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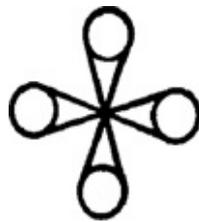
# PRACTICE OF PSYCHOTHERAPY

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ESSAYS ON THE PSYCHOLOGY OF THE TRANSFERENCE AND  
OTHER SUBJECTS

*C. G. JUNG*

SECOND EDITION



*TRANSLATED BY R. F. C. HULL*

**BOLLINGEN SERIES XX**

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## EDITORIAL NOTE TO THE SECOND EDITION

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Since this volume was one of the first to appear in the Collected Works, its second edition calls for considerable revision. As with each new edition of these volumes, the reference materials (footnotes and bibliography) have been corrected and brought up to date, taking into account the subsequent publication of nearly all of Jung's works in this English edition. The use of numbers for bibliographical citations having been found to be inconvenient for readers, references by title have been substituted.

The first eleven papers are unchanged, except for new information in some of the editorial footnotes (indicated by an asterisk). The translation of "The Psychology of the Transference" has, however, been extensively reworked. The translations from Latin and Greek have been revised by M. A. S. B. Glover, and improved readings have been substituted in the text. Among the other revisions are several taken over from the subsequent Swiss edition of the volume and the changes noted at pages 405 and 433.

In 1958 the present work, with the title *Praxis der Psychotherapie*, was the first volume to appear in the *Gesammelte Werke von C. G. Jung*, under the editorship of Marianne Niehus-Jung, Leo Hurwitz-Eisner, and Franz Riklin, in Zurich. Acknowledgment is gratefully made to the Swiss Editors for suggestions which were helpful in the preparation of this second English edition. The foreword which Jung specially wrote for *Praxis der Psychotherapie* has been added to the present volume.

A 1937 lecture, "The Realities of Practical Psychotherapy," previously unpublished and recently rediscovered among Jung's posthumous papers, has been added to this second edition as an appendix.

## TRANSLATOR'S NOTE

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Certain of the essays in this volume were previously translated and published in *Contributions to Analytical Psychology* (London and New York, 1928), *Modern Man in Search of a Soul* (London and New York, 1933), and *Essays on Contemporary Events* (London, 1947). I wish to thank Mrs. Cary Baynes and Miss Mary Briner for permission to make full use of those texts in preparing the present revised versions. My particular thanks are due to Miss Barbara Hannah for placing at my disposal her draft translation of the opening chapters of "The Psychology of the Transference."

It may be noted that two papers, "Some Aspects of Modern Psychotherapy" and "The Therapeutic Value of Abreaction," were written in English, and are published here with certain editorial modifications.

This volume, number 16 in the series, is the first of the *Gesammelte Werke* to be published. It contains both early and late writings on questions concerned with the practice of psychotherapy. I am indebted to the Editors not only for their careful revision of the texts, but in particular for their choice of material. This testifies to their appreciation of the fact that my contribution to the knowledge of the psyche is founded on practical experience of human beings. It was, indeed, my endeavours as a medical psychologist to understand the ills of the soul that led me, in more than fifty years of psychotherapeutic practice, to all my later insights and conclusions, and in turn compelled me to re-examine my findings and to modify them in the light of new experience.

The reader will find in these essays not only an outline of my attitude as a practising psychotherapist and of the principles on which it rests. They also contain an historical study of a phenomenon that may be regarded as the crux, or at any rate the crucial experience, in any thorough-going analysis—the problem of the transference, whose central importance was recognized long ago by Freud. This question is of such scope, and so difficult to elucidate in all its aspects, that a deep investigation of its historical antecedents could not be avoided.

Naturally, if an historical study like this is seen in isolation from my later writings, the unprepared reader will have some difficulty in recognizing its connection with his conception of what psychotherapy should be. Psychotherapeutic practice and the historical approach will seem to him to be two incommensurable things. In psychological reality, however, this is not the case at all, for we are constantly coming upon phenomena that reveal their historical character as soon as their causality is examined a little more closely. Psychic modes of behaviour are, indeed, of an eminently historical nature. The psychotherapist has to acquaint himself not only with the personal biography of his patient, but also with the mental and spiritual assumptions prevalent in his milieu, both present and past, where traditional and cultural influences play a part and often a decisive one.

For example, no psychotherapist who seriously endeavours to understand the whole man is spared the task of learning the language of dreams and their symbolism. As with every language, historical knowledge is needed in order to understand it properly. This is particularly so since it is not an everyday language, but a symbolic language that makes frequent use of age-old forms of expression. A knowledge of these enables the analyst to extricate his patient from the oppressive constriction of a purely personalistic understanding of himself, and to release him from the egocentric prison that cuts him off from the wide horizon of his further social, moral, and spiritual development.

In spite or because of its heterogeneous composition, this book may serve to give the reader a good idea of the empirical foundations of psychotherapy and its widely ramifying problems.

