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A Sami healer's diagnosis

A case of embodied countertransference?

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Depth psychology formulates a particular latent difficulty in human development: the insufficient development of the symbolic function, particularly notable in cases of deficient nurturing. Additionally the symbolic function can be impaired later in life, by trauma. Two directions for pathology can be noted. First, the experience that does not receive adequate symbolization may stay, to too a great extent for health, contained and carried by the body, for example in a typical posture. (Bear in mind that the meanings given by our culture to experience, and that we have constructed during a life span, to some extent, stay encoded in our body.) The pathology of 'alexithymia' consists of the inability to recognize and describe feelings, difficulty in distinguishing between emotional states and bodily sensations, and the inability to fantasize (Gelder et al. 1989: 410). Second, the pathology as exhibited in schizophrenia, in which the symbolic is experienced as concrete/real, as in 'my neighbour is planning to kill me' rather than 'it feels as if my neighbour is planning to kill me'.

Our use of symbols is exhibited in our capacity to play; play juxtaposes two or more realities that are known via the symbolic (see Droogers, in Harskamp 2006: 3). That is, the game's protocol is followed as long as we are playing the specific game; we know that the game is one reality among other realities, even when we are totally taken up by playing the game. By using symbols we use our imagination. The use of symbols provides expression and informs the experience of life in its great variety. We see this in our culture's symbolic systems. Consider, for example, the pietà, the Virgin Mary mourning the dead body of Christ held on her knees. The pietà evokes the cycle of birth (from her lap) to death (in her lap), which is the cycle that 'mother' earth may also evoke. Via the symbol we can 'read' the life story of birth to death, plus our own experience of 'birth to death' carries the meanings so constructed. Life experience arises from both inner and outer stimuli, for example, hunger and eating; what it means to have hunger and what it means to eat will have a cultural determinant (see Hinton et al. 2008). Our cultures supply us with a space for symbolic 'play'. So that, as well as considering the individual's capacity to use symbols, we can ask, is the symbolic 'play' in the culture sufficient for health – that is – are life experiences available enough through their symbolic container/conduit?

The anthropologist Clifford Geertz (1975) pointed out that while there is a cultural dominant, or cultural emphasis of ideal behaviour, the subdued opposites may also get some cultural expression of their own. It can be noted that elements of the cultures own negation are, to a greater or lesser degree, included within it. Geertz describes a Balinese cockfight as such an opposite to the dominant cultural ethic. The Balinese cockfight provides a ritualized expression of behaviour which, if exhibited individually, would not be toler- ated. The Balinese are controlled and indirect, rarely confrontational, but in the cockfight they portray themselves as wild and murderous (Geertz 1975: 446). When an individual does not thrive, the culture itself can be seen to provide an acceptable illness with an appropriate healing practice that intro- duces otherwise forbidden elements. The physical body can be symbolically employed with its parts and whole. The physical body carries meaning; embodying some set of values, tendencies, orientations that are derived from the sociocultural realm (Strathern 1996: 197). The culture's healing practices depend on certain conceptions of the body, particularly visible in possession cults, where self and other is defined. Anthropologist Carmen Blacker ob- serves in cases of fox possession in Japan, that the fox possessed young woman can express desires in behaviour that would otherwise be unavailable to her. Following the successful exorcism of the fox the young woman is instructed to build a shrine for the fox (Blacker 1986: 312). We could say that the young woman's attention at the shrine makes the experience of the fox available to her, plus, it is placed outside of her own body.

The point I hope to have highlighted by these examples is that legitimate parts of the personality are available via their symbolic expression. Participation in the symbolic brings these expressions into the individual's repertoire and hence made available for individual experience. Effective healers, I would suggest, are those who can facilitate symbolization.

These theoretical considerations are the scaffolding on which I pose and will tentatively answer my question: can we compare the Coastal Sami healer's diagnosis and the embodied (somatic) countertransference of the analytical psychologist? The Sami healer experiences the pain of the patient in her body and thereby forms her diagnosis; the analytical psychologist has a somatic experience that resonates with the patient's story. These experiences both take place in a setting reserved for healing. To explore this question and harvest the potential fruits that such an exploration might provide for our under- standing of the phenomena, the theoretical context of each practice will receive an exposé. I commence with the phenomena as understood within Sami healing and second within analytical psychology, to arrive at what they possibly share. My material on Sami healing has been acquired during my extensive participant observation over a period of fifteen years and I am an analytical psychologist in private practice.

