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Bourdieu and Jung: A Thought Partnership to Explore Personal, Social, and Collective Unconscious Influences on Professional Practices

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Abstract

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Keywords

Pierre Bourdieu, Carl Jung, Professional Practice, Relational Practices, Unconscious Influences, Critical Hermeneutics, Critical Imaginal Hermeneutics, Critical Reflexivity, Clinical Play Therapy, Play Therapy, Child Mental Health, Counselling, Psychotherapy, Archetypes

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This paper introduces a thought partnership between Pierre Bourdieu and Carl Jung used to explore clinical play therapists' understanding and critical reflexivity of unconscious influences on their relational practices with parents. The partnership is situated within a broader methodological partnership between Paul Ricoeur and Jung discussed by the authors in another paper in this issue. The purpose of the Bourdieu and Jung partnership is to design a comprehensive theoretical tool kit that enables the exploration of the interrelated nature of personal, social, and collective unconscious influences on professional practices. The paper discusses seven Bourdieusian and ten Jungian thinking tools and how they were brought together within a critical imaginal hermeneutic approach drawn from the first author's doctoral study. The application of the conceptual partnership to the study's text sets is then discussed to provide an in-depth structural analysis of the study's phenomenon. The results highlight how the application of the thinking tools provide a critical and systemic awareness of how personal, social, and collective unconscious influences shape professional practices. Implications for professional practice are discussed as well as the role the Bourdieusian and Jungian thinking tools can play in enhancing the fundamental aims of qualitative research, particularly critical inquiry. Keywords: Pierre Bourdieu, Carl Jung, Professional Practice, Relational Practices, Unconscious Influences, Critical Hermeneutics, Critical Imaginal Hermeneutics, Critical Reflexivity, Clinical Play Therapy, Play Therapy, Child Mental Health, Counselling, Psychotherapy, Archetypes

Introduction

Professional practices are shaped by a range of embedded unconscious influences (Bourdieu, 1990a). Given that so much of professional practice is experiential and implicit, without critically exploring and exposing the nature of unconscious influences, we could routinely and automatically attribute any difficulty we experience with others we work with as others "being" difficult (substantialism; Tsekeris, 2010) rather than the situation or encounter being difficult due to any of a range of unconscious contextual influences (relationalism; Kaipayil, 2009). We contend that when issues in professional practice arise and strategies are

devised and implemented to institute change, it is imperative that the nature of unconscious influences is explored otherwise any change initiative is likely to be superficial and continue to reproduce taken-for-granted practices. Exploring unconscious influences on practices is a central concern of many approaches found in social science disciplines, however, the way in which unconscious influences are conceptualised vary and are usually framed by a focus on individual (personal unconscious), sociocultural (social unconscious), or universal (collective unconscious) contexts rather than systemically considering all three influences as a relational concept. For example, in the fields of psychotherapy and mental health counselling, identifying unconscious influences on professional practices primarily involves exploring personal unconscious influences. This approach is typically based on various interpretations of Freud's psychoanalytic concepts of transference and countertransference (e.g., Gelso & Hayes, 2007). In sociology's practice theory, unconscious influences are predominantly conceptualised and explored in the context of social unconscious influences where the focus is on exposing unconscious influences of social structures on practices and personal agency (e.g., Bourdieu, 1990a). In addition to personal unconscious influences, Jung's analytical psychology explores collective unconscious influences on practices where one of the main foci is identifying universal, archetypal influences on practices. However, with the exception of post-Jungian writers who have extended Jung's personal unconscious concept of complexes to include cultural complexes (e.g., Beebe, 2004; Singer & Kaplinsky, 2010), Jung's analytical psychology theory largely neglects the role of social unconscious influences and how they interrelate with personal and collective unconscious influences. This paper introduces a thought partnership between Bourdieu and Jung to address the gaps in their respective approaches and achieve a more systemic and comprehensive approach to exposing unconscious influences on practices that includes personal, social, and collective unconscious influences. This partnership is situated in a broader methodological partnership between Ricoeur and Jung which is discussed in Paper A in this issue (Bologna, Trede, & Patton, 2020) and was developed as part of the first author's doctoral study exploring how unconscious influences shape clinical play therapists' relational practices with parents (Bologna, 2018).

Developing a systemic, critical awareness of unconscious influences on relational practices is pertinent to the clinical play therapy field, particularly regarding clinical play therapists' relational practices with parents. Researchers who have conducted meta-analyses of clinical play therapy have concluded it is an effective form of treatment for children presenting with a variety of mental health issues (e.g., Bratton, Ray, Rhine, & Jones, 2005; Lin & Bratton, 2015); however, despite play therapy's efficacy, clinical play therapists encounter a number of practice issues concerning parents, including parents prematurely taking children out of therapy. Although there are a scant number of studies exploring dropouts in clinical play therapy, two play therapy studies exploring attrition have reported a dropout rate of 64 per cent (Campbell, Baker, & Bratton, 2000; Tsai & Ray, 2011). The dropout rates in clinical play therapy are comparable to dropout rates in general child mental health counselling where attrition has been more widely studied (e.g., de Haan, Boon, de Jong, Hoeve, & Vermeiren, 2013). De Hann et al.'s (2013) meta-analytic review of dropouts in the broader child mental health counselling field found that one of the more important influencers of dropouts is parents' relationship with the therapist. However, the parent--therapist relationship has largely been neglected in the clinical play therapy literature, thus, one of the broader aims of the present study was to address this by exploring how personal, social, and collective unconscious influences shape clinical play therapists' taken-for-granted relational practices with parents, and in turn impact effective outcomes for children.

This paper begins by presenting 17 theoretical thinking tools (7 Bourdieusian and 10 Jungian) that together form the foundation for the Bourdieu and Jung thought partnership. Although a voluminous number of concepts to consider, they are all included to facilitate the

development of a comprehensive understanding of how the interrelated dimensions of the unconscious influence and shape professional practice. This comprehensive approach to understanding the research phenomenon is congruent with and enhances one of the fundamental aims of qualitative inquiry which is to achieve a “closeness” to the phenomenon being studied (which includes both how empirical material is generated and how it is analysed), and in turn develop a detailed understanding of how processes are enacted in the social world (Aspers & Corte, 2019, p. 146). This paper focuses specifically on achieving closeness in empirical analysis which is particularly pertinent in critical qualitative inquiry where unconscious entities are considered largely unobservable yet have observable manifestations (Akram, 2013). Closeness in this context refers to applying a comprehensive, systemic suite of unconscious conceptual tools which align with critical qualitative inquiry’s demand for a “meticulous interpretation and theoretical reasoning in tackling the empirical material” (Alvesson & Sköldbberg, 2009, p. 171). We argue that by utilising a comprehensive suite of concepts covering personal, social, and collective unconscious influences, closeness in empirical analysis can be achieved, and in turn capture and detail how unconscious entities and processes manifest in practices. The second half of the paper discusses the results of applying the Bourdieusian and Jungian thinking tools to the text sets discussed in Paper A (Bologna, Trede, & Patton, 2020). This includes texts derived from the study’s seven clinical play therapist participants who created imaginal, symbolic representations of their relational practices with parents by drawing on a range of expressive mediums used in clinical play therapy practice. The paper concludes with a discussion regarding the synergy between the Bourdieusian and Jungian thinking tools, and implications for professional practice, and the role the Bourdieu and Jung partnership can play in qualitative inquiry, particularly critical imaginal studies.

Bourdieu’s Practice Theory

Bourdieu’s practice theory draws heavily on sociological relationalism, where *relational* refers to two main features – social fields and the dialectic relationship between agency and structure. Firstly, Bourdieu (1998) conceptualises the social world as social fields (rather than referring to it as society) and places a strong emphasis on the social space within social fields. Bourdieu does this in order to move away from substantialist notions of the nature of the social world and instead stress the *relational* nature of it. Here, relational refers to the positioning in social space, in that something only makes sense in contrast to something else in the same field. Practices are embedded in a field at a particular time and place *in relation* to other practices in the field, in other words, the sociocultural context they are found in. In a professional practice context, issues that arise need to be considered in their social context and in relation to other practices in the field. Secondly, Bourdieu (1977) proposes that practice is a result of a complex dialectic between a person’s agency and the unconscious structures of society and that one cannot be understood without the other. Bourdieu (1990a) emphasises that practices are not merely a person’s intended actions but are social activities that are influenced by unconscious social structures. Thus, when attempting to make fundamental changes to practices, our personal agency needs to be informed by a critical reflexive process whereby the influence of unconscious social structures is identified. Bourdieu offers a suite of relationally interconnected concepts to assist with the critical reflexive process of identifying unconscious social influences on practices. This is pertinent in the context of more deeply understanding relational phenomena associated with therapists and parents as the influence of social unconscious influences is neglected in the clinical play therapy field.

In the following sections, I, Rosa (the first author) discuss seven concepts that together make up the Bourdieusian suite of thinking tools used in my doctoral study and provide

examples of how they relate to clinical play therapy practice. The examples in this section are offered as preliminary considerations of how the concepts relate to the clinical art and play therapy field. Later, in the results section, I discuss empirical examples derived from my participant interviews illustrating what the concepts revealed when they were applied to the study's text sets. Regarding Bourdieu, what makes his brand of practice theory so unique and attractive is his family of relational concepts: field, habitus, capital, doxa, symbolic violence, misrecognition, and reflexivity. The first three concepts, field, habitus, and capital are considered a conceptual triad which Bourdieu insists need to be considered together (Bourdieu & Wacquant, 1992). The next three concepts, doxa, symbolic violence, and misrecognition are another triad that are typically considered together in Bourdieu's work. Finally, Bourdieu's concept of reflexivity has a pivotal function in terms of being both a thinking tool interrelated with all the other six concepts and a researcher disposition. Figure 1 identifies and illustrates the relational nature of the main Bourdieusian theoretical thinking tools.

