

## **Minding the Gaps: The Role of Informational Encapsulation and Mindful Attention in the Analysis of Transference**

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### **Abstract**

In psychoanalytic thought, projection reflects a defense of the ego in which mental contents are unconsciously transferred onto others. Personality styles that include rigidly defended ego states are characterized by excessive reliance on projection. Freud referred to the patient's projections onto the analyst as transference and recognized that the abstinence of the analyst tended to promote transference projections. Jung recognized that projection is an archetypal psychological activity that is activated by insufficient knowledge of one's environment, including others. This paper examines the role of *informational encapsulation* in the development of transference projections and focuses on how these projections serve to construe meaning from a perceived *domain of informational absence* between self and others. It investigates how narcissistic styles combine the conscious attitude of introversion with attentional deficits as a means of maintaining informational encapsulation and avoiding dysphoric affects. An argument is presented for the importance of analytical self-revelation as a means of maintaining analytical neutrality in patients with narcissistic injuries resulting from deficits in their knowledge of early caregivers.

### **Keywords**

Transference, projection, mindfulness, chaos theory

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## Introduction

Projections color our perceptions of the outer world, a fact that has profound consequences for both the theory and practice of depth psychology. Sigmund Freud posited that projections were the exteriorization of repressed mental contents that were actively excluded from consciousness (Breuer & Freud, 1895). Freud reasoned that uncontaminated elements of projection were observed in analysis as transference, which he defined as the patient's projections onto the analyst. According to C. G. Jung (1935), "The psychological process of transference is a specific form of the more general process of projection . . . that carries over the subjective contents of any kind into the object" (para. 311). Jung argued that projection was not limited to the evacuation of repressed mental contents but was instead an irrepressible synthetic mental activity aimed at mediating the archetypal task of construing meaning of the outside world.

In practice, it is crucial, but at times exceedingly difficult, to distinguish those projections that fall outside the spectrum of "acceptable" evaluations. According to von Franz (1980), when projections are judged to be non-adaptive by society, a need arises for their withdrawal:

Projection results from the archaic identity . . . of subject and object but is properly so called only when the need to dissolve the identity with the object has already arisen. This need arises when the absence of the projected content is a hindrance to adaptation and its withdrawal into the subject has become desirable. (p. 7)

Projections are invariably triggered in response to a so-called "hook," and they often emerge as evoked complexes. Complexes normally serve to order mental experience; however, when they are projected they may color and distort perception. Transference projections potentially strain the therapeutic relationship and can interfere with the development of an effective alliance in the therapeutic dyad.

Projections are symbolic and multidetermined. They may include repressed mental contents evacuated in response to threatening dysphoric affects. Freud recognized that transference projections were enhanced by the analyst adopting an idealized position as a *tabula rasa*. Jung noted that projections also served to bridge an informational gap between the observer and the observed. The role of projection as a mode of perceiving the outer world and imbuing it with meaning was of substantial interest to Jung. For example, his curiosity concerning the arcane science of alchemy was in large measure based on the recognition that psyche archetypally tends "to abhor a vacuum" and will provide its information when it is oth-

erwise not forthcoming in an effort at constructing meaning out of its environment. Despite this realization, the importance of *informational absence* in the practice of analysis has rarely been addressed directly. However, its appreciation can contribute to a deeper understanding of psychopathology and foster insight into what constitutes analytical neutrality in practice.

## The Investigation of Projections in Practice

The individual psyche is always to some extent separated, i.e., *informationally encapsulated*, from the world of non-self. As a result, the problems posed by projection are never entirely soluble. Projections represent, at least in part, an autonomous effort by the psyche to bridge a *domain of informational absence* between the ego and the outer world. The causes of perceived information deficits may be derived from development and are potentially complex. They include situations in which an early caregiver fails to provide adequate information of either a factual or affective nature, or result from the physical absence of a caregiver. Both scenarios can potentially lead to the development of crude parental imagos that the psyche will attempt to flesh out with archetypal images.