The Coastal Sami healer's diagnosis

In 1993 I accompanied Prof. Jens-Ivar Nergard of Tromsø University on a field trip to Finnmark, Norway. We met a reindeer herding Sami, Mikkel Gaup, who Prof. Nergard called a shaman, and a Coastal Sami, Nanna Persen, who permitted only the designation Christian healer. After this intro- duction I returned (at least) four times each year, and continue these visits to the present time (see Miller 2007).

During my first visit I was 'diagnosed' by Nanna. This took place while I sat at her kitchen table with the others present. She 'looked' directly into my eyes for a period of twenty minutes. During this time she did not speak or move. After these twenty minutes, which I found difficult to endure, she told what she had 'seen'. Her diagnosis was striking in its correctness. Nanna told me not to drink cow's milk. This happened to be correct; prior to this trip I had been tested and indeed I had an allergy to cow's milk. She then told what she had felt in her body during the diagnosis. She had felt my pain in her body and the pain had been throughout her body. She concluded that I had been holding this pain for many years and that it was connected to a relationship, and she said explicitly, 'You have a bad friend.'

Later, when I visited Nanna regularly, she explained her method of diagnosing. She said she usually takes the left arm of the patient and feels the pulse, and then moves with the tips of her fingers up the patient's arm. When she is above the elbow of the patient then she is 'in' the body of the patient and she feels in her body the location of the patient's affliction. She said, 'It can be like sticks in my body, and then I know where the illness is.' Her diagnosis can be as it was in my case about a relationship, or the diagnosis may concern an inflammation in some part of the body, or a heart condition, to name a few options. Nanna's method of diagnosis is to feel in her body the affliction of the patient. Additionally she may receive thoughts and visions that inform the diagnosis. Her understanding of her capacity to diagnosis is that she received a special connection to God (Christian) from a former healer in her youth. About this connection she said, 'It can be given.' In the Sami healing tradition there is a gift that can be passed on, an inheritance which is a special spiritual connection. When I started visiting Nanna, she was close to 90 years old (born in 1909), and she was on the lookout for her successor. Nanna told that she had thought to pass her inheritance to her youngest daughter, but saw that her daughter was not sufficiently emotionally stable. The daughter herself was a trained nurse and Nanna concluded 'she is committed to these [modern medical] methods.' Nanna subsequently considered a granddaughter, but found that she was still too young (at the time, 14 years old). Nanna had received requests to be taught healing from people outside her family, but she said, 'If nobody in the [immediate] family will take it, I am not giving it away.' When I started interviewing, her favoured choice was Sigvald, one of her three sons (in total she had eight children). Nanna agreed to participate in my project, but stipulated that she would choose the translator. She asked Sigvald to be the translator, and thereby she could, and did, use the interviews for her own purpose, which

was to interest Sigvald in traditional healing. Sigvald was a trained engineer, employed by the county, and had stayed on the family farm, taking on the labour after his father passed away in 1974. He had married, had two daughters and was recently divorced. After his divorce he had taken a leave of absence from his work to study the Sami language. Sami had been the spoken language in his home, but at boarding school the children were not permitted to speak Sami. At midlife, Sigvald was exploring his Coastal Sami identity. During the interviews Nanna made her choice for her gift known, first complaining that her children had shown no interest in it. Sigvald was hesitant to accept, on the one hand he knew how some of his neighbours viewed traditional Sami healing, it was backwards and superstition, on the other hand, he felt that there was value and importance in the healing tradition for his people. In May 2000 Sigvald (finally) accepted to be the recipient of Nanna's gift. Sigvald and I continued to interview Nanna, she instructed Sigvald and peacefully passed away on 26 February 2002, in apparent good health.