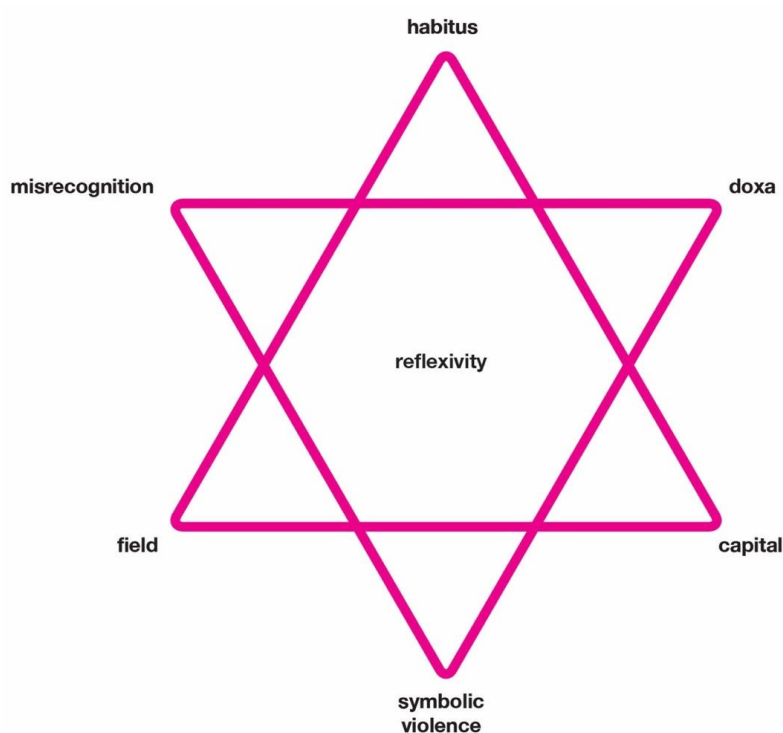


Figure 1. Bourdieusian theoretical thinking tools.

Field, Habitus, and Capital

Field. Bourdieu uses the term *field* to describe the context in which practice takes place (Bourdieu, 1990a). Bourdieu refers to fields as sociocultural fields to emphasise they are not static entities, but rather are fluid and dynamic – they “are made up not simply of institutions and rules, but of the interactions between institutions, rules and practices” (Mahar, Harker, & Wilkes, 1990, p. 8). There are as many different fields as there are different types of work and social interests (Bourdieu, 1990b). There are also fields within fields. For instance, the clinical play therapy field could be considered a field; however, so could the different theoretical orientations that therapists adopt (e.g., the psychoanalytic field), therapists' different professions (e.g., the psychology field), and the age of therapists' client group (e.g., child mental health field). Bourdieu (1990b) stipulates that at the core of any given field is *interest*, which is both a condition and a function of the field in that it is what motivates people in the

field to compete with each other for various types of capital (economic, social, and cultural) as well as a product of the way in which the field operates. In other words, interests create and are created by the field in a dialectical fashion. Due to the interests that govern fields, Bourdieu (2002) views fields as fundamentally competitive and as such characterised by tensions and conflict. Despite the tensions and conflict, a fundamental feature of what Bourdieu refers to as “the game” is that agents are committed to it, they are invested in it and recognise it is a game “worth playing” (Bourdieu, 1991, p. 180). In the context of the clinical play therapy field, the field is comprised of several mental health professions (e.g., psychologists, clinical social workers, counsellors, and psychotherapists) that differ in terms of status, resources, and access to government subsidies, despite offering the same or similar services. Regardless of these differences, the respective professions are committed to participating in the field or “playing the game”. Although Bourdieu views all action in fields as motivated by interest, he stresses that this motivation is largely unconscious. This mostly unconscious process where social agents are socialised about interests and “playing the game” is captured by Bourdieu’s concept of *habitus*.

Habitus. Bourdieu (1984, p. 28) describes habitus as a form of unconscious “unintentional learning” which takes place via the socialisation of people by social structures such as home and school. The socialisation process forms dispositions which Bourdieu (2002) describes as “manners of being, seeing, acting and thinking, or a system of *long-lasting* (rather than permanent) schemes or schemata or structures of perception, conception and action [emphasis in original]” (p. 27). Highlighting the relational foundation of his practice theory, Bourdieu (2002) argues that habitus must not be explored in isolation, but rather, must be explored in relation to the field. Bourdieu contends that because habitus is a set of largely unconscious characteristics acquired through interaction in the field, one person’s habitus may resemble that of others who have been socialised in the same field. Bourdieu conceives of fields as dynamic rather than static entities with fluid boundaries that interact between other fields and, as such, a person’s habitus may also resemble that of others from similar fields as they occupy a similar social space due to similar socialisation (Bourdieu, 1984, 2002). For example, a clinical play therapist’s habitus may be very similar to that of a therapist in the general child mental health counselling field. Each field, regardless of how big or small, has its own habitus, which intersects with other neighbouring fields. Bourdieu (1990b) contends that habitus is not consciously remembered as history (that is, being socialised by structures over the course of time), but rather as “spontaneity without consciousness or will” (p. 56). The word spontaneous implies that practice derived from habitus’ interaction with the field appears natural and free, but according to Bourdieu it is anything but. It is the product of unconscious historical socialisation by various structures in and of the field and continues to be reproduced and regenerated precisely because agents conceive of their practice as belonging to themselves, a product of their will and choice, rather than to structures and fields.

When habitus and field meet in a seamless fashion, practice appears as the natural order of things; however, when it does not, *hysteresis* takes places. Hysteresis is the concept Bourdieu uses to describe the disparity that can occur between habitus and the field. It is a temporal issue in that the habitus fails to keep up with the changes in the field’s structures and what Bourdieu (2005) describes as “a lag in adaptation and counter-adaptive mismatch” (p. 214). It is important to emphasise that hysteresis is an unconscious lag in habitus’ adaptation to new circumstances in the field. That is, it is nonreflexive in that agents are not consciously aware of the lag and therefore do not consciously reflect on its impact on their practices. An example of the hysteresis effect in the clinical play therapy field is the mismatch between the length of treatment therapists have been trained to provide (habitus acquired via pedagogical socialisation) and the number of therapy sessions they are funded to provide by government

(the field's structures). That is, most clinical play therapists are trained and accustomed to providing medium- to long-term therapy for children (approximately 20–40 therapy sessions); however, in Australia, universal health care (Medicare) currently funds a maximum of 10 sessions. In other words, clinical play therapists' habitus predicated on medium- to long-term therapy is at odds with the changes in the field's structures that demand short-term therapy. This mismatch between the therapists' habitus and the field's structures not only impacts on therapists' direct work with children but also how they approach relationship building with parents. If the field's structures have reduced therapists' funded time, time previously spent on building relationships with parents may be dismissed in favour of allocating the short amount of time available just to the child. Thus, hysteresis not only describes the lag between habitus and the field's structures but also a rupture in practice that was previously relatively integrated.

Capital. Bourdieu (1986) contends that the nature of people's habitus depends on the position they occupy in the field, which is in turn determined by the amount of *capital* they have. Bourdieu (1986, p. 16) posits that there are three types of capital or three “fundamental guises” that capital can be found in: economic, social, and cultural capital. Economic capital refers to capital that can be immediately converted into money. Social capital consists mainly of social “connections” and membership with a group, and these social relationships are institutionalised or durable in nature (e.g., family name, school). An example of social capital in the clinical play therapy field is client referrals that are generated for a therapist through their social connections. Cultural capital refers to the means people use to appropriate symbolic wealth (Bourdieu, 2003). Cultural capital can exist in three main forms: embodied, objectified, and institutionalised. Embodied cultural capital is manifested through a person's habitus and is something that cannot be acquired immediately but over time, and can include linguistic capital such as mastery of language. Objectified cultural capital consists of “cultural goods” that represent the person's cultural capital in physical objects; for example, the type of books they own. Institutionalised cultural capital refers to institutional recognition, mostly in the form of educational qualifications (Bourdieu, 1986). Thus, from a Bourdieusian perspective, the material environment and its artefacts (including the body) are conceptualised largely as cultural capital. In relation to the clinical play therapy field, embodied cultural capital may be evidenced in the jargon the therapist uses, particularly language that pertains to play therapy interventions. Objectified cultural capital may include the therapist's designated play therapy room (that is, a different room from that used with their adult clients and when meeting with parents), as it represents the therapist's play therapy specialisation in a distinct material form. From a symbolic wealth perspective, clinical play therapists who have a permanent, separate play therapy room would have more wealth than those who do not; for example, compared with therapists who have only one room that they use for both children and adults, or therapists who do not have any permanent space and instead have to share therapy rooms with colleagues. Institutionalised cultural capital may include the therapist's mental health qualifications (e.g., Master's in Psychology) as well as their play therapy qualifications. These qualifications may be displayed in the form of artefacts in their material environment and/or highlighted in their correspondence with others (e.g., business card and email signature). Therapists who have a permanent work space that they are not required to share with others have more symbolic wealth than those who do not, and are able to display their institutionalised cultural capital more prominently than those using space on a sessional basis. For instance, therapists who share their space with colleagues are typically unable to display their qualifications or other artefacts that represent their cultural capital. This would be evident to stakeholders such as parents when meeting with the therapist and in turn influence their assessment of the therapist's capital/power in the field.

Capital is intrinsically linked in a dialectic relationship with habitus, as the types of capital a person values, acquires, and in turn exchanges, are a function of their habitus and vice versa. Bourdieu argues that economic, social, and cultural capital are all symbolic capital in that they have no real value in and of themselves, but rather through the recognition by others that they can legitimately be used for exchange (Lawler, 2011).

Doxa, Symbolic Violence, and Misrecognition

Doxa. The interrelated and interpenetrating nature of field, habitus, and capital is what shapes practice. However, the resultant practice is one that suggests the natural order of things and unquestioned beliefs (Wacquant, 2007), or what Bourdieu refers to as *doxa*. Doxa is when the social world appears as “a self-evident and natural order which goes without saying and therefore goes unquestioned, [and thus] the agents’ aspirations have the same limits as the objective conditions of which they are the product” (Bourdieu, 1977, p. 166). Thus, “doxic submission” is when power becomes legitimised, not by conscious means, but rather by unconscious means (Bourdieu, 1998, p. 56). This definition suggests that doxa acts like a type of glass ceiling. Clinical play therapists conceptualising and treating children as their primary client rather than or including the children’s parents is an example of doxic submission, where the therapist and parents both accept this as the natural order of things. Conversely, the doxic control of parents over therapists may include situations where the therapist does not notify child protection authorities of an abusing parent if the parent has more social and cultural capital than the therapist. In other words, it is an unspoken rule that parents with more social and cultural capital are not to be challenged in the same way as those with less social and cultural capital. Doxa prepares the conditions for social domination, which Bourdieu argues takes place largely in subtle, unconscious ways rather than through overt, direct force.

Symbolic violence. The disguised nature of symbolic capital allows it to act as a key ingredient in this subtle domination or what Bourdieu (1989) calls *symbolic violence* or “world-making power,” as it is enacted through having “obtained sufficient recognition to be in a position to impose recognition” (pp. 22–23). In other words, those with power in the field, due to their accumulated capital, determine what is recognised as valuable. This provides them with symbolic power over those who have less capital, which in turn leads those with more symbolic power to commit symbolic violence against those with less (Bourdieu, 1991). Like virtually all of Bourdieu’s concepts, symbolic violence is largely governed by unconscious forces rather than conscious ones – it is not a direct form of violence, but rather is primarily insidious such as treating others as inferior and denying them access to services in a way which both parties consider is “natural”. One of the primary features of symbolic violence is that those committing it and those who are the victims of it do not perceive it in this way, but rather they see it as natural, accepted, and expected (Snook, 1990).