However, it is also empirically the case that projection is a defensive activity associated with certain rigidly defended personality styles. It is generally held that projections in these individuals result from the activities of an excessively harsh super-ego that precludes the integration of unconscious contents that threaten to evoke dysphoria. But these patients also exhibit a variety of psychological strategies that can reinforce informational encapsulation with respect to both the subjectivity of others and their own unconscious process. Projections characterize the psychopathology of paranoia, as psyche's way of "knowing [noia] around [para]" a perceived domain of informational absence and may also be excessive in those personality styles that fall along the obsessive and schizoid-narcissistic-borderline spectrum.

In such cases, genuine mutuality is hampered by a preoccupation with self that is fostered by excessive introversion. Limited interpersonal transactions are accompanied by intrasubjective impermeability to the transfer of contents between unconscious and conscious compartments. Excessive informational encapsulation often manifests as rigid transference projections. The following case illustrates this point.

### Case 1

B. was a 40-year-old man whom I had seen twice weekly in analysis for seven years. B.'s personality style was best characterized as rigid,

as it included prominent obsessive, paranoid, and schizoid features. He was independently wealthy as a result of his father's entrepreneurial successes, and he displayed little interest or capacity to work outside of the family foundation. He attributed his lack of personal accomplishment to attention-deficit disorder, a psychiatric diagnosis that he had been medicated for with little therapeutic effect. Socially, he was substantially withdrawn; and he referred to his house as a "cocoon," an apt metaphor for his informational encapsulation. B. was unable to access his feelings reliably. He offered few dreams in the analysis and was reticent to engage in symbolic play, preferring instead to "stick to the facts."

During development, B.'s parents had alternated between unwelcome impingement and emotional abandonment. When his persistently absent, workaholic father died in middle age from a myocardial infarction, B. found it difficult to grieve. For the first several years of the analysis, the transference rigidly recapitulated his emotionally distant relationship to his father and was appropriately described as "eerily" devoid of affect. I was aware of the affective void between us but uncertain as to how it was maintained. My efforts to interpret the negative paternal transference or to imbue the treatment with spontaneity via dream, fairy tale, and picture interpretations all proved unsuccessful. On several occasions, B. complained that he knew "nothing" about me, an assessment that seemed odd, as we had engaged in many hours of analysis together. I wondered whether B.'s "attention-deficit" disorder was actually a suitable metaphor for his inability to attend to what was transpiring between us.

In a poignant dream approximately one year into the treatment, B. reported walking in circles around a football field searching for the "head coach," only to find an abandoned set of headphones. B. had been a devout Roman Catholic who had lost his faith in response to what he saw as the divine injustice of his father's early death. I interpreted the dream as reference to the communication void with the head coach/father/analyst, and as an allusion to the archetypal image of the *Deus absconditus*. The circumambulation of the field appeared to be psyche's efforts at describing a sacred *temenos* and activating the Self archetype.

The treatment remained stagnant, and I had a vague sense of responsibility for what was not transpiring. It took several years before I realized how I had been contributing to the domain of informational absence that sustained the rigid paternal transference. In response to B.'s questions concerning my personal life, I invariably chose to avoid self-disclosures. When he asked about my extra-analytical activities, I interpreted his questions as his desire to get to know me better, but did not answer his questions directly. This analytical decision had been based on my assessment that B. was unable to tolerate the perceived power differ-

ential in our relationship and that his questions were aimed primarily at avoiding his own process.

While elements of this assessment were undoubtedly correct, I eventually concluded that my stance was operationally not analytically neutral. My resistance to self-revelation in the countertransference had been perceived as excessively distant by B. and too close to the informational void that he had experienced with his father. As the object-relations psychoanalyst Jay Greenberg (1991) has suggested, analytical neutrality may be conceived of as a position equidistant between the old and new object. Unwittingly I had been consistently re-creating an old domain of informational absence that B. was unable to transcend.

