countertransference relationship, which, at an earlier developmental stage, had led the patient to develop an "introverted" perversion in the first place.

Wyly also notes that, when perversion is active in a person, there is usually an unconscious desire to be freed from paternal restraints coupled with a desire for union and connection. The personal and archetypal background suggests too much of the masculine principle and too little of the feminine, and a desire and need for further emotional development. Wyly concludes:

The urge to use the perversion to reintegrate occurs when affect, related to the original infantile pain, is triggered by an assault on one's unparentedness, one's sense of one's potency, gender, autonomy, worthiness of love, or whatever. Analysis gives one a choice: one can deal with the affect by asserting oneself to counter the assault in the world, for one can determine what it is and can remember why it is threatening; or one can deal with it in the old way, through erotically charged fantasy and enactment of the perversion. In my experience, analysands sometimes choose the one and sometimes the other. The important point is that a ritualized and guilt-inducing behavior is no longer a necessary solution to an inexplicable anxiety; but instead, a choice of behaviors is available to cope with an understood anxiety (1989, p. 336).

To Wyly's remarks I would add that such a choice becomes possible only when the analyst does not fall into a countertransference perversion of his or her own, due to the inductive effect of the patient's internal conflicts on the analyst's unconscious, unanalyzed complexes.

In his book *Sex in the Forbidden Zone* (1989), Peter Rutter examined the phenomenon of men in the helping professions acting out sexually with women under their care. The perversion of the temenos through sexuality has gotten the most attention so far in our literature.[4] While this is one particularly destructive aspect of the clinical betrayal I am discussing, focusing exclusively on this issue of male sexual acting out with women precludes the possibility of recognizing the destructiveness of others kinds of psychological perversion.[5] In reality, there does not have to be sexual acting out for an analytical relationship to be destructive to the soul, and the people involved can be of either gender.

In the opening chapter of his book Rutter offers an example from his practice when he was tempted to cross the line. This experience, together with the great disappointment he felt in learning that an esteemed colleague had been engaged sexually with many female patients, motivated him to write his

book. His patient, whom he calls Mia, offered herself to him in a provocative sexual way, because, as Rutter indicates, "she felt she had no other way" to keep a man interested:

Mia...gradually slid off the chair onto the floor and sat cross-legged in front of me. The sexual posturing in her behavior grew more intense as she pleadingly looked up at me, wondering through her tears whether men would always use her up and throw her away. In her desperate need for comfort, Mia began to edge her way toward me, brushing her breasts against my legs, beginning to bury her head in my lap. As she inexorably reenacted her familiar role as sexual victim, all she needed to complete it was my participation (1989, p. 3).

Quite unprepared for this behavior from his patient, Rutter wrestled with all his internal propensities for acting out while trying to maintain an objective analytical stance. When he asked her to return to her seat, and she did so without hesitation, they could begin to process what had happened in psychological terms. Afterwards Rutter reflected alone on what had transpired:

After all, Mia had just done exactly what patients are supposed to do when they see their doctors: She was bringing me her illness, her self-destructive pattern, in the only way she knew how—by repeating it with me right there in the room....I realized during this episode that I could either have victimized her as others had, or I could offer her a way to begin recovering from her past injuries. At this critical moment, the path taken depended not on her but entirely on me (p. 5).

While Rutter's situation highlights the danger of sexual enactment, it also encompasses the broader dimensions that we, as analysts, are often pulled into: the enactment of destructive dynamics in an attempt to engage our patients' unconscious conflicts. Because of the inherent dangers of such deeply ingrained patterns repeating and activating perversion in the temenos, it is important to reflect further on the wounds our patients bring to us—and activate in us.

Narcissistic Wounds and Defenses

Narcissistic wounds rest on an archetypal syzygy reflected in the myth of Narcissus and Echo. Patients may have elements of both poles of the Narcissus/Echo syzygy, but usually one predominates. Narcissus represents the side of individuation Jung identifies as related to the "internal and subjective process of integration," and Echo represents the "equally indispensable process of objective relationship."

