
An Introduction to Jung's Psychology: Psychotherapy

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Chapter 5: Psychotherapy

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PSYCHOTHERAPY is the treatment of the mind, or rather the psyche, by psychological methods. Psychotherapy has come to be identified in the public mind with 'psychoanalysis', a word which was coined by Freud and should strictly speaking be applied only to his method, which explains psychic symptoms in terms of repressed infantile sexual impulses; this implies tracing neuroses back to their roots in infancy.(1) Another widely used method - namely, that of Alfred Adler - explains neurosis in terms of a drive for power, which has arisen as an attempt to compensate for feelings of inferiority, and is known as 'Individual Psychology'.

Jung uses the term Analytical Psychology (2) to describe his own approach, which is not only a way of healing, but also of developing the personality through the individuation process. Since, however, individuation is not the goal of all who seek psychological help, and in many cases more limited aims are indicated, he varies his treatment according to the age, state of development, and temperament of his patients ' and does not neglect either the sexual urge or the will to power, if these are operative factors in the neurosis.

1. When Jung worked out his own approach in contrast to that of Freud this was correct, hence it has been stated in this form. More recently the Freudian School, and notably that branch of it influenced by the work of Melanie Klein, has come to regard difficulties in mastering the infant's aggressive impulses as the more important cause of neurosis.

2. To avoid confusion with G. F. Stout's term 'Analytic Psychology' (as distinct from Analytical Psychology), Jung's psychology has recently been re-named 'Complex Psychology'. The term 'Analytical Psychology' is, however, better known, and is in fact current usage. Stout uses the word analytic in a different sense. He considers that the divergent views on the 'right' method of psychotherapy arise, in large part, from the widely differing view point of the extravert and the introvert. Seen in this light, Freud's psychology would be extraverted, for he considered that the prime cause of neurosis was the frustration of the infantile sexual impulse (using the term 'sexual' in the widest sense) which arose necessarily from outside. Adler, on the other hand, put the emphasis on an inner drive for power, which in his experience caused neurosis when it 'got out of hand' and interfered with the normal social functioning of the individual.

It would certainly have never occurred to me [says Jung] to depart from Freud's path had I not stumbled upon facts which forced me into modifications. And the same is true of my relation to the Adlerian viewpoint ... it seems hardly necessary to add that I hold the truth of my own deviationist views to be equally relative, and feel myself the mere exponent of another disposition.(1) Jung does not neglect either the sexual urge or the will to power, if these are operative factors in the neurosis, but he finds that the Freudian or Adlerian points of view are usually most appropriate to young people. At this stage of life a man or woman needs to give the instincts the importance that is their due, and yet allow them to function in a way that society will accept; sexuality and the need for self-assertion are the primary urges at this period. Material and worldly success, and especially intellectual success, is often won at the expense of the sexual urge, and when this causes a neurosis, it is most likely to be helped by interpretation of the difficulties in terms of their infantile sexual sources. On the other hand, the unsuccessful person who attempts to compensate for this with self-assertion needs to see the fictitious nature of his aims.

1. 'The Aims of Psychotherapy' (C.W., 16), pars. 69-70. At the same time Jung never loses sight of the constructive elements which he knows can always be found in a neurosis. To work only backward and downwards - i.e. looking for traumas in infancy - can have a destructive rather than a healing effect, and for this reason he is never content merely to find the causes of the trouble. An excellent example of this twofold way of regarding a neurosis is to be found in the case of a young man who came to Jung for the treatment of homosexuality, one of the causes of which was a too-intense relationship to his mother. The young man had two dreams, one preceding, one immediately after his first interview, in which there was no attempt at dream analysis. They were:

(1) I am in a lofty cathedral filled with mysterious twilight. They tell me that it is the cathedral at Lourdes. In the centre there is a deep dark well, into which I have to descend. (2) I am in a great Gothic cathedral. At the altar stands a priest. I stand before him with my friend, holding in my hand a little Japanese ivory figure, with the feeling that it is going to be baptized. Suddenly an elderly woman appears, takes the fraternity ring from my friend's finger, and puts it on her own. My friend is afraid that this may bind him in some way. But at the same moment there is a sound of wonderful organ music. Of these dreams Jung says:

They show the patient's situation in a highly remarkable light, and one that is very strange to the conscious mind, while at the same time lending to the banal medical situation an aspect that is uniquely attuned to the mental peculiarities of the dreamer, and thus capable of stringing his aesthetic, intellectual, and religious interests to concert pitch. No better conditions for treatment could possibly be imagined.(1)For a detailed analysis of these dreams the reader is referred to Jung's own work,(2) but even one unskilled in dream interpretation may catch something of their atmosphere and meaning. The reference to healing, i.e. Lourdes, the place of healing, is unmistakable, and the suggestion that an ordeal is to be faced before a change can take place is also clear. It seems, too, as if the whole experience is to be taken in a religious spirit. This is in striking contrast to the usual sordid associations of homosexuality. In the second dream the young man associated the ivory figure with *membrum virile*