To clarify 'the gift' we can visit other expressions within the Sami culture that merit consideration. First, the historical accounts of earlier Sami practice. Shamanism was an ingredient of pre-Christian Sami culture. The cross- cultural term shaman is basically understood by scholars to correlate with the Sami term noaidi, and the shaman's helping spirit, with noaidegáccit (Bäckman and Hultkrantz 1978). Isaac Olsen, a missionary in Finnmark during the 1710s, wrote that the gáccit (followers/comrades) appear in the candidate's visions and offer him knowledge and skills. 'How to prolong life, how to be a good healer, how to predict coming events, how to transform himself into an animal, how to bring tangible benefit to himself and the members of his group' (quoted from Bäckman 1986: 264). Olsen also reported that the spirits, noaidegáccit, after the death of the noaidi offered their ser- vices to a son or close kinsman, and the new profession was learned in secret from the spirits or with some old noaidi (Olsen, in Bäckman and Hultkrantz 1978: 41). Johannes Schefferus, philologist and professor at Uppsala Uni- versity, wrote a monograph on the Sami, Lapponia, between 1671 and 1673. Schefferus gave an account of how a helping spirit might be gained: while out in the woods, the Spirit appeared and offered his assistance; after being taught a certain song the candidate should return to this location the next day and repeat the song (Scheffer, 1704: 122).

During the seventeenth century the noaidegáccit were the spirit helpers of the noaidi. Did Nanna understand her inheritance in these terms? After Sigvald accepted to be the recipient of Nanna's gift, she said 'Thoughts will come, but don't be afraid, they are not you.' This is a prediction. When Sigvald experienced 'thoughts' in the predicted form, he understood that he had received the inheritance. The prediction allows for his recognition of his spiritual inheritance and he clarified that if the former healer predicted another occurrence (for example, seeing an animal) that this would be the way that inheritance would be received and recognized by the recipient. Sigvald said that it happened as Nanna predicted and 'it was shocking in its clarity.' Henceforth, Sigvald will 'hold' a vision until it reveals the diagnosis. He does not have the registration of the patient's pain in his body, as did Nanna, but he said that he maintains a receptive attitude and that he does receive thoughts and visions.

Second, we can consider the Christian faith, Laestadianism, which was important to Nanna. The Laestadian movement is named after the Swedish Lutheran Minister, Lars Levi Laestadius (1800–61), and is a revivalist movement within Lutheranism that during Nanna's active period included ecstatic manifestations. For Laestadius redemption was through belief in one's redeemer, achieved through actus gratiae sensibilis. Writing in 1845, Laestadius gives an example: a Sami woman who had been 'long under the law' experienced forgiveness. At the same moment, and very unusual for the area, there was an earthquake. Laestadius gave the simultaneous experience an evangelical interpretation, in which the wonderful happenings surrounding forgiveness happen together with earthquakes, as was the case with Christ's death and resurrection (see Kleistra 1982: 35). Laestadius also interpreted the ecstatic manifestations during church services as a sign of grace and proof of living religious experience. He considered that a sign of grace was a voice from heaven saying 'your sins are forgiven' and that true Christians (those who have received grace) have the Keys to Heaven. That is, the power to forgive sin, so that a sinner's sins, confessed and repented could be forgiven by a member of the congregation.

An introduction to Laestadianism is necessary so that the reader can appreciate in Nanna's statement 'It can be given' her evocation of the Laestadian understanding of the Keys to Heaven, which is that if you have received the Keys, you can give them. Additionally noteworthy is the shared understanding of physical and bodily experiences (including ecstasy) as possible divine messages.

Third, there are experiences that form the background for intervention by a healer. I use the generic term encounter experiences. The basic idiom tells of a clash at a specific location between that, which is encountered and has precedence to the location, and modern people. Examples include the experience of being thrown from a path and the advice is not to build a house before checking for disturbances by sleeping a night at the proposed location. There is a rich repertoire but I will limit this exposé to these examples, the fárru (travelling group), the eahpáras (dead-child being), the gufihtar (underground being), the ghost and bijat (spell or bewitchment). To instigate a bijat (spell) a ghost may be placed on a person or on his possessions. The fárru can be experienced along old paths or when travelling by boat. The fárru continue to use old paths that were used by former generations to travel to markets, to collect berries, and to fish or trap. The fárru experience shows that a location is imbued with the use made by people in former times. The eahpáras is an abandoned not baptized baby that continues to cry and disturb where it has been abandoned. The eahpáras is not at peace and influences the person coming into their territory imbuing them with their lack of peace. The situ- ation requires intervention by someone who can bring peace (a healer). The gufihtar occupies specific locations and it is important to be respectful. The aetiology provided by one informant was that they are Eve's hidden children that she did not manage to wash before God came. Sigvald explained that when there is an encounter, it happens in order to deliver a message: 'If one meets an eahpáras or a gufithar, they have a message. Otherwise you don't meet them. If an eahpáras is bothering, it is telling something.'