Cautiously, I began to answer B.'s questions more directly, and the therapeutic results were unquestionably positive. This was evidenced by the fact that my self-revelations did not result in increased demands for personal information, as I had feared they would. Rather, B., if anything, appeared less interested in knowing the details of my life and was better prepared to focus on his own process. We began to talk together with greater feeling about his grief and longing for his lost father as well as about the anger he harbored towards him for having been unavailable in life and subsequently in death. Once B. realized that I was a person in my own right, his reliance on transference projections diminished.

Other changes also occurred in the treatment that are relevant to the current thesis. There was a distinct change in the quality of B.'s attention within the sessions. He was less listless and increasingly engaged. He stopped commenting on how he could not remember what had transpired in previous sessions, and he no longer pressed me to remember for him. B. was also increasingly aware that he knew things about me without my self-revelation, a change that I judged as indicative of his increased empathic capacity.

In some cases, rigid transferences can be idiosyncratic and based on elements that are exceedingly difficult to address. The following case highlights this point.

## Case 2

E. is a 35-year-old woman whom I had seen in analytic practice twice weekly for six years. She was married and a financier who was held in high regard by her colleagues. Her presenting complaints included anxiety and minor somatic ills, but these rapidly cleared in treatment. What emerged in the treatment was a woman with obsessive traits who perceived herself as isolated both from her feelings and from others. She described her father as a well-educated autocrat who insisted that his

children attend prestigious private schools and universities. Her mother was an unhappy woman who had struggled with alcoholism when E. was a teenager. E. viewed herself as the least academically accomplished of her competitive siblings and consequently as a disappointment to her critical father, despite having performed with distinction during both her graduate school studies and subsequent career.

From the outset, the analytical sessions were marked by prolonged silences. E. complained that she felt like “a deer caught in the headlights.” This proved to be an enactment of her experience with father during their nightly tutoring sessions, when in response to her father’s impatience she would become anxious and “freeze,” no longer able to “think straight.”

Following numerous attempts at interpreting the transference of her negative father complex, E.’s was cognitively prepared to see its distortion, but it was difficult to convince her affectively that her performance in analysis was not being judged. She offered that there was a “certain tone” in my voice that reminded her of her father’s, and that this automatically triggered a remembering of his disapproval.

After lengthy deliberation, I suggested to E. that her treatment might progress better were she to work with someone who was less reminiscent of her father. When she responded to my suggestion despondently, I chose to share with her that I had experienced something comparable with my own father, who was an arithmetic savant, and had become impatient when I was unable to solve certain problems rapidly. I suggested that, to the present day, I can become anxious when confronted with a simple arithmetic problem, despite having subsequently excelled in higher mathematics. E. was moved to tears by this revelation, and insisted on trying to continue to work with me. In time, the prolonged silences diminished, and she became increasingly able either to ignore or to reinterpret her perceptions with respect to my “tone of voice.”

## **Withdrawing Projections**

The withdrawal of projections is a primary goal of psychoanalysis, and represents an important aspect of the ego’s confrontation with *shadow*. This process theoretically occurs in definable and progressive stages. At first, the projection is perceived as totally outside of oneself, i.e., as an accurate feature of the object. When doubt arises concerning this attribution—generally as a result of an effective intra- or extra-analytical interpretation—the stage is set for the withdrawal of the projection. With further introspective scrutiny, the projection is recognized as an error of perception and attribution, and at this point it can be recollected, now potentially as an accessible content of ego consciousness.

Projections are also an effort to reconcile the object with the observer's *a priori* assumptions. The ego monitors the object world, comparing what it observes to prior expectations. Accurately speaking, the "withdrawal" of a projection represents the creation of a new complex. But this task is initially resisted, as it invariably includes shameful acquiescence by the ego that it has been guilty of a persistent perceptual error.