Misrecognition. *Misrecognition* is the concept that Bourdieu (1991) uses to refer to the failure of people on both sides of an inequality to recognise that the symbolic violence is not a natural order of things, but rather they recognise it as legitimate. Misrecognition is analogous to Marx’s concept of false consciousness in that it implies the denial or inability to see the economic and other hidden interests in people’s practices (Swartz, 2012). Misrecognition is not achieved through calculating means on behalf of those who have power, but rather through unconscious structural ones. The mechanism and impact of misrecognition is unveiled through the process of reflexivity.

Reflexivity

Bourdieu conceptualises *reflexivity* in a few different ways. The first type of reflexivity is what Bourdieu (1984, p. 11) initially referred to as “social psychoanalysis” and later as “socioanalysis” (Bourdieu in Bourdieu & Wacquant, 1992, p. 49), which involves illuminating the social aspect of the unconscious or unconsciousness and making the misrecognised conscious (Bourdieu, 1984). Reflexivity in a Bourdieusian sense also includes an epistemic reflexivity, which calls on researchers to reflect on the academic field of practice they belong to, their positioning in it, and how this academic field and its epistemology impacts on their research in unconscious ways (Webb, Schirato, & Danaher, 2002). Swartz (2012) refers to this as social science having “a ‘reflexive return’ upon itself” (p. 11). Thus, for Bourdieu, reflexivity is both a tool and a researcher disposition. On the one hand, reflexivity is interrelated with the other six concepts and as such is considered another thinking tool and is used relationally with the others. On the other hand, it is a kind of disposition that Bourdieu maintains researchers should adopt as a way of positioning themselves in relation to their research phenomena, their methodological approach, and academia in general.

Bourdieu and the Unconscious

Bourdieu uses the term *unconscious* both as an adjective and as a noun, which he draws exclusively from Freud’s psychoanalytic theory (Steinmetz, 2006). As with most practice theorists, Bourdieu’s use of the term unconscious refers not to a personal unconscious, but rather a social unconscious or social unconsciousness. There are two main limitations to Bourdieu’s conceptualisation of the unconscious.¹ First, Bourdieu’s focus on the social nature of the unconscious ignores other interrelated dimensions of unconsciousness such as personal and collective (universal) dimensions. Second, Bourdieu’s approach focuses primarily on social power relations as the main feature of the social unconscious. However, as Hopper and Weinberg (2011) point out, although social power relations are an important feature of the unconscious, they are not the only aspect of social life that is embodied – shared “anxieties, defences, fantasies, myths, and collective memories” (p. xxxviii) are also important. These other aspects are important as they acknowledge the affective and collective (archetypal) nature of the unconscious, a neglected feature of Bourdieu’s theory.

The personal and collective unconscious dimensions neglected in Bourdieu’s practice theory can be addressed by considering several concepts found in Jung’s psychological theory. Conversely, Bourdieu’s thinking tools can enrich Jung’s conceptualisation of the unconscious by emphasising considerations of social power and its influence on practices. A thought partnership between Bourdieu and Jung is one that has only recently begun to be considered (Fawkes, 2015); however, proposals to date are scant in nature and mainly involve the observation that Bourdieu’s concept of habitus is similar to Jung’s concept of the collective unconscious (e.g., Gray, 2008). Placing this thought partnership on a relational axis has the potential to be richer and more dynamic than simply identifying congruence between two concepts.

Jung’s Theory of the Unconscious

Jung’s conceptualisation of the unconscious consists of two interrelated dimensions – the personal unconscious and the collective unconscious. Jung conceptualises the personal

¹ I primarily use the term *the unconscious* rather than *unconsciousness* but do so not with the intention to reify it, but rather, as Samuels (2003) points out in the tradition of Jung, simply as an analogy.

unconscious as organised and driven by any number of different psychological complexes and the collective unconscious as organised by primordial images called archetypes. Although Jung has an extensive opus with a rich ecosystem of concepts addressing unconscious processes,² this paper presents his concepts that relate specifically to structured unconscious processes, as these are most pertinent to enriching Bourdieu's practice theory.

In the following sections, I discuss ten concepts that together make up the Jungian suite of thinking tools used in my study. As with the previous discussion on Bourdieu's concepts, I provide preliminary considerations in the form of examples to illustrate how the Jungian concepts seem to relate to clinical play therapy practice. Empirical examples arising from applying the tools to the study's data are discussed in the results section. Figure 2 illustrates the main Jungian theoretical thinking tools chosen as part of the theoretical thinking tool kit. The first two sets of triads (cultural complex, archetypes, and collective unconscious; and ego, persona, and shadow) overlap to depict their symbiotic relationship. In the centre of these two triads is Jung's conceptualisation of reflexivity, namely individuation, which is further developed by engaging with the third triad in the thinking tool suite (the transcendent function, union of opposites, and synchronicity).

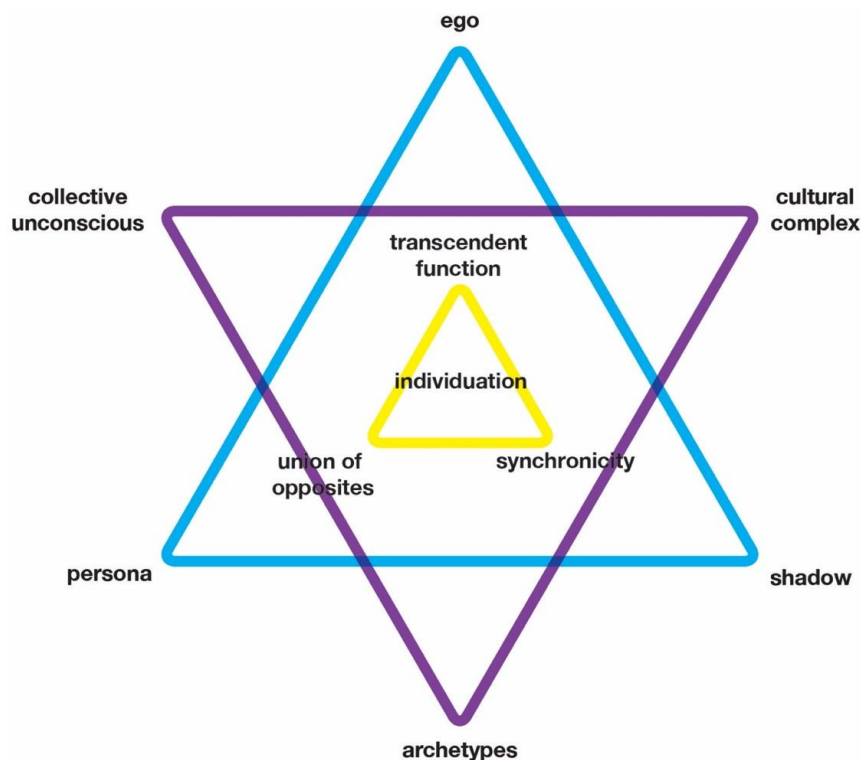


Figure 2. Jungian theoretical thinking tools.

² As with Bourdieu, Jung's unconscious concepts relate primarily to structural influences on unconscious processes. This is not to be confused with other concepts that address the unseen or "the invisible", such as tacit awareness, information processing, and how judgments are made. Jung (1971/2014) addresses these other aspects of awareness in his theory of psychological types, which outlines different functions and attitudes of consciousness: sensory, intuitive, thinking, and cognitive. Although these aspects of awareness are no doubt also important aspects of professional practice, they are not the focus of the present paper; therefore, they have not been included in the theoretical tool kit.

Cultural Complex, Collective Unconscious, and Archetypes

Cultural complex. Jung (1960/2014) describes psychological complexes as “constellations of psychic elements grouped around feeling-toned contents” (pp. 10–11). Jung (1960/2014) argues that we all have complexes and states that most complexes arise from unresolved and often painful experiences which leave “lasting psychic wounds behind them” (p. 313) and remain largely unconscious. Jung contends that complexes remain largely unconscious for two main reasons: either the contents of the complex are not acceptable to the conscious mind and therefore repressed, or the contents of the complex are so strange or foreign to consciousness that they are not capable of readily reaching consciousness. A complex is indicated by the emotional charge generated by the topic. Extending Jung’s concept of personal complex, some post-Jungian writers have developed and explored the concept of *cultural complex*. A cultural complex is a concept spawned from Jung’s individual psychological complex theory but, rather than a complex forming within a personal unconscious, it is formed in the social unconscious and is shared by a group of people.³ Cultural complexes often go unnoticed as they manifest in the individual and therefore can be misinterpreted as simply an individual complex (Beebe, 2004). One way to detect the presence of a cultural complex is “the emotional reactivity of a trigger word” in a group (Singer & Kaplinsky, 2010, p. 20). For example, clinical play therapists who display a strong emotional reaction to the word “parents”. Just like an individual psychological complex, the high emotional charge that accompanies a cultural complex is not typically sufficient to alert us to its presence. What makes a cultural complex difficult to detect without conscious reflection is that it is not just individuals but a whole group of individuals that share the same complex; in other words, the complex is normalised. The nature of complexes can be further understood by considering two interrelated concepts: the collective unconscious and archetypes.

The collective unconscious. Jung conceptualises the personal unconscious as only one dimension of the unconscious, existing alongside and interconnected with the *collective unconscious*. Jung (1968/2014) contends that, unlike the personal unconscious, the collective unconscious does not owe its existence to personal experience, but rather it is universally inherited and shared by all people. In other words, it is a layer or dimension of the unconscious that surpasses the individual, society, and culture. A central feature of the collective unconscious is that it is organised by “primordial images,” which Jung (1966/2014) describes as “the most ancient and the most universal ‘thought-forms’ of humanity” (p. 66). Jung refers to these primordial images as archetypes, and they are found at the core of all complexes (Singer & Kaplinsky, 2010).