In the reconstruction efforts of pre-Christian Sami practice made by historians of religion, I think one can see the difficulty they had in defining the shaman's helping spirit, because the 'message' can be received via a variety of encounter experiences. Additionally, the concept of gáccit (helpers/comrades) has an everyday usage. For example, Nanna, speaking critically of gossip, said 'those small gáccit.' A neighbour after being unable to find her thimble said, 'The gáccit have taken my thimble, they will return it in their own good time.' Gáccit in these examples refers to thoughts that accompany an action. The healer, Gamvik, through whom Nanna received her gift, is reported to have given an eahpáras peace that had been making a disturbance along a local path. Sigvald explained how. Gamvik spoke to the eahpáras saying in essence 'It is known what happened. You may now leave this location and join with God.' Sigvald used the idiom 'cleared up' for a variety of healing interventions and said, 'Gamvik cleared up the path', additionally, 'a bijat can be cleared up.' Sigvald also used 'cleared up' when speaking of the Laestadian meetings where there was confession, repentance and forgiveness, saying,

'It should be all cleared up.'

Sigvald related that the injury itself behaves like a spirit. It may fix or connect itself to one place in the body or it may move in the body from place to place. When the injury stays in one place, Sigvald will talk to that injured place and try to know it. He said that it stays with what it is familiar because it does not know any other connection. I have understood that when he has succeeded there has been made a connection to God. The understanding that the injury stays in one place in the body has a similar logic as the continued use of a path, and the eahpáras's connection to its place of death. And Sigvald's intervention is similar to Gamvik's for the eahpáras: listening and making the bigger connection. When the illness moves he will try to follow it. He said, 'Like Nanna said, "Chasing cancer like a ghost or spirit, but you can follow it".'

Nanna gave Sigvald instruction. One instruction was to 'Take care of what the patient is telling.' Sigvald explained to me:

Then you can exchange story; the patient is telling and the healer is telling. It can be normal talk but listened to; listened to both ways and without judgement. It is working both ways. We need this human order and story telling is a part of this order and also this human order is a part of the bigger order.

A result of Sigvald's way of listening and talking with the patient was that once during a session the patient looked up in surprise at Sigvald and said. 'You really see me!' I heard from one of Nanna's patients something similar, she said, 'Nanna sees all my threads.' Additionally Sigvald said, 'It looks like there is a wish to have communication in someway and in someway it will happen. If people are not taking care of it, then there come ghosts. The untold story becomes a ghost.' The ghost in Sami understanding is that which haunts, with the ghost accidents and disturbances will happen. The ghost requires a similar treatment as for the eahpáras (which is, of course, a real ghost) and the injured place in the patient: it must become known and given the more complete connection. The story needs completion.

The ghost, or other beings, can be harnessed to a person or to an object by a noaidi, which is understood as the placing of a spell, called bijat. Events such as ongoing bad luck may arouse suspicion that a bijat has been placed. The expert is able to assess the nature of the problem and will be called upon for his help. The traditional healer is (still) considered to be the expert. In order to relieve the spell, the bijat is sent back to the one who originally sent it. Successfully sending the bijat back would mean that the spirit recognized that the wrongdoer was not the patient and then the one who originally sent it would be straddled with it. These are 'competitions' that Nanna strongly advised against engaging in. Nanna considered it a dangerous undertaking and advised Sigvald simply to 'lift it' rather than 'sending it back'. In the system of bijat the prosperous flow of life stops. This is evident in temporary as well as long-term events. A temporary event can be momentary paralysis, often noted in the case of theft. The thief can not move forward (is immobilized) and is forced to return the stolen articles, that is, when a powerful noaidi has used bijat. This system is one of correction. People are sometimes unsure of their 'wrongdoing' and wonder if perhaps a bijat has been placed. Sigvald considers people's doubts of a bijat to be one of the ongoing reasons people seek him out, and said that 'when this question no longer lives among the people the healer may not be found among the people.' Sigvald related that even though this question is often posed in his practice, he has not yet seen a case of bijat. His diagnosis in these cases of doubt has been that the problems from which the patient suffers are connected to their own way of being in life. In one case, a reindeer herder was troubled by the unrest of his flock and considered if perhaps a bijat may be the cause. Sigvald said to him, 'Let us bundle our thoughts and see what happens.' The herder reported the next day that the flock was quiet.