As this description suggests, the psychoanalytic literature holds that the withdrawal of a projection is the result of a process of "working through," in which the projection is gradually disassembled. Indeed, the amount of time required to effect the withdrawal of a projection can be substantial, as it was in the present cases, precisely because the old complex must be replaced by a new one. However, observation suggests that this process is not linear; rather, it is a salutary achievement by the psyche.

The mathematics of non-linear events has provided scientists with a theoretical explanation for how the psyche may "withdraw" a projection. A projected complex can be conceived of, at least metaphorically, as an energetically stable mental "structure," which can be mathematically described as an *attractor* (Kradin, 2004). The withdrawal of a projection appears to occur via a *catastrophic shift*, defined by Brown (1995) as "the sudden disappearance of one attractor . . . and the dominant emergence of another" (p. 51). A defining feature of a catastrophic shift is its discontinuity. According to catastrophe theory, attractors that are different but share overlapping elements can shift abruptly one to the other. They do not merge via a transitional structure but instead are transformed via an "all or nothing" shift. Carver and Schrier (1998) have described a perceptual catastrophic shift, in which ambiguous objects are perceived in different ways at different times by the same observer. As illustrated, the image below can alternately be perceived as a young woman with a hat or as an old crone, but not as a figure that includes aspects of both.



Figure 1

As a projection represents an exteriorized complex (read *attractor*), its withdrawal would be predicted to occur via a *catastrophic shift* into a new complex. When E. ceased to perceive me as her critical father in the transference, she instead saw me in a novel way that did not resemble her critical father. Whereas both images were subsequently potentially evocable and at times the “critical father analyst” could still be activated under stress, once the shift has been effected, the old projection never again held sway, unchallenged, within the psyche. For all intents and purposes, it had been “withdrawn.”

### **Transference and Therapeutic Alliance**

Michael Fordham has described the elements that provoke projections and ascribed the transference to the abstinence of the analyst, i.e., to the purposeful withholding of information. This can recapitulate the *domain of informational absence* that was experienced in childhood. According to Fordham (1978):

An additional frustration stems from his [the analyst’s] refusal to treat the analysis as a social situation or discuss matters with his patients on an intellectual or personal level. All these contribute to a situation which is unusual and provokes projections. These are not, however, the essential root of the transference but only provide the conditions for it to develop and to reveal itself as the repetition of infantile situations. At first this notion may be vigorously resisted by the patient, who will point to any other cause, especially the conditions imposed by the analyst. But in the end it will become apparent that the transference is essentially a repetition, with modifications, of infantile patterns. (p. 82)

While it is generally recognized that abstinence promotes projections, it is less well known that the abstinence of the analyst may itself be a remembered feature of the developmental situation. The transference then functions both as a resistance to the analyst and as an effort to redress the developmental situation. As the psychoanalyst Harold Searles (1984) suggested, the coercive pressures of the transference seek to entrain the analyst into positions responsive to the patient’s needs, and these may include active efforts at promoting self-revelation by the analyst.

The communications of the analyst are crucial determinants of how analytical neutrality is achieved. In E.’s case, the idiosyncratic feature of my tone of voice was sufficient to collapse neutrality. As William Meissner (1996) suggests in his text *The Therapeutic Alliance*, “Analysts,

like patients, are often poorly attuned to their own personality traits, how they appear to patients, and especially how these traits can influence the analytic process" (p. 70).

In the same text, Meissner quotes the psychoanalyst E. Torras de Bea (1992):

Besides our way of listening, of tolerating frustration and anxiety, the associations that we choose in interpretation, the way we articulate them, and the new meanings we convey, tell the patient quite a lot about us, about what we are. . . . [As the patient] gets to know his analyst more and more . . . he becomes increasingly realistic about him. (Meissner, 1996, p. 165)

However, B.'s reexperience of the lack of direct communications by his father appeared to preclude this possibility. Whether another analyst might have effectively bridged the void in B.'s treatment without direct self-revelation could be argued. Meissner suggests that neutrality should be considered primarily an element of the therapeutic alliance, and, as such, an element is beyond the scope of both the transference and the extra-analytical "real" relationship. According to Meissner, "Neutrality is preserved within the alliance sector, and correspondingly, suffers when the analyst is drawn into interacting with the patient either in terms of transference or the real relation" (p. 167). But how neutrality is achieved constitutes an empathic decision by the analyst, and given the elements of the specific analytic dyad of B. and me, the impasse was judged as best resolved by my self-disclosure.