Archetypes. Whereas the personal unconscious is organised by psychological complexes, the collective unconscious is organised by *archetypes* – universal predispositions that “have existed since the remotest times” (Jung, 1968/2014, p. 5). Archetypes function much like prototypes in that they are the original pattern or structure that forms the basis for our thinking, behaviour, and emotions (Bologna, 2010). In terms of the workplace, different industries and professions tend to be structured by particular clusters of archetypes. For example, a common cluster in the psychotherapy and counselling field is the orphan, villain, martyr, and warrior archetypes; and common in the corporate field are archetypes associated with kingdoms, such as the king/queen, advisor, servant, spy, and court jester archetypes (Bologna, 2010). Jung proposed that archetypes are not simply universal images but also

³ Given that cultural complexes are formed in the social unconscious, in many respects it would be more congruent to refer to them as *social complexes* or *sociocultural complexes*; however, considering the term *cultural complex* is so widely used in the literature, I too use this term.

include universal feelings, experiences, and patterns of behaviour (Stevens, 2006). Different archetypes are driven by different primary emotions, and these emotions are relational or congruent with the corresponding archetypes which they engage with (Bologna, 2010). For example, the orphan's primary emotion is abandonment and feelings associated with rejection. The orphan feels good when they are rescued. Typically, this can be in the form of receiving emotional or physical support. The orphan's view of the world is dualistic in that others either will rescue or abuse them. From an archetypal perspective, the orphan's world is made up of martyrs or villains. The martyr archetype's primary emotion is feeling useful and needed. The martyr feels good when they give to those who have been exploited (orphans) by others (villains) and feels particularly good when the help they give is received with gratitude. The martyr's view of the world is that people are either grateful for their help or are ungrateful. The villain's primary feeling is self-importance and sense of entitlement and they feel good when they take or profit from others' resources without consent and/or without fair exchange. This is typically from people who are not able to protect themselves (orphans). Their dualistic view of the world is that others are either able to be exploited or not able to be exploited. This simple triad of the orphan, martyr, and villain demonstrates not only the affective dimension of archetypes but also how affect is relational. The affective dimension of archetypes provides further depth to the understanding of influences on therapists' relational practices with parents whereby therapists are often observed to embody the martyr archetype, parents the villain, and children the orphan (Bologna, 2010). It contextualises affect (e.g., therapists' frustration with parents) as a function of unconscious structures (archetypes) rather than something that is inherent to the therapist, the parent, or the situation; and that consequently, through the process of reflexivity, these structures can be changed.

Like Bourdieu, Jung is sometimes charged with determinism (e.g., Walters, 2004). However, although archetypes provide a basic and fundamental structure for our behaviour, emotions, and thoughts, they can be shifted via conscious awareness and reflexive action. The structural feature of archetypes does not suggest that they produce the same stories or scripts in people who embody the same archetype, but rather only the fundamental structures for them – “archetypes of the collective unconscious provided the basic themes of human life on which each individual worked out his or her own set of variations” (Stevens, 2006, p. 75). Additionally, it is important to note that Jung makes a distinction between an archetypal image (commonly referred to as an archetype) and the “archetype-as-such”. The archetype-as-such is the original prototype or structure found deep in the collective unconscious. It cannot be known directly in its pure form, only what it produces, as “it takes its colour from the individual consciousness in which it happens to appear” (Jung, 1968/2014, p. 5). As well as being coloured or flavoured by the individual and their idiosyncrasies, archetypes are also produced with the assistance of society and culture (Fariss, 2011, p. 304). Jung's primary focus was on the study of the presence and nature of the archetype-as-such, rather than the way in which the archetype-as-such is contextualised and shaped by various sociocultural contexts. Given that the structures of the collective unconscious (archetype-as-such) are forged by society and culture to produce archetypes (archetypal images), the collective unconscious has an interrelated relationship and function with the social unconscious, and thus, Bourdieu's suite of thinking tools offers to address the neglected social unconscious influences in Jung's theory.

Ego, Persona, Shadow

Ego. Ego is the concept Jung uses to represent our conscious understanding of ourselves – who we think we are. As Stevens (2001) highlights, “it is what we refer to when we use the terms ‘I’ or ‘me’” (p. 62). However, it is important to note that in Jung's conceptualisation and use of the term, he writes the German term *das ich* with a small “i” which simply means “I”

and does not have the English language connotations of egotism or egocentricity (Crowley, 1998). Jung's concept of ego can be considered our conscious private understanding of ourselves, which is typically not shared publicly and only shared with close people such as family and friends. This awareness of ourselves is based primarily on conscious awareness without considering unconscious influences (Jung, 1957/2010). The ego is typically considered in relation to the persona and the shadow.

Persona. Whereas the ego is who we think we are and this thinking is largely private, the persona is the image of ourselves we project socially into the world; it is whom we want people to think we are. Jung (1971/2014) defines the persona as a function of society, explaining that the persona allows us to effectively engage, participate, and relate to the social world: “[it] is oriented on the one hand by the expectations and demands of society, and on the other by the social aims and aspirations of the individual” (p. 464). Given that Jung (1971/2014) states that the persona is the Latin name for masks “worn by actors in antiquity” (p. 465), some Jungian commentators frequently highlight how the persona is associated with pretending or putting on an act (e.g., Crowley, 1998). This notion of pretence is misleading. As social beings, we need a healthy persona that accommodates the number of social roles that we use to engage with and relate to the social world. Johnson (1993, p. 3) refers to the persona as our “psychological clothing”. Thus, the persona only becomes problematic if we overidentify with our persona, in other words, if we mistake our garb for our core sense of self (Jung, 1966/2014). An overidentification with the persona is problematic because it cuts us off from reflexivity and unconscious processing. In particular, if we over-identify with the persona, we are unwilling to look at our shadow.

Shadow. The shadow is the concept that Jung (1966/2014) uses to refer to the part of the personal unconscious that contains repressed thoughts, feelings, and experiences. At times he uses it interchangeably with the personal unconscious. To clarify the distinction, albeit subtle, between these two terms, I suggest a metaphor – the shadow is like a locked room in the basement of a house whereby the personal unconscious is the basement (Bologna, 2002). In other words, the shadow is part of the basement (personal unconscious) but only the part that is actively repressed (the locked room) rather than simply suppressed. The shadow is inextricably linked to the persona and ego in that what gets repressed is what is not compatible with the image we wish to project to the world (persona) and how we like to think of ourselves (ego). Jung (1953/2014) states that, unless we consciously recognise and integrate our shadow into our conscious sense of self, then we will project our shadow onto other people. Jung (1979) conceptualises the integration of the shadow into who we understand ourselves to be as an ethical enterprise. This notion is based on the premise that we cannot act ethically if we are prone to projecting our shadows onto others. Thus, ethical practice is augmented by the integration of our shadows. For Jung, integration of our shadows is achieved through the lifelong process of individuation.

Individuation

At the centre of Jung's voluminous opus is his theory of *individuation*. For Jung (1939), individuation is the ultimate goal of human psychological development and is made possible by making the unconscious conscious. Jung contends that individuation primarily involves facing and integrating one's shadow into one's consciousness, and consequently preventing the ego or the persona from dominating one's identity or sense of self. The integration results or rather leads one to connect with one's “Self” with a capital S. This is translated from the German *das Selbst*, which, as Crowley (1998) points out, is more impersonal than “self” in English and refers to the essence of something. Because the word “self” is such a loaded, multi-

meaning term in English, I use the term “higher self” when referring to Jung’s concept of the Self (Bologna, 2002). The higher self represents a person’s fullest potential and is timeless, and for this reason is also congruent with some people’s notions of “soul.” The higher self sits at the centre of the psyche and encompasses, integrates, and harmonises both conscious and unconscious realms. The notion of balance is central to Jung’s psychology where the psyche is seen as a “self-regulating system”, which constantly strives to achieve harmony and balance (Jung, 1933/2001, p. 17). For Jung, this balance is achieved through the lifelong process of individuation which forms the foundation for our ethical attitude in the world, where we attempt to own our shadows and not project them onto others. For example, clinical play therapists who do their shadow work are less likely to project their shadow (including possible parent complexes) onto parents they work with, and in turn are less likely to undermine congenial relational practices with them.

Some post-Jungians have explored the ethical features of Jung’s reflexivity, particularly integrating the shadow into consciousness, in the context of groups of individuals such as professions. For example, Fawkes (2015) argues that Jung’s individual concepts such as the ego, persona, shadow, and individuation can be effectively applied to professions. Fawkes argues that professions, particularly newly established ones, often have underdeveloped egos; that is, they do not have a coherent sense of identity, which in turn causes them to be defensive and to overidentify with their personas. These professional group personas typically emphasise excellence and service to society and consequently neglect to face their shadow. Post-Jungians frequently refer to this as the “collective shadow” (e.g., Bowles, 1991; Kremer & Rothberg, 1999; Von Franz, 1974/1995). The collective shadow is considered particularly insidious because “people support each other in their blindness” (Von Franz, 1974/1995, p. 7). Newly established professions’ overidentification with their professional persona is evident in the clinical play therapy field. Despite play therapy having a history that spans more than 100 years, the field has only presented itself as a distinct, recognisable field in the past 25–35 years (with the establishment of the International Association for Play Therapy in the early 1980s and the *International Play Therapy Journal* in the early 1990s). The field’s relative youth, as well as its marginalisation by the broader mental health counselling field for not producing enough “evidence” of its practices as defined by the Evidence-Based Practice movement, has resulted in the field focusing its research as well as public profile efforts on the promotion of the efficacy of various play therapy approaches (developing its persona), and in turn neglecting to explore and discuss the shadow aspects of the field such as high dropout rates and the often challenging relationship between clinical play therapists and clients’ parents.

The Transcendent Function, Union of Opposites, and Synchronicity

Jung’s psychological theory includes a suite of concepts – the *transcendent function*, *union of opposites*, and *synchronicity* – that provide guidance on how to identify and own our shadows and deal with ethical dilemmas such as aporic impasses where the “right” ethical path is not clear. For example, a common aporic situation clinical play therapists encounter is when a child discloses to the therapist that their parent is abusing them. As a mandatory reporter, the therapist makes a notification to the relevant government department; however, they are informed by the department that departmental resources are stretched and therefore they are unable to make the case a priority for investigation at this stage. The therapist is now in a position in which if they confront the parent about their abusive behaviour, they risk the parent taking the child out of therapy. If the therapist does not confront the parent, the parent will continue to abuse the child. In sum, it appears that there is no clear “right” action.