1. Two Essays on Analytical Psychology, pars. 167, 175, 182.

2. Ibid., pars. 165-83.and its baptism with the Jewish rite of circumcision which was he said 'a sort of baptism'. It seems then as if the sexual organ is to be baptized; in other words, dedicated to a new purpose, especially since a priest is present at the ceremony. Jung at this point draws many analogies with rites of initiation, all of which have the purpose of leading young men out of a childish state into a participation with the adult world. Lastly the ring is taken from the friend (the one with whom he has been homosexually connected) and given to a woman. It is true that this elderly lady had a motherly aspect, and one might perhaps conclude that this was therefore merely a regression - i.e. the wish for an incestuous relationship with a mother - but the dream closed on a positive note with the beautiful organ music, and left the young man with a feeling of harmony and peace. There is therefore justification for thinking that the placing of the ring on the lady's finger indicated a step forward towards a heterosexual rather than a homosexual attitude. This, in fact, proved to be the case, and these dreams therefore showed the possibility of a development which might unfold in the right atmosphere. To have traced merely the causes of this neurosis would have been to neglect, perhaps even to destroy unconscious forces working towards its cure.(1)

When older people (say those over forty) become neurotic they need treating in quite a different manner from the young. This is especially true if their life has been reasonably successful up to the time when the neurosis develops. There is in addition a type of middle-aged patient who is not neurotic in the ordinary sense, but who simply finds life empty and meaningless. This is not a clinically definable neurosis, but might well be described as 'the general neurosis of our times'. Quite a third of Jung's patients come from this class of person, and it is therefore natural that his special contribution to psychotherapy should be seen most clearly in relation to this type of case.

1. N.B. It may be added that the development indicated in the dreams did not come about immediately, or by any means easily, and that without the positive sign they gave there were. In Jung's view every neurosis has an aim; it is an attempt to compensate for a one-sided attitude to life, and a voice, as it were, drawing attention to a side of personality that has been neglected or repressed.

'The symptoms of a neurosis are not simply the effects of long-past causes, whether "infantile sexuality" or the infantile urge to power; they are also attempts at a new synthesis of life - unsuccessful attempts, let it be added in the same breath, yet attempts nevertheless, with a core of value and meaning.(1) This is where Jung's own particular contribution to psychotherapy appears: firstly, his insistence that a neurosis should not be regarded as something entirely negative, but that if it can be understood, a hint of new possibilities of development will be found in it; secondly, in his view that there are other important drives in human nature besides those of sexuality and self-assertion, and that the cultural or spiritual drive is, in the second half of life, of more importance than the other two. A further distinction Jung makes is that the causes of a neurosis are to be found in the present as well as in the past (the past is significant only if it is clearly having an effect on the present) and in the failure of the libido to carry the person over some obstacle and on to a new stage of development. These are points where all rational explanations or conscious attempts at adjustment fail, and where hope lies only in tapping the energy of the unconscious, and releasing new sources of life. This has already been referred to in the chapter on Individuation, and will be returned to as it is of first importance both in understanding Analytical Psychology and in assessing the contribution it makes to life. In the meantime it is necessary to describe the general therapeutic process in more detail.

1. Two Essays on Analytical Psychology, par. 67.A neurosis is a particular kind of psychic disturbance which interferes with the life, and often with the health, of the person suffering from it. In Jung's view it is caused by a conflict between two tendencies; one expressed consciously, the other by a complex split off from consciousness and leading an independent but unconscious existence. This complex may or may not have been previously conscious; the point is that the neurotic does not know that it exists; but it interferes, either by obtruding unexpectedly into consciousness or by attracting energy to itself, so that less and less is available for conscious and directed activity.

A neurosis may show itself in the mildest way, in fact we are all sufferers to some extent; most of our lapses of speech or of memory, misunderstandings of what we have heard or read, or of other people's motives, or so-called hallucinations of memory when we mistakenly believe we have done or have not done something, are neurotic in origin. At the other extreme lie the dramatic cases of lost memory, hysterical paralysis, blindness, or deafness, &c. - i.e. physical conditions for which there is no traceable physical cause - and in between the host of anxieties, fears, and obsessions from which the wretched sufferer is quite unable to free himself. Many apparently inexplicable illnesses, headaches, fevers, and so

on, are neurotic. For example, we may cite the case of a man with a high temperature which went down immediately to normal after he had been able to make a full confession of a dark and forgotten secret.(1) Confession is, in fact, of first importance in any analytical treatment:

The first beginnings of all analytical treatment of the soul [says Jung] are to be found in its prototype, the confessional. Since, however, the two have no direct causal connexion, but rather grow from a common irrational psychic root, it is difficult for an outsider to see at once the relation between the groundwork of psychoanalysis and the religious institution of the confessional.