Individuals who are more unconsciously identified with the Narcissus end of the pole usually don't believe they need anyone; they don't seek help or even want help because they are generally encapsulated in grandiose fantasies. When they do seek assistance, they are likely to be drawn to a discipline with strong archetypal underpinnings, like Jungian psychology, as described earlier by Kathrin Asper, as a way "to stimulate and gratify [their] longing for greatness." While some development can take place on the introverted side of internal subjective awareness, the interpersonal area, in which previous pain has occurred, often remains untouched. They merely want to be "echoed" by the analyst.

In my experience, most narcissistically wounded people who come for treatment fall at the other end of the Narcissus/Echo syzygy. They suffer

from what I like to call an "Echo complex." Such people, like Mia, can usually recognize their need for others on some level, but it is usually expressed in a subservient manner, by offering themselves to those around them as one who takes care of other's needs. We have all had patients, for example, who begin each session by asking the analyst, "How are *you*?"

In her book *The Drama of the Gifted Child* (1981; also published as *Prisoners of Childhood*), Alice Miller offers a comprehensive description of the background and nature of such people. From early childhood on, they are attuned to the feelings and unconscious emotions of others, but rarely do they experience people as being attuned to them. As children they adapt to carrying the unconscious contents of caregivers of all varieties and, as adults, will often do so for an analyst who hasn't adequately addressed the more primary needs and desires of his or her own relationship wounds. (For example, the analyst's needs for mirroring or desires to be idealized.) The resulting collusion is mutually inflating and intoxicating because it has an archetypal core, albeit a destructive one, that is cleverly masked to both parties. Only later, when either the analyst's or the patient's primitive affects that have gone unanalyzed and unassimilated begin to surface, does the patient come to realize, if at all, the extent of the betrayal. (Anger and rage are likely candidates in this regard.)

An example from my practice comes to mine. A patient, a divorced woman in her thirties, came to see me after attending a lecture series I had given on narcissistic wounding from a Jungian perspective. She reported that often, after one of these presentations, she would get in her car and cry. Something in her was being deeply touched. As we talked, it became clear that she felt trapped in a therapeutic relationship with a woman she had been seeing for five years. This woman had been much more helpful than a previous therapist, especially with helping her work through issues around her divorce. But as their relationship deepened, the patient began to hear more and more about her therapist. She was flattered, on one hand, but felt burdened by this information, on the other. It now seemed that she had to listen to her therapist, rather than the other way around—which, of course, repeated her childhood experience with very narcissistic parents. Yet she found it impossible to confront the therapist, since, if she did so, the therapist might feel rejected and, in turn, reject her. Finally her anger that the therapist had taken over the space with her own material motivated her to leave, though now she found herself having to learn to trust a therapist all over again. The lectures offered hope that she might heal this iatrogenic wound by reopening the possibility that someone could be there *for her* and not ultimately to use her for his or her own containment needs.

In treatment, however, it is often difficult to move beyond the betrayal of a former therapist, even more so than with parental wounds. The patient's psyche is no longer willing or able to project the positive, idealized, compensatory images onto the therapist/analyst. My patient, for example, could experience affective states only outside of the sessions, but not in my presence. She had become accustomed to the therapeutic space belonging to another. She could not experience me in the analytic situation as openly as she had in the lec-

ture format. Often, even when there is conscious recognition by the analyst of what the patient has suffered, the patient's unconscious still becomes too self-protective, and the work of moving forward is slow. The new analyst is experienced, at least in part, as another betrayer of soul.

The Echo complex has an important archetypal background that I would like to elucidate a bit further. Echo is a voice nymph who, though she has reached a certain verbal stage of development, has not found her *own* voice. Her choice of words is to repeat only *other's* words. She is in this state of psychological muteness because of Hera's curse—the curse of the angry, rejected feminine. Echo becomes trapped within the conflicted syzygy of Zeus and Hera, an archetypal masculine/feminine split. Echo's incessant chatter made it impossible for Hera to learn about Zeus' flirtations with the mountains nymphs. She would talk on and on so that Zeus could get away and not be caught. We might think of patients who talk on and on but can't talk about the early traumas that lie in the background, like the unresolved parental conflicts—those places where archetypal energies have erupted in uncontained and unresolved ways. (An example related to this myth might be a family in which the father has affairs.)