The transcendent function. Jung conceptualises all dimensions of unconsciousness as constituting “a mysterious landscape of teleological intelligence . . . that guides us in a purposeful way” and one of the main mechanisms through which this guidance takes place is the transcendent function (Miller, 2004 p. 2). Jung (1971/2014) describes the transcendent function as what emerges when we hold the tension of opposites – of two seemingly irreconcilable differences. The transcendent function is a dialogue between the conscious and unconscious which is achieved by engaging with the imaginal (e.g., dreams, art, expressive mediums) where new possibilities are presented. That is, if we can hold the tension of opposites without giving in to one or the other, the transcendent function emerges and usually consists of “a series of fantasy-occurrences which appear spontaneously in dreams and visions” (Jung, 1966/2014, p. 80). There are a few things to note regarding this quotation and its sentiments. Firstly, a way out of aporic situations is always present, namely, in symbolic utterances such as dreams and fantasies, which suggests that we simply need to be aware of such symbolic guidance emanating from the collective unconscious. Secondly, the transcendent function speaks the language of symbolism rather than literality; therefore, we need to decode the symbolic language, which in the individual context typically takes place via therapy. Although the transcendent function can appear in dreams and visions, it could also be induced via any tailored symbolic enterprise such as those used in expressive therapies. For instance, in clinical play therapy the transcendent function can be deliberately coaxed by asking the person to symbolically represent the tension using techniques designed for this purpose (e.g., sandplay therapy, drawing, image cards). What may emerge from exploring the imaginal representations is that the aporic dilemma may not be based on what the therapist initially (consciously) thought it was about. For instance, in the aporic dilemma of not knowing whether to confront an abusive parent or not, the therapist may think the dilemma is about the risk to the child regardless of which path they take. However, after unpacking their imaginal representations of the situation, it may emerge that the decision whether to confront the abusing parent may in fact be influenced by the therapist’s (mostly unconscious) understanding that the parent has more social and cultural capital than the therapist and whether the therapist anticipates a retaliation resulting in a detrimental outcome for the therapist. The therapist may be less inclined to confront an abusing parent who is a lawyer compared to an abusing parent who is unemployed and receiving welfare benefits. Thus, through critical reflexivity, it may be revealed that the dilemma is not really or only about the risk to the child but the risk to the therapist. Any action taken based on this identification of the underlying influence is more likely to be “good” action as it is based on a deeper and more relationally aware reason for the aporia or, metaphorically, it involves addressing the issue at the root rather than the surface.

Union of opposites. Ultimately, the transcendent function leads to the union of opposites. Jung is careful to stress that union does not entail compromise or that the unconscious has priority over the conscious, but rather the “unconscious compensation is only effective when it co-operates with an integral consciousness; assimilation is never a question of ‘this *or* that’, but always of ‘this *and* that’ [emphasis in original]” (Jung, 1954/2014, p. 156). Jung (1954/2014) draws comparisons between his union of opposites and the dialectical monism found in Taoist philosophy (union of yin and yang) and in ancient alchemical texts with the chymical wedding (union of male and female). The progression from the tension of opposites, to the transcendent function, and then the union of opposites, is typically accompanied by an archetypal shift. Or to put it another way, when the archetypes we embody become stale and no longer serve us, we typically encounter an impasse, an aporic situation that generates a crisis of sorts. From a Jungian perspective, this signals fertile ground for growth. Shifting the archetype/s concerned is achieved through reflexive practice, utilising processes such as the transcendent function to move past the tension of opposites and to achieve

a union of the opposites. In the case of the clinical play therapist's dilemma of whether or not to confront an abusing parent, through critical reflexivity it may emerge that the therapist mostly embodies a martyr archetype which is not equipped to deal with confrontations of this nature, and the therapist needs to instead actively and consciously engage with and embody the warrior archetype which is not only better equipped to engage in necessary confrontations (particularly when an injustice is involved) but gives us the necessary courage to do so (Bologna, 2010). Archetypal shifts can also be achieved by paying attention to and responding to synchronistic occurrences.

Synchronicity. Synchronicity refers to the “meaningful coincidences” of an outer and inner event, which are not causally connected but are meaningful to the person experiencing them (Von Franz, 1974/1995, p. 226). Jung (1960/2014) also describes synchronicity as “an acausal connecting principle” (p. 417). That is, because synchronicity involves two events that could not plausibly be caused by each other “by any normal means”, their relationship is considered acausal (Main, 2006, P. 38). Main (2006) states that the theory of synchronicity proposes that “the irrational is as important a factor to accommodate in our scientific account of reality as is the rational” (p. 43). By irrational, Main is primarily referring to the numinous aspects of reality characterised by spiritual or divine experiences that cannot be easily explained rationally. I argue that synchronicity is an additional reflexive process to engage when dealing with aporic situations, but it entails individuals and professions being open and in tune with such events and being prepared to engage with the numinous in their reflexivity.

Synergy between Bourdieu's and Jung's Concepts and Application to Data

On an abstract conceptual level, there appears to be a compelling synergy between some of Bourdieu's and Jung's concepts. For example, the Jungian concepts of cultural complex and archetypes are highly congruent with Bourdieu's concept of habitus, as both are dispositional in nature and represent the embodiment of unconscious structures. That is, where Bourdieu argues that society's structures create predispositions in people (habitus), Jung argues that collective unconscious structures (archetypes-as-such) create dispositions in people (archetypal images) typically evidenced in their behaviour, thinking, and emotions, including individual and cultural complexes. Also, Jung's union of opposites is highly congruent with Bourdieu's overall goal to surpass binary opposites of agency–structure, conscious–unconscious, and objective–subjective. Additionally, although focusing on different dimensions of the unconscious, both Bourdieu and Jung place critical reflexivity at the centre of their approach as a way in which to expose and ultimately counteract the influence of unconscious structures on practices.

While Bourdieu's and Jung's respective theoretical thinking tools have been presented as triadic sets, this is not to suggest that all their thinking tools neatly match and align with one another in some sort of superimposition. Instead, it suggests that there is an evident congruence with some; however, the nature of the connection, and indeed whether there is further congruence between the thinking tools, primarily emerges from the tools being “put to work” with research data. The concept of thinking tools suggests that the tools themselves are flexible and may be adapted depending on their application to practices (data) being explored. This perspective on theory is a relational one in the sense that theory is in a dialectic relationship with practice. It also reflects Bourdieu's epistemic premise that knowledge is not generated from de-contextualised empirical analysis, but instead is garnered via a contextual empiricism where theoretical tools are “put to work” by the researcher (Webb et al., 2002, p. 81). Thus, for Bourdieu, “data are collected first, and only then is theory developed, after immersion in their analysis” (Grenfell, 2014, p. 214).

Summary of Research Design for the Critical Imaginal Distanciation Moment

While the study's research design is discussed in detail in Bologna, Trede, and Patton, (2020), a brief summary is offered here to reacquaint the reader. I positioned my research at the juncture of social constructivist and critical paradigms and used critical hermeneutics as my philosophical framework. I incorporated and adapted aspects of Ricoeur's critical hermeneutics and Jung's active imagination approach to develop my Critical Imaginal Hermeneutic Spiral, which I used as a guide for my text construction and text interpretation processes. My text construction strategy involved conducting a series of three in-depth, semi-structured interviews with seven qualified clinical play therapists practising in NSW, Australia. The interviews were conducted over a three-month period (with each participant). Between the first and second interview I asked participants to create images relating to their relational practices with parents. Together with participants, I unpacked their imaginal products by drawing on Jungian and gestalt traditions associated with imaginal sense-making processes. The application of the Bourdieusian and Jungian thinking tools is part of the third moment of the critical imaginal spiral (the critical imaginal distanciation moment) discussed in detail in Paper A and depicted in Figure 3.

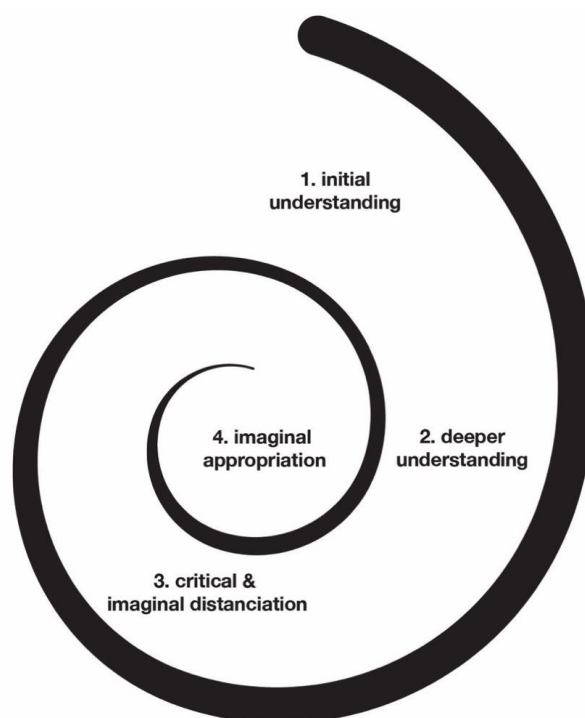


Figure 3. Moments of understanding in the Critical Imaginal Hermeneutic Spiral.

For this moment of my text interpretation process, I approached the texts with the question: *What does the application of Bourdieusian and Jungian thinking tools reveal about the nature of participants' critical reflexivity regarding unconscious structural influences on their relational practices with parents?* I answered this question by reading and rereading the text sets with the Bourdieusian and Jungian thinking tools in mind. I coded the text with the thinking tools as my categories and noted any overlaps. For instance, some parts of the text corresponded to both Bourdieusian and Jungian thinking tools and revealed the interrelated influence of personal, social, and collective unconscious influences on practices.

Findings from the Third Moment – Critical Imaginal Distanciation

In this section, I discuss the findings from applying Bourdieu and Jung’s thinking tools in the third moment of the critical imaginal hermeneutic spiral (the critical imaginal distanciation moment). Specifically, the results from applying the Bourdieu and Jung’s thinking tools to the text sets to provide a critical structural analysis of the study’s data (text). They reveal personal, social, and collective unconscious structural influences on participants’ practices.

Two overarching findings emerged. Firstly, the findings revealed a clear synergy with all Bourdieu’s and Jung’s thinking tools which enabled a deeper, integrated, relational, and systemic understanding of unconscious influences on participants’ relational practices with parents. A detailed discussion of the synergy between the thinking tools can be found in my doctoral thesis (Bologna, 2018) and a summary provided in Table 1.