Once the human mind had succeeded in inventing the idea of sin, man had recourse to psychic concealment; or, in analytical parlance, repression arose.(2)

1. Two Essays on Analytical Psychology.

2. 'Problems of Modern Psychotherapy' (C.W., 16), pars. 123-4. This is the common psychic root - the fact that men conceal things, and in so doing alienate themselves from the community. What is concealed tends to be everything 'dark, imperfect, and stupid in ourselves' and so the secret is laden with guilt, whether or no it is something really wrong from the standpoint of ordinary morality. In fact one form of concealment, which can have a most damaging effect, is often practised as a virtue - that is the concealment of emotion. In both cases, however, a reservation must be made; some secrets are necessary to our development as individuals and prevent us from becoming dissolved in the unconsciousness of community life, and the control of emotion is necessary and desirable if carried out in the right way. Self-restraint as a merely private virtue leads to 'the well known bad moods and irritability of the over-virtuous.(1) It also damages personal relationships, leading to coldness where there should be warmth, a false air of superiority, or a tepid harmony. Self-restraint, in fact, needs to be practised for social or religious ends, not for personal aggrandizement or from fear.

A full confession - that is to say, 'not merely the intellectual recognition of the facts with the head, but their confirmation by the heart, and the actual release of suppressed emotion' (2) - can have a wonderfully healing effect, especially with uncomplicated people. But unfortunately confession is not a simple matter, for the personality of the confessor plays an important part in obtaining the right effect. It also frequently happens that, though the patient is apparently cured, insofar as his symptoms have been removed by confession, or that he now understands their origin and meaning, he persists in continuing his treatment, even though there is no apparent necessity for this. He cannot do without the one who cured him.

1. 'Problems of Modern Psychotherapy', par. 130.

2. Ibid., par. 134. It has been found (and this was Freud's special contribution) that this obstinate attachment to the analyst is the result of the patient having transferred to him or her feelings which were once given to the real parents, or in psychological terms 'the memory-image of the father and mother with its accent of feeling is transferred to the analyst', hence the term 'transference' is given to the phenomena. The patient has become like a child, or rather he was like a child all the time, but he suppressed this fact; now he tries to reproduce with the analyst the family situations of childhood. Most often the analyst represents the parent of the opposite sex, but brother--sister, father-son, and mother-daughter relationships may also appear. In this phase much that has been repressed comes into the daylight, and many fantasies appear, especially fantasies of incest. It is therefore not surprising that these had previously remained unconscious, and that it is not easy to become conscious of such contents or of other unsavoury matters which may be unearthed. The forces that become active during this stage of analysis are predominately erotic, but what Adler has called 'the will power' can also be active. The patient then uses his childishness to try to dominate the situation and exploits his neurosis to gain importance. The patient only becomes aware of these things through 'the interpretation of the transference' - i.e. an explanation of what is happening in his relationship to the analyst, and this explanation needs to be given afresh at every stage, for the transference naturally develops and changes.

'Explanation' is perhaps a misleading word to describe what is both a method and a process, for the emotions are deeply involved. The transference cannot be explained away; it has to be lived through with the analyst. Though limitations are imposed by the conditions of the consulting room and the restrictions of fixed hours of treatment, Jung insists that the analyst should meet the patient as a fellow human being, that if necessary there should be equal frankness between them, and that any suffering should be shared. From this relationship of two people spring therapeutic results which no mere explanation could effect.

It is this same human relationship which makes the personality of the analyst so important in obtaining relief through confession. It may also happen that the patient becomes aware of a split-off part of the personality - an autonomous complex - and yet has the greatest difficulty in integrating it, since it expresses something absolutely contradictory to the conscious personality. At this point the understanding and sympathy of the analyst are of the utmost importance, helping to reinforce the powers of consciousness until it is able to assimilate the disturbing factor. The patient does not then 'stand alone in his battle with these elemental powers, but someone whom he trusts reaches out a hand, lending him moral strength to combat the tyranny of uncontrolled emotion.(1) If, however, there is to be this close relationship it is of the greatest importance that the analyst himself should first have been analysed,(2) for he cannot help another person to a stage farther than he has reached himself. The analyst must know his own shadow and have had real experience of the unconscious forces which he is now helping his patient to face. He cannot evade his own difficulties by trying to cure

other people; he must first cure himself. In sharing his patients' experiences he risks becoming infected by their illness (just as a doctor may be infected by physical illness), and he needs all the stability that sell' knowledge can bring.