Ovid's *Metamorphoses*, in which we find the Narcissus and Echo tale, begins with many instances in which humans are overwhelmed by contact with the gods, the archetypal dimensions of the psyche. We hear, for example, of Actaeon being turned into a stag and destroyed by his own hunting dogs, and of Semele, who was tempted by Hera to ask Zeus to show his full self, for which act she is destroyed. In this emerging mythology we see a conflict between Zeus and Hera in which Hera does not have enough of her own voice; Zeus and his offspring seem to be more inclined to become involved with earthly affairs. We might say, in Jungian terms, that the masculine pole of the psyche that tends to "incarnate" in human affairs, is split off from its feminine side and does not include this voice. Thus Echo's dilemma is that of witnessing "acting out" of unconscious urges but not having a voice to do anything about it. Her dysfunctional relationship with Narcissus mirrors that of Hera and Zeus. She lacks any form of temenos to integrate her experience.

People with an Echo complex—those who have had to bear, contain, and mirror the unconscious affects of primary caregivers through various stages of development, but who have not found their own voice—will be drawn to the helping professions because there they will find various therapeutic techniques that might prove fruitful in their efforts to help others. While this new learning often leads to increasing ability to facilitate transformation in others, it does not resolve the unconscious wound in *them*. When they eventually enter therapy, they may end up repeating an archetypal pattern like that depicted in the myth, especially if the therapist is unaware of the transference/countertransference issues that will be constellated. Either the masculine pole of the therapist (male or female) runs rather rampant over their psychic terrain, or they become re-cursed and only mirror back to the therapist the therapist's narcissism—and when they don't, they are often subjected to angry attack from the therapist. The reversal of the relationship within the temenos makes it impossible for them to sort out their own feelings and desires.

One result of my offering this material on narcissistic wounding in public forums is anecdotal evidence of this perversion. Numerous patients (women, in particular) have described similar experiences in which the therapist/analyst turned negative towards them just at the point in therapy when they were making more authentic contact with lost parts of themselves. Apparently, the therapist could not tolerate these emerging aspects of the patient any more than past caregivers could. (The opposite of such attack is the attempt of the analyst/therapist to merge with the patient as new elements of the patient's personality emerge.) My own sense of such instances is that the narcissistic shadow of the therapist is touched, perhaps symbolized by the witch's rage at Snow White's beauty. The analytic work frees aspects of the patient's soul that have yet to be accessed in the analyst and unconsciously the analyst cannot tolerate the new emerging life. Thus the patient cannot grow past the analyst unless the analyst gets the required help.

What I surmise from these reports is that too often therapists and analysts become lax about their own continued development and instead slide into a pattern of working out their own wounds through their patients or living vicariously through them. Numerous people have spoken to me of the rage that their therapist expressed when they, the patient, terminated treatment. This is often a sign of the unconscious depth to which the therapist had grown to depend on the relationship with the patient. The relationship had become skewed and turned around, for the dependence of the therapist on the patient has grown greater than that of the patient on the therapist. The therapist now rages against the patient's newfound autonomy.

Analytical Perversions

Patients' narcissistic wounding leads to the activation of perversion within the temenos only when there are unacknowledged corresponding wounds in the therapist or analyst. For instance, in the clinic where I've served as executive director for many years therapists or interns can become frustrated with their cases and ask in a perturbed tone, "Where are all the *good* cases?" In other words, these unseasoned therapists want patients who will help them feel good about themselves, and they are experiencing difficulties assimilating their reactions to the pain, suffering, and trauma of those who are consulting with them.

In my training to become an analyst, I was confronted with my own desires in this regard. An astute supervisor observed that my difficulties with a particular case stemmed not from any technical clinical deficits but from my not having dealt with certain painful experiences of my own that were being mirrored back to me by my patient. As I reflected on this dynamic in my work, I realized that my personal analysis was contributing to this problem; my analyst was replicating familiar patterns of relationship that avoided the areas of my real pain and even repeated some early destructive themes that had contributed to my internal suffering.

The crux of the conflict in the challenging case I faced was whether the affect stirred in both of us would move me to enact with the patient her past destructive patterns—most poignantly, those of abandonment. In order for me to wrestle with the countertransference

reactions rather than enact them required that I make an effort not to ignore, neglect, or abandon similar places in myself. She needed someone who could tolerate all the painful feelings and not abandon her, though every aspect of her complexes pulled for such an enactment to prove that everyone would, indeed, ultimately abandon her. Rather than doing work with her that would help *me* feel good, I realized that analysis was about doing work that helped the patient feel and bear often seemingly unbearable feelings and affects. For me to be of any assistance, I would have to learn to continue to do the same for myself.