Table 1 – Findings Based on Thought Partnership Between Bourdieu and Jung

Bourdieu’s theoretical thinking tools	Jung’s theoretical thinking tools	Synergy between Bourdieu’s and Jung’s theoretical thinking tools
Habitus	Cultural complex Archetypes	Clinical play therapists’ habitus facilitates a parent complex; that is, a complex shared by other clinical play therapists whereby they collectively approach parents in the same (dysfunctional) way Each archetype has a corresponding habitus that predisposes them to particular sayings, doings, and relatings (i.e., <i>archetypal habitus</i>)
Field	Archetypes	Fields are structured by archetypes (i.e. <i>archetypal field</i>). For example, legal child custody field is structured by the warrior and villain archetypes
Capital	Persona, ego, and shadow Archetypes	Clinical play therapy field capital is based on players’ approach to persona, ego, and shadow. For example, parents who actively identify and integrate their shadow have good ego strength, place more value on shadow identification than their persona, and have more capital in the field Capital is structured by archetypes (i.e., <i>archetypal capital</i>), for example, warrior capital and healer capital
Doxa, misrecognition, and symbolic violence	Archetypes Tension of opposites Shadow	Doxa, misrecognition, and symbolic violence reflect the interests of the field, which can be thought of as being based on the interests of archetypes. There are <i>archetypal doxa</i> , <i>archetypal misrecognition</i> , and <i>archetypal symbolic violence</i> . For example, healer archetype creates doxa where the natural order of things is to isolate parents from the therapy process and this misrecognition results in symbolic violence where parents are excluded from affective processes Tension of opposites at the centre of archetypal doxa, misrecognition, and symbolic violence; for example, archetypal tension between warrior and villain archetypes Doxa, misrecognition, and symbolic violence expose the field’s shadow

Hysteresis	Cultural complex	A field–habitus clash contributes to the development of a cultural complex (e.g., parent complex)
	Archetypes	Archetypal hysteresis takes places when archetypal fields overlap (i.e. archetypal tension), e.g. healer habitus has not merged harmoniously with archetypes associated with legal child custody field (warrior archetype) and parent education field (teacher archetype)

Secondly, the findings revealed the centrality of archetypes and the shadow in shaping relational practices. In this section I focus on discussing three main findings relating to the Bourdieu and Jung partnership – archetypal core, archetypal capital, and shadow integration. I provide empirical examples from interviews with two participants – Luisa and Louise⁴.

Archetypal Core

The main finding regarding the synergy between Bourdieu and Jung’s concepts is that all Bourdieu’s concepts were found to have an archetypal core. Conversely, Bourdieu’s concepts fleshed out Jung’s concept of archetypes by demonstrating how archetypes enact in specific social (professional practice) contexts. The findings revealed three main archetypes that structured the clinical play therapy field – the healer, teacher, and warrior archetypes. Highlighting the synergy between Bourdieu and Jung’s concepts, each of these archetypes had what I refer to as an *archetypal habitus* -- a clear predisposition driving their characteristic sayings, doings, and relating. Additionally, each archetype operated in what I refer to as an *archetypal field* – a distinct relational space where a particular set of archetypes interacted. That is, each archetypal field was characterised by a set of corresponding archetypes therapists and parents embodied and enacted; namely, therapists embodied either the healer, warrior, or teacher archetype (at different times and in different practice situations) and parents embodied the respective corresponding archetypes of healer’s assistant and nurturer, fellow warrior or villain, and student (either dedicated student or orphan student). In all of these archetypal fields, the child was consistently relegated the wounded child archetype. Table 2 provides a summary of the main overlapping archetypal fields and their corresponding clinical play therapist, parent, and child archetypes.

Table 2 – Summary of Archetypal Fields and Archetypes Structuring the Clinical Play Therapy Field

Archetypal field	Clinical play therapist archetype	Parent archetype	Child archetype
Healing field	Healer <ul style="list-style-type: none"> • Focused on providing therapy to identified client (child) • Indiscriminate acceptance of referrals • Assumes that those parents who 	Healer’s assistant and nurturer <ul style="list-style-type: none"> • Assists healer by transporting client to and from sessions, follows through on recommendations made by healer 	Wounded child <ul style="list-style-type: none"> • Wounds inflicted by another person not typically the parent bringing child in for healing • Helpless and needs healing

⁴ To empower participants, I asked participants to choose their own pseudonym. Luisa and Louise are two different participants who happened to choose similar names. I de-identified or withheld details that seems likely to identify participants or their practice.

	present their child for healing do not have ulterior motives		
Parent education field	<p>Teacher</p> <ul style="list-style-type: none"> • Focused on educating students (parents) • Assume parent's poor parenting is due to lack of education and skills 	<p>Student</p> <ul style="list-style-type: none"> • "Good" student open and enthusiastic learner • "Poor" student not interested in learning and/or rebels against authority of teacher 	<p>Wounded child</p> <ul style="list-style-type: none"> • Wounds predominantly inflicted by parent due to parent's lack of knowledge and skills • Helpless and needs parent to improve their parenting
Trauma field (includes legal field)	<p>Warrior</p> <ul style="list-style-type: none"> • Focused on advocating for those wounded (children) by villains (often parents) • Discerning when taking referrals • Assume that those presenting for a service may have ulterior motives • Focused on defending and protecting themselves from villains 	<p>Fellow warrior or villain</p> <ul style="list-style-type: none"> • Assist warrior by advocating for wounded child's needs and protecting them from villains • If unable to assist warrior then is part of the problem (i.e., villain) 	<p>Wounded child</p> <ul style="list-style-type: none"> • Wounds predominantly inflicted by a parent who has narcissistic traits and cannot focus on child's needs, only their own • Helpless and needs advocacy and protection from the villain/s

Additionally, each of these archetypal fields created archetypal tensions (what I refer to as *archetypal hysteresis*) in the clinical play therapy field as the archetypal fields' interests and the individual player's archetypal habitus were often incongruent. The archetypal tensions were at the heart of all the challenges participants experienced with parents whereby the therapist's embodied archetype did not match the required archetype for the situation, resulting in an archetypal hysteresis. For example, participants who did not have a strongly developed warrior archetype were more likely to fall victim to abusive parents' deceptive behaviour (villain archetype), particularly if the parents were involved in high-conflict custody disputes. This I argue is largely due to the archetypal tension or clash between the healer archetype (the archetype that shapes the clinical play therapy field) and the warrior archetype (the archetype that shapes the legal/custody field). For instance, the warrior's habitus predisposes them to expect many parents to be the hidden enemy, as it were, and consequently they have strategies to detect them and protect themselves from their emotional and professional attacks. In contrast, the healer archetype typically expects and trusts that whoever is approaching them is there to be healed or is there to bring someone for healing (healer's assistant), and therefore suspicion about the person's motives is not a feature of their habitus. Luisa's imaginal product-

making and imaginal sense-making process provides an example of this. Luisa's imaginal product-making involved her using the play therapy technique of sandplay to create a scene depicting her experience with a mother who had taken her son out of therapy prematurely when Luisa refused to provide the mother with a court report for an upcoming custody hearing with her ex-husband with whom she was involved in a high-conflict custody dispute (see Figure 4).



Figure 4. Luisa's imaginal product.

In the following interview sequence, Luisa discusses her imaginal product where she used a spider (top centre, just in front of the figure of the clock) to depict the mother and a fairy (bottom left) to depict herself:

Luisa: This is me, kind of the fairy, the good fairy and there's a shell there as well which is kind of, I guess, kind of like being a bit fragile, and then the little boy [Luisa's client] is this little boy playing tennis. There's also a deer there which I guess is his fragility as well, and then mum is represented by the spider and up a bit and kind of, kind of attacking. And then there's this little web here you can't see very well, it's white. And then the barb wire . . . and also there's a clock and money which is kind her preoccupation of what it's costing and the time it's taking and all that kind of thing. Then I've got quite a strong link for their relationship, mum and him, and then the barbed wired for hers and mine. Although you know, it started out good. And then this is over near us is like the little boy and me [magic lamp], there's magic happening there but it's definitely just over there, just between us.

Rosa: And in the web, is he caught up in it or not?

Luisa: No, no, it's between us [Luisa and the mother]. I tried to keep that, keep him out of that. But nevertheless, it impacted on him of course because you know, her whole attitude as things went on and then pulling him out before he finished and all that.

Rosa: So would you say, well what sort of spider would you say it is?

Luisa: Oh certainly it's an aggressive spider. It's a spider you need to be careful of.

Rosa: Is it poisonous?

Luisa: Mmm. Yes.

Rosa: So with the symbol of the spider, if you were to describe to someone who doesn't know what a spider is, like an alien or something, what would you say its key function is, or what does a spider mainly do? What defines it?

Luisa: Um, well it has to catch prey. I mean I guess when you think, well when I think about spiders, they've either got a web or . . . Spiders that don't have webs either have other kinds of traps don't they? Either a trap door or they're kind of powerful enough to be able to walk about and attack out in sight. And that's the kind that she is [a trapdoor spider] . . . In fact a trap door is probably just another kind of web. But less visible.

As Luisa continued to unpack her imaginal product, Luisa reflected that, although she thought the parent was genuine in bringing her son for clinical play therapy (healing), the parent had from the beginning tried to constantly lure Luisa into her trap of providing a court report for her to assist her to build a case against her ex-husband. Luisa felt this was devious as Luisa had made it clear to the mother from the onset that she did not provide court reports as her role and qualifications were limited to providing therapy rather than forensic assessments. Archetypally, Luisa was embodying the healer archetype (the “good fairy”), was focused on healing the child (the fairy is looking at the child, not the mother/spider), and did not have a sufficiently developed warrior archetype (she describes the fairy as fragile like the shell) to detect that she was being lured into a trap by the mother embodying the villain archetype (poisonous spider). Luisa reasoned that she did not challenge or confront the mother (warrior archetype) about her ongoing disregard for Luisa’s policies and procedures or attempt to provide the mother with psychoeducation sessions regarding the impact of these breaches on the therapeutic process for her child (teacher archetype) for fear the mother would take the child out of therapy (healer archetype). However, through the imaginal sense-making process, Luisa reflected she would have been better off challenging and confronting the mother at the very beginning of the process (warrior archetype), as her fear of the mother dropping out eventuated anyway, and at the same time caused a lot of damage. Luisa went on to explain that in the bottom right-hand corner of her imaginal product she placed an upturned car, which represents the car accident she had on her way home from work, directly after this mother had failed to bring her child for the scheduled final session. Luisa’s reflections on how the situation had impacted on her self-care, particularly managing countertransference and the negative energy ensuing from it, highlights another important feature of the warrior habitus, that is, it has a predisposition to defend itself from attacks. Conversely, participants such as Luisa who did not embody a developed warrior archetype found boundary setting with parents more difficult, were less able to protect themselves emotionally and psychically, and in turn their emotional health and psychic health were undermined.