C. G. JUNG

August 1957

EDITORIAL NOTE TO THE SECOND EDITION

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FOREWORD TO THE SWISS EDITION (1958)

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Translated from "Grundsätzliches zur praktischen Psychotherapie," *Zentralblatt für Psychotherapie* (Zurich), VIII (1935).

### II. What Is Psychotherapy?

Translated from "Was ist Psychotherapie?," *Schweizerische Aerztezeitung für Standesfragen* (Zurich), XVI (1935).

### III. Some Aspects of Modern Psychotherapy

Originally published in English, *Journal of State Medicine* (London), XXXVIII (1930).

### IV. The Aims of Psychotherapy

Translated from "Ziele der Psychotherapie," *Seelenprobleme der Gegenwart* (Zurich: Rascher, 1931).

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Translated from "Die Probleme der modernen Psychotherapie," *Seelenprobleme der Gegenwart* (Zurich: Rascher, 1931).

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Translated from "Psychotherapie und Weltanschauung," *Aufsätze zur Zeitgeschichte* (Zurich: Rascher, 1946).

### VII. Medicine and Psychotherapy

Translated from "Medizin und Psychotherapie," *Bulletin der Schweizerischen Akademie der medizinischen Wissenschaften* (Basel), I (1945).

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Translated from "Die Psychotherapie in der Gegenwart," *Aufsätze zur Zeitgeschichte* (Zurich: Rascher, 1946).

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Translated from “Grundfragen der Psychotherapie,” *Dialectica* (Neuchâtel), V (1951).

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#### SPECIFIC PROBLEMS OF PSYCHOTHERAPY

##### I. The Therapeutic Value of Abreaction

Originally published in English; this is a revised version, from *Contributions to Analytical Psychology* (London: Kegan Paul, Trench, Trübner; New York: Harcourt, Brace, 1928).

##### II. The Practical Use of Dream-Analysis

Translated from “Die praktische Verwendbarkeit der Traumanalyse,” *Wirklichkeit der Seele* (Zurich: Rascher, 1934).

##### III. The Psychology of the Transference

Translated from *Die Psychologie der Übertragung* (Zurich: Rascher, 1946).

#### FOREWORD

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Translated from “Die Wirklichkeit der psychotherapeutischen Praxis,” an unpublished lecture (1937).





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## GENERAL PROBLEMS OF PSYCHOTHERAPY

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## PRINCIPLES OF PRACTICAL PSYCHOTHERAPY<sup>1</sup>

[1] Psychotherapy is a domain of the healing art which has developed and acquired a certain independence only within the last fifty years. Views in this field have changed and become differentiated in a great variety of ways, and the mass of experience accumulated has given rise to all sorts of different interpretations. The reason for this lies in the fact that psychotherapy is not the simple, straightforward method people at first believed it to be, but, as has gradually become clear, a kind of dialectical process, a dialogue or discussion between two persons. Dialectic was originally the art of conversation among the ancient philosophers, but very early became the term for the process of creating new syntheses. A person is a psychic system which, when it affects another person, enters into reciprocal reaction with another psychic system. This, perhaps the most modern formulation of the psychotherapeutic relation between physician and patient is clearly very far removed from the original view that psychotherapy was a method which anybody could apply in a stereotyped fashion in order to reach the desired result. It was not the needs of speculation which prompted this unsuspected and, I might well say, unwelcome widening of the horizon, but the hard facts of reality. In the first place, it was probably the fact that one had to admit the possibility of different interpretations of the observed material. Hence there grew up various schools with diametrically opposed views. I would remind you of the Liébeault-Bernheim French method of suggestion therapy, *rééducation de la volonté*; Babinski's "persuasion"; Dubois' "rational psychology and orthopedics"; Freud's psychoanalysis, with its emphasis on sexuality and the unconscious; Adler's educational method, with its emphasis on power-drives and conscious fictions; Schultz's autogenic training—to name only the better known methods. Each of them rests on special psychological assumptions and produces special psychological results; comparison between them is difficult and often wellnigh impossible. Consequently it was quite natural that the champions of any one point of view should, in order to simplify matters, treat the opinions of the others as erroneous. Objective appraisal of the facts shows, however, that each of these methods and theories is justified up to a point, since each can boast not only of certain successes but of psychological data that largely prove its particular assumption. Thus we are faced in psychotherapy with a situation comparable with that in modern physics where, for instance, there are two contradictory theories of light. And just as physics does not find this contradiction unbridgeable, so the existence of many possible standpoints in psychology should not give grounds for assuming that the contradictions are irreconcilable and the various views merely subjective and therefore incommensurable. Contradictions in a department of science merely indicate that its subject displays characteristics which at present cannot be grasped only by means of antinomies—witness the wave theory and the corpuscular theory of light. Now the psyche is infinitely more complicated than light; hence a great number of antinomies is required to describe the nature of the psyche satisfactorily. One of the fundamental antinomies is the statement that *psyche depends on body and body depends on psyche*. There are clear proofs for both sides of this antinomy, so that an objective judgment cannot give more weight to thesis or