In seeking to further understand these kinds of dynamics within the temenos, I came upon two articles by German analyst Anne Springer (1995, 1996) in which she examines the phenomenon of perversions. Her work can help us, as Jungians, understand further the psychological nature of perversions, their relationship to early wounding and the search for the transcendent, and how the psychic energy manifest through perversions can lead to destructive engagements by an analyst with a patient.

Springer returns us to Jung for an interesting overview of perversions, especially as manifested in childhood. Jung writes:

Under certain conditions, the active presence of such archetypes [Jung is referring to the contrasexual archetypes], and of similar ones, in the child's unconscious can give rise to "perversions." Then the children do strange, disgusting things which do nevertheless have symbolic meaning....It is the unconscious search for original unity which gives rise to such behaviors. They should really not be called perversions but rather faults in upbringing which are later mostly compensated for. — That original, primitive image therefore leads not only to the most strange, painful disgusting satisfactions, but also acts as a defence, *for example, in people who pick their nose or have oral "coitus" with a fountain pen. Such activities are needed as a protection: in effect people form a circle with themselves. In fertilizing themselves they demonstrate that they are completely self-sufficient, the completely* circular original being *(the "sphairos" of Empedocles). In that state nothing more can touch them (quoted in Springer 1995, pp. 48-49).*

The quote from Jung and the further amplification by such analysts as Ulanov, Wyly, and Springer, who have written on this topic, elucidate important themes. First, perversions have a teleological purpose, albeit an unconscious one. They fit in the category of "defenses of the self" (well elucidated by Donald Kalsched in *The Inner World of Trauma* [1996]) and, in that capacity, serve as a shield against unbearable affect and, at the same time, are an attempt to maintain the integrity of the personality by re-creating an early uroboric state.[6] In my teaching concerning this phenomenon, I use the term "uroboric defenses." There is also a numinous component within this defensive reaction: that of reconnecting to the archetypal essence of original wholeness, the uroboros, from which there has not been adequate development due to "faults in upbringing." In response to suffering through inadequate parenting, one resorts to being one-in-oneself, but without the vital interpersonal component Jung reminds us is so critical for individuation.

Springer summarizes the nature of perversions very succinctly: "Perversion and perverse structural ele-

ments represent an amazingly complex mental performance, ...[whose] inner psychic function is to protect against threatening disintegration through overwhelming excitation" (1996, p. 327). And she adds, "The perverse is always to be seen as a defense of the self"(p. 328). When perversion takes over the interactive field in the temenos, the analyst becomes caught in "an amazingly complex mental performance" of defending against the very unconscious elements with which he or she is being asked for help by the patient.

Springer's work illuminates dynamics in the transference whereby great excitation between patient and analyst, whether initiated by the patient or the analyst, is used as a defense against the more primitive and primary affects that the patient brings to the process. (One form of such excitation might be the patient's highly idealized transference and the analyst's corresponding identification with it in the countertransference, even when there is no sexual acting out.) Usually in such a situation the patient's more primitive affects remain quite unconscious, and being so, are thus unconsciously transferred to the analyst. The analyst is left to process and assimilate the patient's unconscious affects as well as those within himself or herself—his or her own still-unconscious "illness." If an analyst is unprepared for the assault of affect (whether from the patient's unconscious or his or her own), he or she may immediately, albeit unconsciously, turn to the patient for resolution, since it is within the relationship with the patient that such unconsciousness is revealed and seeks to be resolved. The analyst, out of fear, anger, anxiety, and/or helplessness, can easily be drawn into requiring the patient to remedy the situation, especially the trouble in the analyst's own soul that remains hidden behind the professional mask and the patient's idealization.