An archetypal analysis of the child custody literature further supports the warrior archetype shaping the legal/custody field and how it creates archetypal tensions when it intersects with the clinical play therapy field. This is evidenced by the child custody literature’s

largely adversarial language and approach to working with parents which contrasts strongly with the clinical play therapy and general counselling literature. For example, many child custody commentators hold an assumption that parents involved in high-conflict family court matters are commonly not transparent about their motives and agendas for seeking therapy for their child. Therapists are warned to “pay attention to possible unspoken motives” as it is common for these parents to seek a therapist to assist them with a desired legal outcome (e.g., full custody of the child) rather than to seek treatment for the child’s distress (Amundson & Lux, 2016; Greenberg, Gould, Gould-Saltman, & Stahl, 2003; Olesen & Drozd, 2012, p. 13). Greenberg, Gould-Saltman, and Gottlieb (2008) note that therapists working in traditional clinical practice “are accustomed to uncritically accepting information from presenting parents/clients, whom they may reasonably assume are being honest in order to gain assistance. . . . Unfortunately, such a stance can create serious problems when children are presented for treatment within the context of a legal dispute” (p. 2013). Some commentators go a step further and contend that many parents involved in high conflict custody disputes have personality disorders or severe personality disturbances characterised by manipulative and deceitful behaviour and an inability or unwillingness to recognise the feelings and needs of their children; therefore, therapists are advised to be vigilant in identifying such parents and recognise that specialist skills are often needed to work with them (e.g., Eddy, 2009; Judge & Ward, 2017; Kelly, 2003). Eddy (2009) contends that in situations where therapists are working with parents with what he describes as high-conflict personalities, “the likelihood of manipulation is extremely high and most therapists are not trained or skilled at detecting deception.” (p.113). Judge and Ward (2017, p. 108) state that these parents create “the perfect storm” for therapists due to their potential to undermine the therapeutic process and the strong countertransference reaction they evoke. Kelly (2003, p. 44) notes that these parents engage in “repeated cycles of hiring and firing” various professionals if the parent feels they are not being supported in their custody goals. In turn, therapists are warned that working with parents involved in custody disputes is a “high-risk venture” due to the number of ethics complaints and law suits this type of work attracts (Zimmerman, 2009 p. 539). In sum, much of the child custody literature highlights that parents involved in high-conflict custody disputes are deceptive and manipulative and that therapists working with these parents need to acquire specialist skills beyond those developed and used in traditional therapeutic settings in order to protect themselves from being taxed emotionally and professionally. From an archetypal perspective, the language used in the high-conflict child custody literature is martial in nature and reveals the warrior archetype at play in that the therapist needs to be on guard for the camouflaged, deceptive enemy that can cause injury to the therapist in their attempts to breach territorial boundaries in their pursuit to use the therapist to win their custody battle. This language and approach used is in stark contrast to the healer archetype which shapes traditional therapeutic practice where the therapist generally approaches clients with unconditional regard and trusts that their motives for seeking therapy are transparent.

Luisa’s example highlights the inadequacy of therapists embodying solely the healer archetype when working with children and their parents, as intersecting, yet different fields such as the legal/custody field are structured by different archetypes (warrior and villain). In order protect themselves emotionally and professionally from various “attacks,” clinical play therapists engaging with the legal field are required to develop a healthy manifestation of the warrior archetype. Thus, to prevent archetypal tensions or archetypal hysteresis between the healer and warrior archetypes, therapists need to develop a flexible and temporally sensitive habitus that can activate different archetypes at different times for different practices. This finding suggests that, by more consciously working with and harmonising these archetypal influences, clinical play therapists are less likely to experience the archetypal tensions they currently do, which will in turn positively impact on their relational practices with parents.

Luisa did not demonstrate the use of specific critical reflexive tools in relation to identifying unconscious influences on her challenging encounters with parents. From an applied practice perspective, Luisa's example highlights how the largely unobservable unconscious influences are difficult to detect without the aid of relevant conceptual tools practitioners can draw on in their reflexive practice. From a critical reflexivity perspective, harmonising the archetypal influences can be achieved by first developing a conceptual vocabulary such as that offered by the Bourdieu and Jung tool kit presented in this paper in order to identify the unconscious influences at play. Then, consciously developing the behaviours and overall habitus associated with the archetypes that are underdeveloped or completely missing from our work with parents and the intersecting fields. This could be achieved as part of therapists' critical reflexivity taking place via individual reflective practice, clinical supervision, and ongoing professional development specifically focused on this goal. In this way, the Bourdieusian and Jungian tools can be used in both critical qualitative inquiry as well as in practitioners' critical reflexive practice.

Archetypal Capital

Another notable finding was how archetypes shaped capital in the clinical play therapy field, or what I refer to as *archetypal capital*. Namely, this capital is structured by the parent archetypes outlined in Table 2 (the fellow warrior, nurturer, and student archetypes) and the exchange of this capital influenced the nature of participants' relational practices with parents. The findings also reveal the interrelationship between Bourdieu's concept of capital and Jung's concepts of the ego, shadow, persona, and archetypes. Specifically, how participants understood parents approached their persona, ego, and shadow determined the currency participants afforded parents, that is, parents' capital in the clinical play therapy field. From an archetypal perspective, the themes that were evident when participants spoke about parents they held in higher esteem were commitment to learning new practices (student), putting their child's needs before their own (nurturer), being courageous (warrior), and demonstrating a clear ethical attitude or code of social justice (warrior). Conversely, the themes that were evident regarding parents whom participants did not hold in high esteem were being uncommitted (poor student), and deceitful, selfish, and focused on presenting a façade (villain). These archetypal themes also correspond to Jung's concepts of ego, persona, and shadow. The following is an example of these archetypal capital themes and involves Louise (not to be confused with Luisa) discussing the mother of a client, a 14-year-old girl:

Louise: The girl was sexually assaulted by her boss where she worked part-time, and as soon as the mum found out, she was SOOO protective, so motivated for counselling. She came to groups herself, had been on the ethics committee of the local health district as a parent representative . . . So had a really good understanding of what ethics looked like and what practice looked like and, you know, supported her daughter. Her daughter pulled out of court the day before she was due to give evidence, but the mum supported her in doing that and was able to really see, really reflect on how she [the mother] was making it about her [the mother] and getting this guy, but really then looking at what was right for this girl. Yep, she was one of the most amazing women I've met . . . She was a single mum, did not care what people thought of her, actually went to this place [where her daughter had worked] and made sure that people knew what had happened. This guy was still working there and employing young teenage girls . . . People thought she was crazy but she just didn't care. She made sure she notified the school and said: "You need to make sure you're really careful

about girls employed there.” So I think she really saw her daughter as a human being and she actually had a right to be safe and this man took that away . . . and I believe she would have acted exactly the same way had it been, had she found out that it was her partner [who was the perpetrator].

Rosa: Yep. So putting her child’s needs before her own?

Louise: Yeah. Saw her role, that she was primarily in this world to protect her child.

Rosa: But it sounds like other children as well, by warning others?

Louise: Yep, yep, yep. Yep, so really saw her role to let people know. Because she wasn’t let known about the situation and this was well known apparently in the community, and then when this came out with her daughter, then people started saying: “Oh, I have heard that about that guy.” So a lot of guilt came from that as well, which she had to work through about not being able to protect her daughter. So yeah . . . And very trusting of my ability to engage her daughter in counselling. Didn’t need to know everything that her daughter said to me.

Louise’s example of this mother whom she held in high esteem demonstrates a connection between archetypal capital and Jung’s concepts of ego, shadow, and persona. For instance, the mother’s focus on exposing the child abuser (personal and community shadow) was greater than caring about what others thought of her (persona). This mother had the inner strength (ego) to recognise she had “work to do” on herself such as working through difficult emotions like guilt. From an archetypal perspective, this mother embodied three main archetypes: (1) fellow warrior archetype (advocating and seeking social justice which meant the therapist did not need to do this), (2) nurturer archetype (putting her child’s emotional needs before her own), and (3) dedicated student archetype (committing to work on herself and learn new ways of doing things). All participants cited examples of parents they enjoyed working with and, from a capital perspective, these parents demonstrated some if not all the attributes discussed in the above example. Parents who acquired this symbolic capital were afforded preferential treatment. For example, these parents typically exchanged the capital by getting priority over others on the waiting list, being given their preferred appointment times, and securing systems support from the therapist if needed (e.g., advocacy with the courts). In other words, participants’ policies and procedures were more flexible for these parents than for parents who did not have this capital. This preferential treatment based on archetypal capital can be mitigated if therapists have conceptual vocabulary to identify this unconscious practice taking place. As discussed with the previous participant example, this can be achieved by making archetypal literacy an integral part of critical reflexivity.

Shadow Integration

The study’s findings also revealed that participants’ critical reflexivity only minimally included shadow integration, that is, exploring how they (or the clinical play therapy profession) unconsciously projected unexplored and unowned parts of their unconscious (shadow) onto parents. The nature of participants’ shadow projection was illuminated by applying Bourdieu’s concepts of doxa, misrecognition, and symbolic violence to the texts, as this application revealed these concepts have an archetypal core, that is, they are in fact *archetypal* doxa, misrecognition, and symbolic violence taking place in the clinical play

therapy field. The following example demonstrates the application of these concepts. This example features Louise's imaginal product and the imaginal sense-making process that ensued. Louise constructed her imaginal product by using 11 image cards from Lerner and Lerner's (1992) *Inner child cards* deck. Figure 5 depicts one of these cards and symbolises Louise's intention when she commences seeing a child for clinical play therapy, that is, after she has spoken to the parent on the phone and conducted the initial assessment with them.



Figure 5. Close-up of part of Louise's imaginal product.

The following interview sequence includes Louise's initial discussion and then deeper imaginal sense-making of the card depicted in Figure 5.

Louise: This card represents commencing sessions with the child. So really my intention is that they [the parent] almost just let me do this with the child. Just let me go with the child. Sort of that Pied Piper thing where the child's really engaged, the child won't be the problem here. But the parent has to let me do it almost. They have to just let me start weaving the magic I guess of play therapy, and they have to stay right out of it in terms of that therapeutic space.

Rosa: So that's what they resist the most, would you say?

Louise: Yep. Yep. 'Cause that's when I reinforce "I'm not going to talk to you before or after the session, I'm just seeing the child. You won't know what's happening in that room, I won't be telling you every single detail" . . . so they aren't in control of their child or what their child is saying necessarily.

Rosa: . . . If you just look at the symbol of the Pied Piper outside the context of your work, what would you say he is? What does he do?

Louise: [Long pause] He steals the children away from the parents! [Laughs]. . . I'm not wanting to do that but almost I am I guess!

Rosa: I'm wondering if that's how parents might feel or interpret that?

Louise: Possibly! Well I probably am in some sense because I'm wanting to take the child away from them for an hour each week and work on pretty deep, secretive, unknown stuff that they [the parents] have been able to keep private within that family for so long . . . And here I am going "yep, come on, let's go" and the child just comes and parents don't like that either . . . because what the child may say may have ongoing consequences for this family. You know. They might disclose things that might mean massive changes in the home, result in notification and confrontations. So yeah, the parents are fearful in some sense.