antithesis. The existence of valid contradictions shows that the object of investigation presents the inquiring mind with exceptional difficulties, as a result of which only relatively valid statements can be made, at least for the time being. That is to say, the statement is valid only in so far as it indicates what kind of psychic system we are investigating. Hence we arrive at the dialectical formulation which tells us precisely that psychic influence is the reciprocal reaction of two psychic systems. Since the individuality of the psychic system is infinitely variable, there must be an infinite variety of relatively valid statements. But if individuality were absolute in its particularity, if one individual were totally different from every other individual, then psychology would be impossible as a science, for it would consist in an insoluble chaos of subjective opinions. Individuality, however, is only relative, the complement of human conformity or likeness; and therefore it is possible to make statements of general validity, i.e., scientific statements. These statements relate only to those parts of the psychic system which do in fact conform, i.e., are amenable to comparison and statistically measurable; they do not relate to that part of the system which is individual and unique. The second fundamental antinomy in psychology therefore runs: *the individual signifies nothing in comparison with the universal, and the universal signifies nothing in comparison with the individual*. There are, as we all know, no universal elephants, only individual elephants. But if a generality, a constant plurality, of elephants did not exist, a single individual elephant would be exceedingly improbable.

[2] These logical reflections may appear somewhat remote from our theme. But in so far as they are the outcome of previous psychological experience, they yield practical conclusions of no little importance. When, as a psychotherapist, I set myself up as a medical authority over my patient and on that account claim to know something about his individuality, or to be able to make valid statements about it, I am only demonstrating my lack of criticism, for I am in no position to judge the whole of the personality before me. I cannot say anything valid about him except in so far as he approximates to the "universal man." But since all life is to be found only in individual form, and myself can assert of another individuality only what I find in my own, I am in constant danger either of doing violence to the other person or of succumbing to his influence. If I wish to treat another individual psychologically at all, I must for better or worse give up all pretensions to superior knowledge, all authority and desire to influence. I must perforce adopt a dialectical procedure consisting in a comparison of our mutual findings. But this becomes possible only if I give the other person a chance to play his hand to the full, unhampered by my assumptions. In this way his system is geared to mine and acts upon it; my reaction is the only thing with which I as an individual can legitimately confront my patient.

[3] These considerations of principle produce in the psychotherapist a very definite attitude which in all cases of *individual* treatment, seems to me to be absolutely necessary because it alone is scientifically responsible. Any deviation from this attitude amounts to therapy by suggestion, the kind of therapy whose main principle is: "The individual signifies nothing in comparison with the universal." Suggestion therapy includes all methods that arrogate to themselves, and apply, their own knowledge or an interpretation of other individualities. Equally it includes all strictly technical methods, because these invariably assume that all individuals are alike. To the extent that the insignificance of the individual is a truth, suggestive methods, technical procedures, and theorems

in any shape or form are entirely capable of success and guarantee results with the universal man—as for instance, Christian Science, mental healing, faith cures, remedial training, medical and religious techniques, and countless other isms. Even political movements can, not without justice, claim to be psychotherapy in the grand manner. The outbreak of war cured many a compulsive neurosis, and from time immemorial certain miraculous localities have caused neurotic states to disappear; similarly, popular movements both large and small can exert a curative influence on the individual.

[4] This fact finds the simplest and most nearly perfect expression in the primitive idea of “mana.” Mana is a universal medicinal or healing power which renders men, animals, and plants fruitful and endows chieftain and medicine-man with magical strength. Mana, as Lehmann has shown, is identified with anything “extraordinarily potent,” or simply with anything impressive. On the primitive level anything impressive is therefore “medicine.” Since it is notorious that a hundred intelligent heads massed together make one big fathead, virtues and endowments are essentially the hallmarks of the individual and not of the universal man. The masses always incline to herd psychology, hence they are easily stampeded; and to mob psychology, hence their witless brutality and hysterical emotionalism. The universal man has the characteristics of a savage and must therefore be treated with technical methods. It is in fact bad practice to treat collective man with anything other than “technically correct” methods, i.e., those collectively recognized and believed to be effective. In this sense the old hypnotism or the still older animal magnetism achieved, in principle, just as much as a technically irreproachable modern analysis, or for that matter the amulets of the primitive medicine-man. It all depends on the method the therapist happens to believe in. His belief is what does the trick. If he really believes, then he will do his utmost for the sufferer with seriousness and perseverance, and this freely given effort and devotion will have a curative effect—up to the level of collective man’s mentality. But the limits are fixed by the “individual-universal” antinomy.