Two more examples of the "perverse" response of a therapist/analyst to a patient are worthy of consideration: one motivated from the pole of "hate," and the other, from that of "love." The first comes from the memoirs of writer Richard Hoffman (1996) in which he reflects on the effects of his childhood struggles, which included the death of two brothers from muscular dystrophy and the death of his mother from cancer. He also describes the effects of being sexually molested by a little league coach and his attempts to find help with this trauma. When he consulted a psychiatrist about this abuse, he received this response: "Listen here, Tinker Bell," the psychiatrist told him, "enough of this. Either you decide that there was a little ass-fucking and cock-sucking back then and no big deal, or you can blow your brains out over it. So what's it gonna be?" (pp. 186-87).

Hoffman had long tried the first alternative, denial of the trauma, to no avail. Since he had a wife and young child—the child was named after one of his brothers—the second choice was not viable either. So he turned to what had become for him his *uroboric defense* against all these painful experiences and affects. He headed to the closest bar. (The dynamics of addiction, I would add, are very close to those of perversion in acting as both a defense and unconscious urge to heal wounds to the self.)[7]

The complete rejection of the patient's suffering by this health care professional demonstrates the hateful side of perversion in the temenos. In this case no viable therapeutic temenos could be formed, though the patient

desperately needed one. The therapist's reaction created his own uroboric defense against the patient's suffering. He kept himself cut off from feeling both the patient's pain and any pain of his own. In essence, the psychiatrist's behavior was a reenactment, on all but the physical level, of the earlier violence. Hoffman notes the "Orwellian inversion" of words in our language such as *pedophile*, which means literally, "one who loves children." He offers the word *pedoscele* as an alternative, which translates, "one who does evil to children" (1996, pp.183-84). Psychoanalyst Louise Kaplan also captures this side of perversion when she states, "The pervert is not making love; he is making hate" (quoted in Springer 1996, p. 327).

At the other end of the spectrum is an example from one of Springer's articles, which she quotes from a fictionalized analytical situation.[8] The patient expresses her separation difficulties to her analyst prior to a three-week analytic break, eventually mumbling that the feeling she is having trouble saying is, "I'll miss you." The analyst enquires further into her difficulties in speaking her feelings. "I don't know. Dependence, I guess...I'm so afraid of...leaning on you," she replies.

Speaking gently, the analyst further inquires, "Would it be equally hard for you to say..." he pauses, "...I love you?"

After a full minute of silence the patient responds, "That would be quite impossible!" (Springer 1995, p. 52).

At this moment, the patient is able to find her own voice and abort the attempt at unconscious perversion of the analytical relationship that the analyst has been drawing her towards. These are not the patient's feelings the analyst brings in, but she could have easily been goaded by him to think that they are. Indeed the account switches to the internal ruminations of the analyst, who in this case does recognize his deviousness: " I'm not asking a question at all. *I* want to say: 'I love you'....I want her to hear it that way, yet to believe it to be but her fantasy that it might have been so meant, encouraging her thereby to such sentiments of her own. Ah, well, psychoanalysts, too, need to be loved" (ibid.). Springer points out that in this case the analyst did not go so far as to enact sexually—his reflections fortunately stopped him from acting out to that extent. Yet the analyst has allowed the pull of perversion in the temenos to distort the analytical relationship and betray the soul of the patient.

We have returned to Jung's dilemma so long ago with his first analytical patient. How does the analyst heal the wound that has been evoked in himself or herself and still serve the patient? Ethics based on doing no harm demand: *not by perverting the analytic relationship*. As the fictitious analyst remarks to himself, "She is no *other*, she is I. In loving her I love myself, in rescuing her I redeem a part of myself—weak, frightened, feminine—of which otherwise I must be ashamed" (ibid.). The analyst must turn to other resources, not the patient, to tend to this part of himself, as shameful or embarrassing as that may be.

The Archetypal Background

These dynamics are so powerful and can become so insidious precisely because they have an archetypal base. Archetypal paradigms that might lie beneath the clinical situation include those described by Greek myth.[9] For example, the analyst may unconsciously

identify with split archetypal elements such as the images of Zeus, Hades, and Hera. A male analyst identified with Zeus is bound to find a way to minimize both his own and everyone else's pain, and to feel entitled to overblown engagement with patients' lives. Rationalization and simple emotional avoidance are used regularly to maintain such a stance. The analyst gets caught in a sense of interpretative entitlement with the patient, a therapeutic prerogative that is split off from how the patient is really affected by the analyst.