A feature of the clinical play therapy field's doxa illustrated in Louise's example is that parents being excluded from significant stages of the child's treatment is something that both therapists and parents accept as the natural order of things. This doxa stems primarily from the healer archetype whose focus is to heal the child (rather than the parent), as well as the warrior archetype whose focus is to see the child on their own away from the parent in the event the child has something to disclose about the parent (villain). The failure to meaningfully engage parents in their own affective process is the ensuing symbolic violence. Thus, the application of doxa, misrecognition, and symbolic violence with archetypes suggests that doxa is not only a function of social fields and habitus (as per Bourdieu), but is also a function of collective unconscious influences, namely, archetypes. By penetrating past the social unconscious to the collective unconscious layer, I contend that symbolic violence is in fact archetypal symbolic violence which is a function of archetypal doxa, that is, the archetypal misrecognition regarding the influences of the healer and warrior archetypes which exclude parents from the therapy process. Additionally, at the heart of the archetypal symbolic violence in Louise's example is a tension of opposites characterised by an "us and them" mentality fuelled by the archetypal dyad between the warrior and villain.

Ironically, the Pied Piper is often thought to be a paedophile who lures children away from their parents (e.g., Manchester, 2014), that is, a villain masked as a warrior saving the town from its rat infestation. Thus, he represents the very archetype that the warrior archetype attempts to expose in the trauma field. Louise's example powerfully illustrates an aspect of the clinical play therapy field's shadow. That is, therapists use their magical flute (play therapy) to lure children away from their parents. The exposure of the clinical play therapy field's shadow in this way, illustrates how the Bourdieu and Jung thought partnership offers to bring critical and creative methodologies into a relationship to further enhance one of the fundamental aims of qualitative inquiry – to make "the taken-for-granted world visible in unique and sometimes jarring ways" (Mayan, 2016, p. 9). Indeed, both Louise and I were taken aback by the message that came out of Louise's imaginal sense-making of the Pied Piper image. Personally, the image has remained with me long since I completed my study and has remained as a symbol of the clinical play therapy field's shadow that I continue to explore in my critical reflexivity regarding my own practices. This suggests that partnering the thinking tools with the imaginal offers a way to develop an imaginal conceptual vocabulary that can be used to deepen critical reflexivity on practices. The example below illustrates how Louise continued to use the

imaginal sense-making associated with the Pied Piper image in her own critical reflexive practice and how her agentic capabilities organically developed as a result.

When I saw Louise one month later for the final interview, she commented on the reflexivity she had been doing since, and her continued imaginal sense-making regarding the Pied Piper image:

The story of the Pied Piper gave me new insights . . . that it would be really difficult for parents if you haven't done all the stages before, and built up that sort of rapport with them, to just walk up and say: "Yep, your child is in with me and you have to wait out there, that's it." That would be really hard, you know, because essentially I am a stranger, and you're taught not to leave your kids with strangers, and here am I saying the total opposite. So I think it gave me perhaps a new perspective of how parents saw therapy, and maybe just being really mindful of the importance of that rapport and engagement and building strong foundations with parents first. (Louise)

Louise went on to share that, inspired by the imaginal product-making activity she did in the research interview, she decided to invite newly referred parents to create their own imaginal product as part of her intake process. She discussed how she asked parents to choose image cards to represent different stages and/or services they had been through before bringing their child to her for therapy, as a way of engaging with them and making room in the process to acknowledge their affective processes prior to entering her service. Below is excerpt of an interview transcript where Louise described using the imaginal product-making process with parents who had recently had one of their children removed from their home by the Department of Family & Community Services following the child sexually abusing his sibling (one of their other children):

Louise: It brought up some fascinating stuff in, you know, them feeling as though not being listened to, not being acknowledged, sort of not being trusted in terms of being able to protect their children in an ongoing manner. Just being told what to do and "this is what you will do otherwise we'll remove all of your children". So it was quite fascinating . . . Because what they spoke about was lots of anxiety around meeting me.

Rosa: So are you saying then that with the tweaking you've done, you're focusing on acknowledging their feelings about not just coming into your service for the first time, but most likely with what they've experienced with previous services?

Louise: Exactly. Yeah, and even just the process of getting to me. Even just acknowledging that all this, all these stages happened even before I get in there. Because I think they felt in doing the activity that they were heard for the first time in this whole process, and actually someone being really interested in how they found the process, rather than focusing on the abuse itself. . . And as we began to unpack each card and really draw out the story but also draw out how it related to them, their feelings and who were they in the card, I think lots of light bulb moments came on, and it was just like, "Oh my god, that was so awful at that point in time, and no-one has really asked us about that", or yeah, "one of our children has been removed from the home but no-one wanted to talk to us about that, and how we were feeling about that."

Louise was impressed most by how quickly she felt she built a rapport with these parents following the imaginal product-making activity. Louise reflected that, although she frequently uses play therapy mediums in various activities she asks parents to do, these activities are centred around assessing the dynamics in the family as well as assessing the parents' parenting. This new activity, however, was focused on giving parents a safe forum to express their affective experiences regarding their child's situation (that is, expressing affect, not assessing their parenting), and for this reason she felt it was so effective as a relational practice to build the parent–therapist relationship. Archetypally, the new practice Louise implemented shifted her from a warrior who is focused on assessing whether the parents are villains, to a healer who is focused on their wounds, not just their child's wounds. This was achieved by first recognising the shadow she and the clinical play therapy field were projecting in terms of being metaphoric Pied Piper child abductors (villains).

There are two important points to note in Louise's example when compared to the previous participant example (Luisa). Firstly, unlike Luisa, Louise was experienced and accustomed to working in the legal field and had a well-developed warrior archetype. However, while the warrior archetype may be effective in the cases involving high conflict parents who do in fact often present as ingenuine clients (villains) and are not interested in receiving a therapeutic service, in the case above, the parents were clearly open to receiving a therapeutic approach and thus required a different archetypal approach; namely, a healer approach that included all family members in treatment rather than just the child. Secondly, Louise was one of three participants previously trained in Jungian psychology who demonstrated some use of archetypes and the shadow concept as a critical reflexive tool to identify collective unconscious structural influences on her relational practices with parents. While Louise's critical reflexivity did not encompass the full Jungian suite of tools presented in this paper or include any social unconscious tools such as those associated with Bourdieu's social theory, the level of critical reflexivity she demonstrated relative to others without the training suggests the importance of practitioners having a conceptual vocabulary to assist in first identifying unconscious influences on practices and then to institute agentic action.

The critical imaginal distanciation moment in my study also included an exploration of how my own shadow prevented me from identifying unconscious influences on participants' relational practices with parents. A detailed discussion and further empirical examples of the critical imaginal moment can be found in my doctoral thesis (Bologna, 2018).

Conclusion and Implications of Critical Imaginal Distanciation

The findings from the critical imaginal distanciation moment of the study suggest that the Bourdieu and Jung partnership offers a powerful systemic theoretical tool kit to assist in revealing the interconnection between personal, social, and collective unconscious influences on clinical play therapists' relational practices with parents. In turn, this contributes to critical theory and critical qualitative inquiry by offering a comprehensive theory to identify and explore influences from the unconscious world. Future studies could explore how other professional practice issues and professional practice relationships can be more critically understood by employing the Bourdieusian and Jungian thinking tools presented in this paper. One of the most notable findings was that archetypes were found to be associated with all of Bourdieu's theoretical thinking tools, suggesting the concept's centrality in exposing unconscious influences on practices. Conversely, the findings show how Bourdieu's concepts assist in providing a more nuanced understanding of how archetypal influences manifest and play out in the professional practices of clinical play therapists. The Bourdieu and Jung thought partnership was also found to offer richer tools for deeper, critical reflexivity whereby the

nature of clinical play therapists' archetypal shadow projections can be identified, explored, and shifted and in turn, their agentic capabilities strengthened. In the context of professional practice, this is an important ethical enterprise as it assists to minimise projecting our unexplored and unowned shadow onto others and subsequently assists in both our professional and personal becoming. Additionally, the thought partnership could also be applied to personal worlds to explore how personal, social, and collective unconscious influences shape interpersonal relational practices.

Methodologically, the tools developed through the Bourdieu and Jung thought partnership offer to enhance what Aspers and Corte (2019) identify as the heart of qualitative inquiry – engaging in “an iterative process in which improved understanding to the scientific community is achieved by making new significant distinctions resulting from getting closer to the phenomenon studied” (p. 155). In terms of the iterative process, the Bourdieusian and Jungian thinking tools formed part the critical imaginal hermeneutic spiral discussed in Bologna, Trede, and Patton (2020); namely, the structural analysis of the texts (the critical imaginal distanciation moment). Regarding new significant distinctions that have emerged from the analytical closeness achieved in the study, as depicted in Table 1, several new concepts arose from applying the Bourdieu and Jung thought partnership to the study's texts (e.g., archetypal field, archetypal habitus, archetypal capital, archetypal hysteresis, archetypal doxa, archetypal misrecognition, archetypal symbolic violence). These new concepts highlight that all of Bourdieu's concepts have an archetypal core and that personal and social worlds are fundamentally structured by archetypes. As such, we recommend that the development of archetypal literacy among researchers be considered when designing and conducting future critical qualitative studies that have a focus on revealing unconscious influences on practices.

The findings also revealed that partnering the Bourdieusian and Jungian thinking tools with imaginal, symbolic representations of relational practices provided a powerful, nuanced, and immediate way of accessing, identifying, and exploring unconscious influences. This supports Jung's (1964/1978) assertion that the language of the unconscious is the imaginal and that concepts alone are not sufficient to explore the unconscious realm – that is, the imaginal is central to engaging with and understanding the workings of the unconscious (Hillman & Shamdasani, 2013). The systematic use of the imaginal in the study as part of the critical imaginal distanciation moment of the critical imaginal hermeneutic spiral also addresses a gap in research traditions that “acknowledge the presence and reality of the unconscious . . . [but] do not develop procedures to make the unconscious as conscious as possible” (Romanyshyn, 2013, p. 317). We recommended that future critical studies consider further exploring the central role the imaginal plays in revealing unconscious influences, its role in critical reflexivity, and ultimately its role in developing agentic capabilities.

Finally, in light of the study's focus on relational phenomena, it is fitting that the Bourdieu and Jung thought partnership has also served to facilitate a reconciliation between two long-term separated professional partners – sociology and psychology. Referred to as “the unhappy divorce” (Chancer & Andrews, 2014, p. 1) and “the familiar split” (Clarke & Hoggett, 2009, p. 1), sociology and psychology rarely come together in a meaningful partnership, particularly in terms of systematically integrating the personal, social, and collective unconscious. The empirical application of the suite of conceptual tools developed by the Bourdieu and Jung thought partnership presented in this paper, provides a powerful illustration of how the two disciplines work constructively together in critical inquiry. We recommend and hope future research continues to explore the possibilities of this interdisciplinary partnership in further enhancing the central tenets and aims of critical qualitative inquiry and improve future professional practices.

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