[5] This antinomy constitutes a psychological as well as a philosophical criterion, since there are countless people who are not only collective in all essentials but are fired by a quite peculiar ambition to be nothing but collective. This accords with all the current trends in education which like to regard individuality and lawlessness as synonymous. On this plane anything individual is rated inferior and is repressed. In the corresponding neuroses individual contents and tendencies appear as psychological poisons. There is also, as we know, an overestimation of individuality based on the rule that “the universal signifies nothing in comparison with the individual.” Thus from the psychological (not the clinical) point of view, we can divide the psychoneuroses into two main groups: the one comprising collective people with underdeveloped individuality, the other individualists with atrophied collective adaptation. The therapeutic attitude differs accordingly, for it is abundantly clear that a neurotic individualist can only be cured by recognizing the collective man in himself—hence the need for collective adaptation. It is therefore right to bring him down to the level of collective truth. On the other hand, psychotherapists are familiar with the collective adapted person who has everything and does everything that could reasonably be required as a guarantee of health, but yet is ill. It would be a bad mistake, which is nevertheless very often committed, to normalize such a person and try to bring him down to the collective level. In certain

cases all possibility of individual development is thereby destroyed.

[6] Since individuality, as we stressed in our introductory argument, is absolutely unique, unpredictable, and uninterpretable, in these cases the therapist must abandon all his preconceptions and techniques and confine himself to a purely dialectical procedure, adopting the attitude that shuns all methods.

[7] You will have noticed that I began by presenting the dialectical procedure as the latest phase of psychotherapeutic development. I must now correct myself and put this procedure in the right perspective: it is not so much an elaboration of previous theories and practices as a complete abandonment of them in favour of the most unbiased attitude possible. In other words, the therapist is no longer the agent of treatment but a fellow participant in a process of individual development.

[8] I would not like it to be supposed that these discoveries dropped straight into our laps. They too have their history. Although I was the first to demand that the analyst should himself be analysed, we are largely indebted to Freud for the invaluable discovery that analysts too have their complex and consequently one or two blind spots which act as so many prejudices. The psychotherapist gained this insight in cases where it was no longer possible for him to interpret or to guide the patient from on high or *ex cathedra*, regardless of his own personality, but was forced to admit that his personal idiosyncrasies or special attitude hindered the patient's recovery. When one possesses no very clear idea about something, because one is unwilling to admit it to oneself, one tries to hide it from the patient as well, obviously to his very great disadvantage. The demand that the analyst must be analysed culminates in the idea of a dialectical procedure, where the therapist enters in relationship with another psychic system both as questioner and answerer. No longer is he the superior wise man, judge, and counsellor; he is a fellow participant who finds himself involved in the dialectical process just as deeply as the so-called patient.

[9] The dialectical procedure has another source, too, and that is the *multiple significance of symbolic contents*. Silberer distinguishes between the psychoanalytic and the anagogic interpretation, while I distinguish between the analytical-reductive and the synthetic-hermeneutic interpretation. I will explain what I mean by instancing the so-called infantile fixation on the parental imago, one of the richest sources of symbolic contents. The analytical-reductive view asserts that interest ("libido") streams back regressively to infantile reminiscences and there "fixates"—if indeed it has ever freed itself from them. The synthetic or anagogic view, on the contrary, asserts that certain parts of the personality which are capable of development are in an infantile state, as though still in the womb. Both interpretations can be shown to be correct. We might almost say that they amount virtually to the same thing. But it makes an enormous difference in practice whether we interpret something regressively or progressively. It is no easy matter to decide aright in a given case. Generally we feel rather uncertain on this point. The discovery that there are essential contents of an indubitably equivocal nature has thrown suspicion on the application of theories and techniques, and thus helped to range the dialectical procedure alongside the subtler or cruder suggestion methods.

[10] The depth-dimension which Freud has added to the problems of psychotherapy must logical

lead sooner or later to the conclusion that any final understanding between doctor and patient bound to include the personality of the doctor. The old hypnotists and Bernheim with his suggestio therapy were well enough aware that the healing effect depended firstly on the “rapport”—Freud’s terminology, “transference”—and secondly on the persuasive and penetrative powers of the doctor’s personality. In the doctor-patient relationship, as we have said, two psychic systems interact, and therefore any deeper insight into the psychotherapeutic process will infallibly reach the conclusion that in the last analysis, since individuality is a fact not to be ignored, the relationship must be dialectical.