Sigvald explained that people's thoughts can be caught in thinking, for example, about bijat, and in this way they make for themselves a sort of bijat. They are caught; the thinking that is repetitious is the ghost. However, Sigvald was careful to explain that 'being caught' is not always the ghost because 'we can be caught up by something pleasant.' Concerning 'the untold story becomes a ghost', he gave the example of childhood where experiences have been traumatic and not told, and that this starts to ghost/haunt.

'Connection' is an underlying theme in the stories about encounters with exceptional beings. It appears to provide the logic for why one thing would happen over another. The life-furthering connections may not be completed, resulting in a-certain incompleteness. It is this incompleteness that can stay and cause trouble: the eahpáras is disruptive because it has been abandoned without a name; the gufithar are Eve's hidden children that she did not man- age to wash before God came; the noaidi can attach and detach the ghost. The disruption can be healed. Sigvald said, 'The troublesome part stays with what it is familiar.' Restoring the connection to God brings peace; incompletely connected parts can haunt and cause illness. They need to be connected and the diagnosis, which can be a definition of the person, the problem, or situation, achieves the correct connection.

Embodied countertransference

The comparisons between analytical psychology and Sami healing that I will make concern subjective experience, the practitioner's aetiology of illness and their healing method. The Sami healers speak of ghosts and their patients are concerned about a possible spell (bijat). The bijat immobilizes. The experience of a bijat has similarities to the constellation of an autonomous complex. So we will first turn to Jung's theory of complexes.

As a young psychiatrist at the Burghölzli Clinic, Jung conducted studies using the Word Association Test. His results demonstrated that there was a correspondence between emotional reactions and physiological innervations; carefully stated: 'It seems highly probable that the psychic and the physical are not two independent parallel processes, but are essentially connected through reciprocal action' (Jung 1928: par. 33). The Word Association Test was instrumental in forming Jung's understanding and recognition of physic activity that was outside of conscious registration, but expressed by the body in motor phenomena, and led to his formulation of the theory of complexes. The phenomena so observed had antecedents, familiar to Jung, in the work of Charcot on hysterical paralysis, Herbart's observations on the narrowing of the field of consciousness and Janet's idee fixe subconsciente (see Ellenberger 1970: 149). Jung formulated his theory of complexes noting split-off fragments of the personality that could develop on their own, and manifest them- selves through clinical disturbances. Jung posits that the complex belongs to the basic structure of the psyche, formed because there is an a priori disposition to organise stimuli coming from inner and outer sources. It is a composite structure that organises experience, perception, and affect around a constant central theme. The term archetype an sich is used to designate this a priori disposition to organise, and thereby create structures (the complex) that facilitate recognition. The complex is organised around affective themes, and works in such a way that an experience is placed in an interpretation model. For example, I see my neighbour and receive no greeting. My interpretative modal informs the meaning I assign to this, which depending on my complex can be 'I have received an insult' or 'my neighbour is momentarily distracted'. The basic tenet of analysis is that the work of representation and symbolization of the denied and split psychic movements can potentially overcome violence and destructivity (Gibeault 2005: 297). The symbol and story express and invite a plurality of response, which facilitates the linking of broken, or not yet made, connections.

In clinical practice the analyst employs his/her recognition of the analysand's autonomous expression of a complex; the move on a continuum from relatively little conscious awareness by the analysand towards increased conscious awareness; and the reverse (regression). The complexes are reflected in the analysand's typical and repetitive behaviour, and for recognition the analyst considers the analysand's life history, daily events, physical presence, tone of voice, affect and dreams, to name just a few of the avenues. The analyst gains an understanding of the analysand's subjective experience of being in the world and being in the consulting room with the analyst. Of particular importance for the success of the analysis is the analyst's mode of

observation that is empathic, attuned to the inner life. There is a relationship established between analyst and analysand, and an intersubjective field. Recognition of the intersubjective field includes recognition of the reactions of the analysand to the analyst and the analyst's reactions to the analysand, which in clinical parlance is called the transference and the countertransference. The typical and repetitive behaviour of the analysand is visible in the transference, which will express typical patterns of relationship. Jung was pioneering in his emphasis on the countertransference, stating already in 1929:

In any effective psychological treatment the doctor is bound to influence the patient; but this influence can only take place if the patient has a reciprocal influence on the doctor. You can exert no influence if you are not susceptible to influence.