## Attention and Psychopathology

All projections, including those of the transference, are illusions, as they reflect the inability to evaluate the outer world without *a priori* distortions of contextually evoked, affect-laden memories. Yogic practitioners have argued for centuries that the antidote to illusion is "mindful" attention (Thera, 1965). Until recently, the role of mindfulness was largely ignored by psychoanalysis, although in his *Principles of Psychology*, authored at the turn of the 19th century, William James bemoaned his colleagues' lack of interest in this topic, reproving them for focusing on "experience" without due consideration of how attention determines its quality. According to James:

Millions of items of the outward order are presented to my senses that never properly enter into my experience.

Why? Because they have no interest for me. My experience is what I agree to attend to. . . . Only those items that I notice shape my mind. (in McDermott, 1977, p. 402)

The direction of conscious attention, i.e., as towards either the outer or inner object-worlds, formed the basis of Jung's *Psychological Types* (1921), in which he formulated a theory of the attitudes of the ego based on phenomenological observations. Freud (1914), however, argued in his essay *On Narcissism* that when introversion excluded attention to outer-worldly "persons and things," it was *prima facie* evidence of the cathexis of libido to the self and inevitably lead to narcissistic psychopathology that precluded loving another. Jung, possibly influenced by his interest in Eastern meditative traditions, conceived of a broader scope for introversion that was not limited to psychopathology. Indeed, Jung's personal inclinations towards introversion were poignantly expressed in his autobiographical statement in *Memories, Dreams, Reflections* (1963) in which he confesses to an overall lack of interest in the details of outer-worldly events, and to a preoccupation with psychological interiority:

All other memories of travels, people, and my surroundings have paled beside these interior happenings. Many people have participated in the story of our times and written about it; if the reader wants an account of that, let him turn to them or get somebody to tell it to him. (p. 5)

It is hard to imagine more divergent opinions than those adopted by Freud and Jung on this topic. But whereas abundant clinical material can be cited to support Freud's conclusion that pathological narcissism is associated with one-sided introversion, Jung's position also rings true when introversion is viewed primarily as a mode of mindful attention comparable to what may be achieved, for example, by Buddhist *vipassana* (in-sight) meditation.

If introversion does not equate with narcissism, what constitutes the difference? The answer is to be found not primarily in the direction of the conscious attitude but in the differences in the *quality* of attention achieved by mindfulness versus narcissism. Neurotic introversion is invariably driven by dysphoric affects, most notably shame and envy. It represents a compulsive and strategic turning away from others, as they threaten the ego with the possibility of evoking unbearable affects. The deficits of genuine *eros* that characterize pathological narcissism are not the result of introversion, but rather of the distorted quality of attention that accompanies it and that tends to expunge the reality of others, while fostering solipsistic fantasies of entitlement and inflation.

Cognitively, the narcissist finds it difficult to direct sustained attention towards knowing another. Their behavior may be manifested as fleeting interest or overbearing rudeness. Affectively, they convey a sullen coldness that serves as a barrier to mutuality and maintains the domain of informational absence. When introversion and attentional distortions are coupled together they effectively limit the possibilities of mindful attention. Like B., all narcissistic personalities exhibit deficits in their attentional capacities, and these often recapitulate their own experience with the attentional deficits of early caregivers, leading to intergenerational narcissistic pathology.