[11] It is now perfectly clear that this realization involves a very considerable shift of standpoint compared with the older forms of psychotherapy. In order to avoid misunderstandings, let me say once that this shift is certainly not meant to condemn the existing methods as incorrect, superfluous, or obsolete. The more deeply we penetrate the nature of the psyche, the more the conviction grows upon us that the diversity, the multidimensionality of human nature requires the greatest variety of standpoints and methods in order to satisfy the variety of psychic dispositions. It is therefore pointless to subject a simple soul who lacks nothing but a dose of common sense to a complicated analysis of his impulses, much less expose him to the bewildering subtleties of psychological dialectic. It is equally obvious that with complex and highly intelligent people we shall get nowhere by employing well-intentioned advice, suggestions, and other efforts to convert them to some kind of system. In such cases the best thing the doctor can do is lay aside his whole apparatus of methods and theories and trust to luck that his personality will be steadfast enough to act as a signpost for the patient. At the same time he must give serious consideration to the possibility that in intelligence, sensibility, range and depth the patient’s personality is superior to his own. But in all circumstances the prime rule of dialectical procedure is that the individuality of the sufferer has the same value, the same right to exist, as that of the doctor, and consequently that every development in the patient is to be regarded as valid, unless of course it corrects itself of its own accord. Inasmuch as a man is merely collective, he can be changed by suggestion to the point of becoming—or seeming to become—different from what he was before. But inasmuch as he is an individual he can only become what he is and always was. To the extent that “cure” means turning a sick man into a healthy one, cure is change. Wherever this is possible, where it does not demand too great a sacrifice of personality, we should change the sick man therapeutically. But when a patient realizes that cure through change would mean too great a sacrifice, then the doctor can, indeed he should, give up any wish to change or cure. He must either refuse to treat the patient or risk the dialectical procedure. This is of more frequent occurrence than one might think. In my own practice I always have a fair number of highly cultivated and intelligent people of marked individuality who, on ethical grounds, would vehemently resist any serious attempt to change them. In all such cases the doctor must leave the individual way to healing open, and then the cure will bring about no alteration of personality but will be the process we call “individuation,” in which the patient becomes what he really is. If the worst comes to the worst, he will even put up with his neurosis once he has understood the meaning of his illness. More than one patient has admitted to me that he has learned to accept his neurotic symptoms with gratitude, because, like a barometer, the doctor invariably told him when and where he was straying from his individual path, and also whether he

had let important things remain unconscious.

[12] Although the new, highly differentiated methods allow us an unsuspected glimpse into the endless complications of psychic relationships and have gone a long way to putting them on a theoretical basis, they nevertheless confine themselves to the analytical-reductive standpoint, so that the possibilities of individual development are obscured by being reduced to some general principle, such as sexuality. This is the prime reason why the phenomenology of individuation is at present almost virgin territory. Hence in what follows I must enter into some detail, for I can only give you an idea of individuation by trying to indicate the workings of the unconscious as revealed in the observed material itself. For, in the process of individual development, it is above all the unconscious that is thrust into the forefront of our interest. The deeper reason for this may lie in the fact that the conscious attitude of the neurotic is unnaturally one-sided and must be balanced by complementary or compensatory contents deriving from the unconscious. The unconscious has a special significance in this case as a corrective to the onesidedness of the conscious mind; hence the need to observe the points of view and impulses produced in dreams, because these must take the place once occupied by collective controls, such as the conventional outlook, habit, prejudices of an intellectual or moral nature. The road the individual follows is defined by his knowledge of the laws that are peculiar to himself; otherwise he will get lost in the arbitrary opinions of the conscious mind and break away from the mother-earth of individual instinct.

[13] So far as our present knowledge extends, it would seem that the vital urge which expresses itself in the structure and individual form of the living organism produces in the unconscious a process or is itself such a process, which on becoming partially conscious depicts itself as a fugue-like sequence of images. Persons with natural introspective ability are capable of perceiving fragments of this autonomous or self-activating sequence without too much difficulty, generally in the form of visual fantasies, although they often fall into the error of thinking that they have *created* the fantasies, whereas in reality the fantasies have merely occurred to them. Their spontaneous nature can no longer be denied, however, when, as often happens, some fantasy-fragment becomes an obsession, like a tune you cannot get out of your head, or a phobia, or a "symbolic tic." Closer to the unconscious sequence of images are the dreams which, if examined over a long series, reveal the continuity of the unconscious pictorial flood with surprising clearness. The continuity is shown by the repetition of motifs. These may deal with people, animals, objects, or situations. Thus the continuity of the picture sequence finds expression in the recurrence of some such motif over a long series of dreams.

[14] In a dream series extending over a period of two months, one of my patients had the water-motif in twenty-six dreams. In the first dream it appeared as the surf pounding the beach, then in the second as a view of the glassy sea. In the third dream the dreamer was on the seashore watching the rain fall on the water. In the fourth there was an indirect allusion to a voyage, for he was journeying to a distant country. In the fifth he was travelling to America; in the sixth, water was poured into a basin; in the seventh he was gazing over a vast expanse of sea at dawn; in the eighth he was aboard ship. In the ninth he travelled to a far-off savage land. In the tenth he was again aboard ship. In the eleventh he went down a river. In the twelfth he walked beside a brook. In the thirteenth he was on

steamer. In the fourteenth he heard a voice calling, "This is the way to the sea, we must get to the sea!" In the fifteenth he was on a ship going to America. In the sixteenth, again on a ship. In the seventeenth he drove to the ship in an automobile. In the eighteenth he made astronomical calculations on a ship. In the nineteenth he went down the Rhine. In the twentieth he was on an island, and again in the twenty-first. In the twenty-second he navigated a river with his mother. In the twenty-third he stood on the seashore. In the twenty-fourth he looked for sunken treasure. In the twenty-fifth his father was telling him about the land where the water comes from. And finally in the twenty-sixth he went down a small river that debouched into a larger one.