(Jung 1929: par. 163)

Jung considered the countertransference to be 'a highly important organ of information' (Jung 1929: par. 163). Jung was also a pioneer in accentuating that the analyst must have an own analysis, which quickly became a standard requirement for training candidates. The logic and necessity of such a training is particularly salient for working with the countertransference, because the experience of the analyst may (as well) have to do with his or her own neurotic blind spots. And the analyst needs to consider such a possibility. Concerning neurosis Jung writes, 'Behind a neurosis there is often concealed all the natural and necessary suffering the patient has been unwilling to bear' (Jung 1929: par. 185). And we can say that the analyst's own not suffered pain can all too easily be disowned and then 'found' as the pain of the analysand: the neurotic counter transference.

In considering the neurotic counter transference I turn to Joseph Cambray who questions when to use amplification in an analysis. Amplification involves an imaginative play bringing in mythic, cultural and historical parallels to the analysand's material and its use is intended to foster symbolization in the analysand. Cambray (2001) considers legitimate amplification within an intersubjective context, where the striving for amplification originates from the shared space, that is, when there is a 'need for a larger, more containing narrative required by the analytical process itself' (Cambray 2001: 285). Being attuned to this need by comparing strands of associations of both partners of the dyad 'the analyst is assisted in avoiding the dangers of using amplification for supportive or defensive purposes' (Cambray 2001: 285). We can note that amplification used for supportive or defensive purposes by the analyst would be an example of the analyst acting on a neurotic countertransference. Which may for example be a narcissistic need of the analyst, as in 'You must see my wonderful amplification.' In the transference there can be experiences and/or behaviours that attempt to gratify wishes of which the analysand is consciously unaware, but such gratification can also occur in the countertransference experience. In the analytic dyad both parties can have experiences that each consider to be caused by the behaviour of the other. Cambray (2001) cautions that if at such moments (when the analyst is incorrectly reading the transference/countertransference dynamics) the analyst makes amplifications, the symbolic meaning will not get promoted. This inauthentic

amplification Cambray calls ‘unreflected enactment’ and considers it to be damaging to the transcendent function. Cambray (2001: 291) writes: ‘amplification used defensively or educatively, can channel the mythic imagination into unreflected enactment (collapsing the transcendent function) rather than providing a genuine opening to the archetypal back- ground’. We can see that the analyst’s compulsivity, a prime indicator of an activated complex, can be a hazard to the analysis. The goal of Jungian analysis has everything to do with the analysand’s symbolic capacities, the creation of the transcendent function.

The inevitability of the analyst being narcissistically invested in their work, their practice, their patients and their professional relationships makes the practice of analysis particularly daunting and sobering. Joe Redfearn found that he needed and learned to steer a course in his work with analysands between over-involvement and shutting down (Redfearn 2000: 189). And his advice with a personal touch speaks of a fruitful analytical attitude in these matters of narcissism: ‘It is very seldom creative to be certain about whose reality is the more true, especially because “real” and “true” are words referring to omnipotent feelings’ (Redfearn 2000: 191).

In the successful analytic process significant improvements are seen in the analysand’s capacity to reflect and register affect. The analytic dyad with its relational aspects, writes Margaret Wilkinson (2004), forges new neural pathways through emotional connection. She finds that the interactive experience within the analytic dyad enables the development of the regulatory capacity and reflective function. A process that is not only that of the unconscious made conscious and implicit becoming explicit but additionally that ‘unconscious will also influence unconscious in the analytic dyad, implicit will affect implicit, changing deeply founded ways of being and behaving’ (Wilkinson 2004: 87). As an example of unconscious communication within the analytical dyad, I offer a dream of one analysand. He dreamed that my husband and I were divorcing, and that with some development it would be okay. My divorce was the actual situation at the moment, and one of which the analysand was not consciously aware. And I can ask myself, how consciously aware was I of my transition? I did develop after the divorce.