An analyst might also become identified with Hades, Lord of the Underworld, and pull unsuspecting patients into union with him, but without any true transformation. Feeling a sense of entitlement, like his brother Zeus, who does not intervene, such an analyst often feels heroic—he is, after all, a ruler of the unconscious, that aspect of the psyche's life rejected by the dominant culture—but is seen by others as an agent of coercion, a self-justifying victimizer engaged in the unconscious replication of abuse.

A female analyst might become identified with Hera, the offended feminine, and unconsciously wreak her vengeance on patients caught in their Echo role. For example, a female analyst may be gripped by her rage at the effects of patriarchy and her anger at men. When a female patient begins a loving relationship with a man and begins to let go of some of her infatuation with her analyst, the analyst begins to attack her, feeling betrayed by this development in her patient's life. The patient becomes cursed in her plight, since the analyst, caught in her Hera rage and anger at the larger archetypal problem, takes it out on the patient, who is more helpless than she is, yet the analyst does not check her own motivations or address her own life grievances.

The female analyst can also be identified with an even more seriously destructive, aspect of the darker elemental feminine—a counterpart of Hades, like the Gorgon for example, or the stepmother in the fairy tale Snow White. Propelled by envy or other primitive emotions stirred in countertransference experience with the patient, the analyst devours any budding seeds of development in the patient that don't serve or mirror her.

To avoid unconscious identifications with perversions in the temenos that sabotage the analytical relationship, it would seem that our job as analysts is to work towards the redemption of the complexes represented mythologically by the fate of both Narcissus and Echo. In doing so it becomes necessary to recognize and resist the affects of archetypal dynamics that are counterproductive to the development of the human personality. In particular, we as analysts strive not to fall into identification with patients' unconscious complexes or defenses that might lead to perversion within the temenos. Even more importantly, we fulfill this analytic task by being mindful of our own human frailties and needs, so that we are careful not to use our patients as a means of either unconsciously avoiding painful aspects of ourselves, or to remedy the ongoing need to heal ourselves.

Notes

1) For a full narrative example, see Annie G. Rogers' personal account of such analytic trauma in her book *A Shining Affliction: A Story of Harm and Healing in Psychotherapy* (1995).
2) The situation is parallel to the motif of the *lesser coniunctio*, as elucidated by Edward

Edinger in *Anatomy of the Psyche* (1985, p. 212f.).

3) This paper expands on ideas first presented at "Inside the Temenos: Explorations of the Psyche within the Analytic Container," the February 2001 National Conference of Jungian Analysts in Santa Monica, California.
4) For example, in Ross and Roy's *Cast the First Stone: Ethics in Analytical Practice* (1995), the articles are primarily concerned with examining the issue of sexual acting out within the temenos.
5) For example, at a workshop Rutter led in Studio City, California, a male participant talked of the distress and shame he felt because he had been used sexually by a female pastor whom he had consulted. And, in a discussion with a male colleague about his sexual acting out with a male patient, I was struck by his attempt to justify it as therapeutic and nondestructive by assuring me that he would never had done such a thing with a woman patient.
6) The uroboros often appears in one of two forms. The first, the image of the single snake or serpent swallowing its tail, reflects the unconscious dynamics of the individual or isolated perversion. The second, which contains an image two serpents, one winged and one not, reflects perversion in the relationship of two people who are unconsciously moved to merge in an unconscious state of identification.
7) I'm very grateful to Sam Naifeh of San Francisco for his work exploring the personal and archetypal background of addictions. Jeremy Irons and Jennifer Schneider elucidate the relationship of addiction in the psychology of therapists who act out sexually with patients in their book *The Wounded Healer: Addiction-Sensitive Approach to the Sexually Exploitative Professional* (1999). Using archetypal categories, they outline the personalities of offenders by the degrees of psychological disturbance and the prognosis for treatment.
8) Alan Wheelis, *The Doctor of Desire* (New York: Norton), 1988.
9) I would like to acknowledge the work of psychologist Tanya Wilkinson, who teaches at the California Institute for Integral Studies, and her examination of the phenomenon of victimization as seen through the Persephone myth and other myths and fairy tales in her book *Persephone Returns* (1996).

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