In recent years, scientists have examined the neurobiological underpinnings of empathy. In the 1990's, it was noted that certain groups of neurons, dubbed "mirror neurons," are activated when primates, including man, respond to the activities of others. Most of these neurons are devoted to mediating motor activities but a subset are specifically activated in response to observation. These neurons contribute to the vicarious experience of another, creating a perspective, as the neuroscientist V. S. Ramachandran has phrased it, from the "other person's point of view," i.e., an empathic stance. Ramachandran and colleagues subsequently showed that autistic children, who characteristically display defects in empathy, fail to activate these mirror neurons (Ramachandran, 2000). The evidence increasingly indicates that mirror neurons contribute to both congenital and acquired-defects empathy.

In response to an increased recognition of how both the direction and quality of attention serve to promote informational encapsulation, it is incumbent upon the analyst to examine both and increasingly to challenge the patient to redirect sustained attention to the others in ways that do not tend to expunge them. It is also critically important to recognize that these deficits also apply to states of interiority, so that compulsive introversion also directs attention away from genuine experiences of interiority, as core affects and narratives are ignored. Furthermore, comparable distortions can accompany extraversion, in which the primary focus is ostensibly outer-worldly. In such cases, detailed analysis will identify a deficit with respect to the quality of attention, while revealing a deeper awareness that the true attitude is actually introverted self-interest in how one is being evaluated by others. A third clinical example elucidates this common phenomenon.

### Case 3

P. was a 46-year-old, unmarried, professional woman who presented for assistance in "individuation." She had read Jung and was

enamored with Jungian typology, which she used to rationalize her attitudes and behaviors. Intelligent, attractive, and youthful, P. was the oldest of three female siblings. She had been her father's favored daughter but described a more troubled relationship with an alcoholic mother, who received little help in caring for several young children. P. was aware of feeling neglected and abandoned when her sisters were born and she continued to exhibit an envious stance concerning maternal attention that they might receive. In one session P. admitted to often feeling confused and was able to see how that related to her mother's unexplained episodes of tearfulness and physical abandonment when upset with the family. P. did her best to try to understand the chaotic fights between her parents, which were never explained to her.

In sessions, P. was best described as energetic and alert. She paid close attention to what was transpiring and worked diligently at interpreting her dreams and confronting her shadow. P. was eager to please and focused on the needs of others. She ascribed her behavior to extraverted feeling, although this was not my impression of the obsessive cognitive control she exerted over her feelings in the treatment.

My office is located in a building that has a concierge. In practice, most of my patients pass without being questioned once the concierge has become acquainted with their schedule. But P. was repeatedly asked to wait before being admitted. I noted this, and we wondered why, from amongst all of my patients, she was being singled out for this dubious honor? This led to a deeper investigation of her "extraversion," which, as it quickly became clear, was actually a compulsively driven need for attention. We were also able to determine that her "thinking function" was primarily her way of warding off depressive affects and that her "intuitive function" developed in childhood in response to her inability to discern what her mother was thinking or feeling without guessing.

The treatment included a detailed reexamination of the quality of attention that she brought to her interactions with others. Based on her professed interest in meditation, she was able mindfully to explore her states of attention in relation to both self and others. With time, she developed an attentional clarity that allowed her to penetrate the absence that had actually separated her from those around her.

## Summary

Jung was acutely aware of the importance of projections. He emphasized that projections were evoked by the absence of accurate information and by preconceptions, and adopted this fact in his explorations of alchemy as a prime example of how psychological projections color expla-

nations of the external object-world. In clinical practice, Jung envisioned transference as mixture of personal and archetypal projections.

Most descriptions of transference projections fail to appreciate the fact that they reflect the reenactment of an early developmental informational void that is compensated for by the projection of personal and archetypal contents in the service of construing meaning. As a result, neutrality and alliance-building for some patients can call for an analytical stance that includes elements of self-revelation. In addition, careful examination of projections invariably reveals accompanying attentional deficits that tend to foster narcissistic fantasies. These may be effectively countered by interpretations that focus on how these distortions support narcissistic defenses and by a practice of mindful awareness with respect to both self and others.

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