[15] This example illustrates the continuity of the unconscious theme and also shows how the motif can be evaluated statistically. Through numerous comparisons one can find out to what the water-motif is really pointing, and the interpretation of motifs follows from a number of similar dream-series. Thus the sea always signifies a collecting-place where all psychic life originates, i.e., the collective unconscious. Water in motion means something like the stream of life or the energy-potential. The ideas underlying all the motifs are visual representations of an archetypal character of symbolic primordial images which have served to build up and differentiate the human mind. These primordial images are difficult to define; one might even call them hazy. Cramping intellectual formulae rob them of their natural amplitude. They are not scientific concepts which must necessarily be clear and unequivocal; they are universal perceptions of the primitive mind, and they never denote any particular content but are significant for their wealth of associations. Lévy-Bruhl calls them "collective representations," and Hubert and Mauss call them *a priori* categories of the imagination.

[16] In a longer series of dreams the motifs frequently change places. Thus, after the last of the above dreams, the water-motif gradually retreated to make way for a new motif, the "unknown woman." In general, dreams about women refer to women whom the dreamer knows. But now and then there are dreams in which a female figure appears who cannot be shown to be an acquaintance and whom the dream itself distinctly characterizes as unknown. This motif has an interesting phenomenology which I should like to illustrate from a dream series extending over a period of three months. In this series the motif occurred no less than fifty-one times. At the outset it appeared as a throng of vague female forms, then it assumed the vague form of a woman sitting on a stein. She then appeared veiled, and when she took off the veil her face shone like the sun. Then she was a naked figure standing on a globe, seen from behind. After that she dissolved once more into a throng of dancing nymphs, then into a bevy of syphilitic prostitutes. A little later the unknown woman appeared on a ball, and the dreamer gave her some money. Then she was a syphilitic again. From now on the unknown becomes associated with the so-called "dual motif," a frequent occurrence in dreams. In this series a savage woman, a Malay perhaps, is doubled. She has to be taken captive, but she is also the naked blonde who stood on the globe, or else a young girl with a red cap, a nursemaid, or an old woman. She is very dangerous, a member of a robberband and not quite human, something like an abstract idea. She is a guide, who takes the dreamer up a high mountain. But she is also like a bird, perhaps a marabou or pelican. She is a mancatcher. Generally she is fair-haired, a hairdresser's daughter, but has a dark Indian sister. As a fair-haired guide she informs the dreamer that part of his sister's soul belongs to her. She writes him a love-letter, but is another

man's wife. She neither speaks nor is spoken to. Now she has black hair, now white. She has peculiar fantasies, unknown to the dreamer. She may be his father's unknown wife, but is not his mother. She travels with him in an airplane, which crashes. She is a voice that changes into a woman. She tells him that she is a piece of broken pottery, meaning presumably that she is a part of his soul. She has a brother who is prisoner in Moscow. As the dark figure she is a servant-girl, stupid and she has to be watched. Often she appears doubled, as two women who go mountain-climbing with him. On one occasion the fair-haired guide comes to him in a vision. She brings him bread, full of religious ideas, knows the way he should go, meets him in church, acts as his spiritual guide. She seems to pop out of a dark chest and can change herself from a dog into a woman. Once she appears as an ape. The dreamer draws her portrait in a dream, but what comes out on the paper is an abstract symbolic ideogram containing the trinity, another frequent motif.

[17] The unknown woman, therefore, has an exceedingly contradictory character and cannot be related to any normal woman. She represents some fabulous being, a kind of fairy; and indeed, fairies have the most varied characters. There are wicked fairies and good fairies; they too can change themselves into animals, they can become invisible, they are of uncertain age, now young, now old, elfin in nature, with part-souls, alluring, dangerous, and possessed of superior knowledge. We shall hardly be wrong in assuming that this motif is identical with the parallel ideas to be found in mythology, where we come across this elfin creature in a variety of forms—nymph, oread, sylph, undine, nixie, hamadryad, succubus, lamia, vampire, witch, and what not. Indeed the whole world of myth and fable is an outgrowth of unconscious fantasy just like the dream. Frequently this motif replaces the water-motif. Just as water denotes the unconscious in general, so the figure of the unknown woman is a personification of the unconscious, which I have called the "anima." This figure only occurs in men, and she emerges clearly only when the unconscious starts to reveal its problematical nature. In man the unconscious has feminine features, in woman masculine; hence in man the personification of the unconscious is a feminine creature of the type we have just described.