In analysis the working assumption is made that some counter transference reactions in the analyst stem from, and may be regarded as communications from the patient and that the analyst’s inner world, as it appears to him, is the via regia into the inner world of the patient.

(Samuels 1985: 51)

The countertransference experience can be a reflection that resonates with what the patient is feeling or thinking at that moment. Andrew Samuels uses embodied countertransference to refer to the experience in the analyst of an entity, theme or person of the patient’s intra-psychic, inner world. The analyst’s body can be the medium for communications from the patient; communications that have taken a route that is non-verbal or pre-verbal (Samuels 1985: 51–2). The work in analysis involves linking sense impressions and the intellect, and imagination builds this bridge. Joy

Schaverien's 'premise is that countertransference is, of its nature, an imaginal enterprise' (Schaverien 2007: 413). She considers the importance of a dynamic field in- between analysand and analyst, where the imaginative countertransference has the potential to facilitate symbolization in the analysand. 'Through an image, or chain of images, the ability to speak of previously un-symbolised experience may begin' (Schaverien 2007: 414).

For an example of an analyst's embodied countertransference, I turn to Mara Sidoli. She writes, 'I felt anxious and impotent. These feelings which I was experiencing referred to her [the patient's] infantile emotional state when mother had left her. I had to hold on to them [emotions] for her for a long time because they were unreachable to her' (Sidoli 1993: 182). Sidoli's patient had experienced a high degree of panic and dread as an infant, and 'these feelings could not reach consciousness as they were concretely stuck in an organ where they produced physical pain' (Sidoli 1993: 188). Sidoli writes that during the patient's dark times the transcendent function has to operate in the analyst. In her practice Sidoli employs an imaginative language. Her patient speaks of an illness in terms of a cold, and Sidoli comments on the 'cold feeling, being left out in the cold' (Sidoli 1993: 188).

Anita Greene (2001), in her discussion of using the body as an organ of perception, writes that she will question herself asking if the patient's deprived place has activated a similar place in herself, concerned not to project an own emotional wound into the patient's experience. 'Sleepiness, boredom and wandering attention are common phenomena that analysts suffer through during sessions' (Greene 2001: 577). When experiencing such states, Greene asks herself if she might be reacting as the uncaring parent once did: her countertransference embodying the parent. Pertaining to erotic arousal in the analyst, Greene states that she tolerates and contains arousal, and will 'use it as any other raw psychic material that emerges during the course of therapy' (Greene 2001: 577). In a case example, Greene writes of her difficulty in taking a breath and a constriction throughout her body. She held these experiences silently and they guided her inquiries to possible traumatic events in the analysand's life. Greene posed questions that not only were distressing for the analysand, but also produced relief in the analysand for having been accurately perceived in her guarded condition. Greene will speak to a painful symptom in the body, a dialoguing that she compares with the engagement of, for example, a negative figure in a dream through active imagination. 'Both involve a dialogical and intrapsychic process that moves us beyond immediate experience to underlying meaning' (Greene 2001: 573). Greene considers the fully embodied presence of the analyst to be an essential ingredient in the creation of a secure psychic container. And 'Whenever a patient comments on what they think my body-psyche is saying, I try to be as honest as I am able in exploring what might be happening between us' (Greene 2001: 576). She finds this important because body language that is at variance with the verbal communication is confusing and a source of alienation. The analyst needs to own their non-verbal signals.

Martin Stone (2006) considering the embodied resonance in countertransference relates a somatic counter transference of a therapist. The therapist during a first session suddenly had pain in the top of his left arm, which returned during each subsequent

session. After some sessions and having gained trust the patient spoke about her difficult childhood and her relation- ship with her mother. The pain in the therapist's upper arm increased and he found himself holding it. The patient then recounted how when she was small her mother would get into a rage and beat her with the bristle side of a brush on the top of her left arm. After the session the therapist never had this pain again (Stone 2006: 115–16). We can note that the pain felt by the therapist resonated with the not yet told story of the patient, and when the story was told the pain ceased.

Comparison

Listening to an individual convinced that there is a bijat and someone convinced of a conspiracy theory has been in my experience remarkably similar. In each case the patient assigns meaning to events that should thereby prove the correctness of their conclusion to the listener, which is for the listener very repetitious, predictable and actually not convincing. There is a feeling of being stuck, and indeed the individual is not thriving. Analytical psychology under- stands such a preoccupation in terms of a complex that eclipses the ego, and Sami healing in terms of a bijat. And in both cases there is a gradient on which the practitioner bases his or her diagnosis. The diagnosis within analytical psychology moves from the milder, neurotic suffering, to the more severe, psychosis. In Sami healing, the diagnosis can be bijat-like, which is then of the patient's own making, to a bijat sent by a noaidi. The Sami healer includes in his understanding the 'real' bijat, which has some advantages because it can work well for the patient's acceptance of the healer's diagnosis, because when 'it is not a bijat', there is trust that the healer can make this distinction. The psychoanalyst, in the eyes of the patient, is not an expert on conspiracy, and so does not have this advantage. On the other hand, once when Nanna had a psychotic patient, she said that she could not help in this case.

In the practice of Sami healing the patient can be haunted by past experiences, and the healer heals by talking with that which haunts, having it become known and then making the bigger connection – to God. Thereby the haunting is lifted or 'cleared up'. In analytical psychology sessions, as mentioned by Cambray (2001), the analyst associates within a shared field and recognises the need for a greater narrative. The greater narrative will have an archetypal basis, and with the greater narrative comes a feeling of being connected to others. Successful psychoanalysis involves the widening of the field of vision, seen as happening via the relationship with the analyst and the symbolic function; so that ascribed meaning, emotional response and bodily registration acquire greater linking.

Nanna advised Sigvald against the practice of sending the bijat back. In essence this would be engaging in spiritual warfare, the consequences of which can be to lose one's capacity to heal (that is, lose the special connection to God), or, it may cost the actual death of the healer. This is understood as follows. The incomplete part (which can be a ghost) that has been used for the bijat, when sent back, may attach itself to the

original sender, but yet again may not, and then it returns, attaching itself to the healer, and not the patient. I imagine this logic as if encountered in my analytical psychology practice as follows. During a session I have made an amplification that is actually motivated from out of my neurotic countertransference, and I want it to 'stick' to my patient, it is after all, I have decided, his complex that I am treating. This practice, however, does not further symbolization, and I have lost my contact to the greater narrative. The analysis is, in effect, stalemated. This fantasy concerning the activity of 'incomplete parts', I find is also useful for imagining what happens during the somatic countertransference.

The psychoanalyst's and Nanna's bodily experiences resonated with the, as yet, untold story of the patient. The two practitioners' experiences are notably similar, in that both practitioners have a somatic registration that reso- nates with the patient's suffering. Understood by Nanna as the diagnosis that can be made via her own somatic experiences and by the psychoanalyst as the embodied countertransference. Nanna understands her diagnosis in terms of a special connection to God. And Nanna's Christian faith, Laestadianism, has additionally been sited as sharing the interpretation that somatic and physical events are potentially a message from God. The understanding of the countertransference is that it may be regarded as communications from the patient, and Jung provides some explanation. Jung observed in common medical cases that certain clinical symptoms disappeared when the corresponding unconscious contents were made conscious. Jung writes, 'As soon as a psychic content crosses the threshold of consciousness, the synchronistic marginal phenomena disappear, time and space resume their accustomed sway, and consciousness is once more isolated in its subjectivity' (Jung 1947: par. 440). The embodied countertransference can be seen as a communication from implicit to implicit, for which my favoured expression is a statement made by Sigvald, 'the untold story becomes a ghost.'

In Sami aetiology the land as well as one's body can resonate with former use, and incompletely connected parts can cause unrest and illness. The healer is receptive, able to receive the message of these incomplete parts; as Sigvald said if you have an encounter experience, that which you meet has a message for you. The Sami healing method includes the diagnosis, having a dia- logue with the ghost, and releasing and/or making the connection with God. The healing method for both Sami healers and analytical psychologists have this noteworthy similarity of dialoguing and making the bigger connection (expressed by Sigvald as the connection to God and by Cambray as the larger narrative). The diagnosis as experienced by Nanna (she felt the pain of her patient in her own body) and the embodied countertransference as described by Martine Stone (the therapist felt the pain in his upper arm prior to hearing that his patient had been beaten by her mother with a hairbrush) are both (to some extent) encounter experiences.

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