[18] I cannot, within the compass of a lecture, describe all the motifs that crop up in the process of individuation—when, that is to say, the material is no longer reduced to generalities applicable only to the collective man. There are numerous motifs, and we meet them everywhere in mythology. Hence we can only say that the psychic development of the individual produces something that looks very like the archaic world of fable, and that the individual path looks like a regression to man's prehistory, and that consequently it seems as if something very untoward were happening, which the therapist ought to arrest. We can in fact observe similar things in psychotic illnesses, especially in the paranoid forms of schizophrenia, which often swarm with mythological images. The fear instantly arises that we are dealing with some misdevelopment leading to a world of chaotic or morbid fantasy. A development of this kind may be dangerous with a person whose social personality has not found its feet; moreover any psychotherapeutic intervention may occasionally run into a latent psychosis and bring it to full flower. For this reason to dabble in psychotherapy is to play with fire, against which amateurs should be stringently cautioned. It is particularly dangerous when the mythological layer of the psyche is uncovered, for these contents have a fearful fascination for the patient—which explains the tremendous influence mythological ideas have had

on mankind.

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[19] Now, it would seem that the recuperative process mobilizes these powers for its own end. Mythological ideas with their extraordinary symbolism evidently reach far into the human psyche and touch the historical foundations where reason, will, and good intentions never penetrate; for these ideas are born of the same depths and speak a language which strikes an answering chord in the inner man, although our reason may not understand it. Hence, the process that at first sight looks like an alarming regression is rather a *reculer pour mieux sauter*, an amassing and integration of powers that will develop into a new order.

[20] A neurosis at this level is an entirely spiritual form of suffering which cannot be tackled with ordinary rational methods. For this reason there are not a few psychotherapists who, when all else fails, have recourse to one of the established religions or creeds. I am far from wishing to ridicule these efforts. On the contrary, I must emphasize that they are based on an extremely sound instinct. For our religions contain the still living remains of a mythological age. Even a political creed may occasionally revert to mythology, as is proved very clearly by the swastika, the German Christianity, and the German Faith Movement. Not only Christianity with its symbols of salvation, but all religions, including the primitive with their magical rituals, are forms of psychotherapy which treat and heal the suffering of the soul, and the suffering of the body caused by the soul. How much of modern medicine is still suggestion therapy is not for me to say. To put it mildly, consideration of the psychological factor in practical therapeutics is by no means a bad thing. The history of medicine is exceedingly revealing in this respect.

[21] Therefore, when certain doctors resort to the mythological ideas of some religion or other, they are doing something historically justified. But they can only do this with patients for whom the mythological remains are still alive. For these patients some kind of rational therapy is indicated until such time as mythological ideas become a necessity. In treating devout Catholics, I always refer them to the Church's confessional and its means of grace. It is more difficult in the case of Protestants, who must do without confession and absolution. The more modern type of Protestantism has, however, the safetyvalve of the Oxford Group movement, which prescribes lay confession as a substitute, and group experience instead of absolution. A number of my patients have joined this movement with my entire approval, just as others have become Catholics, or at least better Catholics than they were before. In all these cases I refrain from applying the dialectical procedure, since there is no point in promoting individual development beyond the needs of the patient. If he can find the meaning of his life and the cure for his disquiet and disunity within the framework of an existing credo—including a political credo—that should be enough for the doctor. After all, the doctor's main concern is the sick, not the cured.

[22] There are, however, very many patients who have either no religious convictions at all or highly unorthodox ones. Such persons are, on principle, not open to any conviction. All rational therapy leaves them stuck where they were, although on the face of it their illness is quite curable. In these circumstances nothing is left but the dialectical development of the mythological material which is alive in the sick man himself, regardless of history and tradition. It is here that we come across those mythological dreams whose characteristic sequence of images presents the doctor with a

entirely new and unexpected task. He then needs the sort of knowledge for which his professional studies have not equipped him in the least. For the human psyche is neither a psychiatric nor a physiological problem; it is not a biological problem at all but—precisely—a psychological one. It is a field on its own with its own peculiar laws. Its nature cannot be deduced from the principles of other sciences without doing violence to the idiosyncrasy of the psyche. It cannot be identified with the brain, or the hormones, or any known instinct; for better or worse it must be accepted as a phenomenon unique in kind. The phenomenology of the psyche contains more than the measurable facts of the natural sciences: it embraces the problem of mind, the father of all science. The psychotherapist becomes acutely aware of this when he is driven to penetrate below the level of the accepted opinion. It is often objected that people have practised psychotherapy before now and do not find it necessary to go into all these complications. I readily admit that Hippocrates, Galen, and Paracelsus were excellent doctors, but I do not believe that modern medicine should on that account give up serum therapy and radiology. It is no doubt difficult, particularly for the layman, to understand the complicated problems of psychotherapy; but if he will just consider for a moment why certain situations in life or certain experiences are pathogenic, he will discover that human opinion often plays a decisive part. Certain things accordingly seem dangerous, or impossible, or harmful, simply because there are opinions that cause them to appear in that light. For instance, many people regard wealth as the supreme happiness and poverty as man's greatest curse, although in actual fact riches never brought supreme happiness to anybody, nor is poverty a reason for melancholia. But we have these opinions, and these opinions are rooted in certain mental preconceptions—in the *Zeitgeist*, or in certain religious or antireligious views. These last play an important part in moral conflicts. As soon as the analysis of a patient's psychic situation impinges on the area of his mental preconceptions, we have already entered the realm of general ideas. The fact that dozens of normal people never criticize their mental preconceptions—obviously not, since they are unconscious of them—does not prove that these preconceptions are valid for all men, indeed unconscious for all men, any more than it proves that they may not become the source of the severest moral conflict. Quite the contrary: in our age of revolutionary change, inherited prejudices of a general nature on the one hand and spiritual and moral disorientation on the other are very often the deeperlying causes of far-reaching disturbances in psychic equilibrium. To these patients the doctor has absolutely nothing to offer but the possibility of individual development. And for their sake the specialist is compelled to extend his knowledge over the field of the humane sciences if he is to do justice to the symbolism of psychic contents.

[23] I would make myself guilty of a sin of omission if I were to foster the impression that specialized therapy needed nothing but a wide knowledge. Quite as important is the moral differentiation of the doctor's personality. Surgery and obstetrics have long been aware that it is not enough simply to wash the patient—the doctor himself must have clean hands. A neurotic psychotherapist will invariably treat his own neurosis in the patient. A therapy independent of the doctor's personality is just conceivable in the sphere of rational techniques, but it is quite inconceivable in a dialectical procedure where the doctor must emerge from his anonymity and give an account of himself, just as he expects his patient to do. I do not know which is the more difficult: to accumulate a wide knowledge or to renounce one's professional authority and anonymity. At a

events the latter necessity involves a moral strain that makes the profession of psychotherapist not exactly an enviable one. Among laymen one frequently meets with the prejudice that psychotherapy is the easiest thing in the world and consists in the art of putting something over on people and wheedling money out of them. But actually it is a tricky and not undangerous calling. Just as a doctor is exposed to infections and other occupational hazards, so the psychotherapist runs the risk of psychic infections which are no less menacing. On the one hand he is often in danger of getting entangled in the neuroses of his patients; on the other hand if he tries too hard to guard against their influence, he robs himself of his therapeutic efficacy. Between this Scylla and the Charybdis lies the peril, but also the healing power.

[24] Modern psychotherapy is built up of many layers, corresponding to the diversities of the patients requiring treatment. The simplest cases are those who just want sound common sense and good advice. With luck they can be disposed of in a single consultation. This is certainly not to say that cases which look simple are always as simple as they look; one is apt to make disagreeable discoveries. Then there are patients for whom a thorough confession or "abreaction" is enough. The severer neuroses usually require a reductive analysis of their symptoms and states. And here one should not apply this or that method indiscriminately but, according to the nature of the case, should conduct the analysis more along the lines of Freud or more along those of Adler. St. Augustine distinguishes two cardinal sins: concupiscence and conceit (*superbia*). The first corresponds to Freud's pleasure principle, the second to Adler's power-drive, the desire to be on top. There are in fact two categories of people with different needs. Those whose main characteristic is infantile pleasure-seeking generally have the satisfaction of incompatible desires and instincts more at heart than the social role they could play, hence they are often well-to-do or even successful people who have arrived socially. But those who want to be "on top" are mostly people who are either the under-dogs in reality or fancy that they are not playing the role that is properly due to them. Hence they often have difficulty in adapting themselves socially and try to cover up their inferiority with power fictions. One can of course explain all neuroses in Freudian or Adlerian terms, but in practice it is better to examine the case carefully beforehand. In the case of educated people the decision is not difficult: I advise them to read a bit of Freud and a bit of Adler. As a rule they soon find out which of the two suits them best. So long as one is moving in the sphere of genuine neurosis one cannot dispense with the views of either Freud or Adler.

[25] But when the thing becomes monotonous and you begin to get repetitions, and your unbiased judgment tells you that a standstill has been reached, or when mythological or archetypal contents appear, then is the time to give up the analytical-reductive method and to treat the symbols analogically or synthetically, which is equivalent to the dialectical procedure and the way of individuation.

[26] All methods of influence, including the analytical, require that the patient be seen as often as possible. I content myself with a maximum of four consultations a week. With the beginning of synthetic treatment it is of advantage to spread out the consultations. I then generally reduce them to one or two hours a week, for the patient must learn to go his own way. This consists in his trying to understand his dreams himself, so that the contents of the unconscious may be progressively

articulated with the conscious mind; for the cause of neurosis is the discrepancy between the conscious attitude and the trend of the unconscious. This dissociation is bridged by the assimilation of unconscious contents. Hence the interval between consultations does not go unused. In this way one saves oneself and the patient a good deal of time, which is so much money to him; and at the same time he learns to stand on his own feet instead of clinging to the doctor.

[27] The work done by the patient through the progressive assimilation of unconscious contents leads ultimately to the integration of his personality and hence to the removal of the neurotic dissociation. To describe the details of this development would far exceed the limits of a lecture. I must therefore rest content with having given you at least a general survey of the principles of practical psychotherapy.

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