In all his discussions on Psychotherapy, Jung emphasizes the fact that it rests on the relationship between two human beings; this is the significant thing to which all theories and methods should be secondary. The analyst cannot sometimes prevent himself from thinking that this, that, or the other course would be best for the patient, but he has no right to impose his views; his business is to help the patient towards that state where he can discover for himself the way to live and the necessary impetus to put this into practice. Theories and methods are only aids towards this end.

1. 'The Therapeutic Value of Abreaction' (C.W., 16), par. 270.

2. It was Jung who first saw this clearly, and Freud was quick to agree. There are many stages at which psychological treatment can come to an end: when, for instance, disagreeable symptoms have disappeared; when there has been a satisfactory development from a childish state, or when a new and better adaptation to life has been achieved; or again when an essential but unconscious psychic content has been realized and a new impetus given to life. But there are some people who find no permanent satisfaction in these solutions, and who either continue their work with the analyst, or return at some later date, driven by the desire for further understanding and development. There are also those more or less normal people who, having reached the second half of life, are dissatisfied, and being unable to find comfort in the ordinary ways, turn to analysis to see if it can provide any solution of their difficulties. These are the people to whom the goal of individuation is a necessity, and the ordinary psychotherapeutic processes scarcely apply. In fact, Jung calls this stage of analysis a 'dialectical discussion between the conscious mind and the unconscious, a development or an advance towards some goal or end the perplexing nature of which has engaged my attention for many years'.⁽¹⁾ Most of the patients to whom this applies have led well-adapted and often successful lives; many of them have had some form of psychotherapeutic treatment 'with partial or negative results',⁽²⁾ and most of them complain of the emptiness or lack of meaning in their lives, or express themselves as 'being stuck', or of having no idea what they shall do or where they shall turn. They are often able and intelligent people to whom normalization means nothing; in fact their neurosis (if such it can be called) lies in their 'normality' and their deepest need is to be able to live 'abnormal lives'.

1. Psychology and Alchemy, par. 3.

2. 'The Aims of Psychotherapy' (C.W., 16), par. 83,

To be a normal human being is probably the most useful and fitting thing of which we can think; but the very notion of a normal human being', like the concept of adaptation, implies a restriction to the average ... To be 'normal' is the ideal aim for the unsuccessful, for all those who are still below the general level of adaptation. But for people of more than average ability, people who never found it difficult to gain successes and to accomplish their share of the world's work - for them the moral compulsion to be nothing but normal signifies the bed of Procrustes - deadly and insupportable boredom, a hell of sterility and hopelessness.⁽¹⁾ Both these people, and those whose chief difficulty lies in having come to a 'dead end', have often read widely, thought deeply, and explored all the possibilities offered by religion and philosophy; they know all the answers that consciousness can give. It is at this point that Jung makes his most significant contribution to psychotherapy.

I have no ready-made philosophy of life to hand out. ... I do not know what to say to the patient when he asks me, 'What do you advise? What shall I do?' I don't know either. I only know one thing: when my conscious mind no longer sees any possible road ahead and consequently gets stuck, my unconscious psyche will react to the unbearable standstill.⁽²⁾ This coming to a standstill is such a familiar human situation, and has so often been repeated in the history of mankind, that it has become the theme of many a fairy-tale a myth of the 'Open Sesame' type, where the locked door opens to the magic words, or the hidden way is revealed by some helpful animal or strange creature. 'Getting stuck' is one of those typical events 'which in the course of time have evoked typical reactions and compensations'.⁽³⁾ It is quite likely, therefore, that when this psychic situation is repeated in the life of modern man his unconscious will react to it with a dream of a similar type.

1. 'Problems of Modern Psychotherapy' (C.W., 16), par. 161.

2. 'The Aims of Psychotherapy', par.84.

3. Ibid., par. 85. The aim of therapy at this stage is for the patient to explore the latent possibilities in himself, to find out what kind of a person he really is, and to learn to live accordingly. The analyst must therefore set aside all preconceived ideas as to the way his patient should develop, and the emphasis lies not on 'treatment', but on the relationship between analyst and patient, for neither knows the answer or can predict the outcome. 'By no device,' says Jung 'can the treatment be anything but the product of mutual influence, in which the whole being of the doctor as well as that of his patient plays its part.'⁽¹⁾

Between doctor and patient, therefore, there are imponderable factors which bring about a mutual transformation. In the process, the stronger and more stable personality will decide the final issue. I have seen many cases where the patient assimilated the doctor in defiance of all theory and of the latter's professional intentions. The stage of transformation is grounded on these facts.⁽²⁾ Jung has likened this meeting of two personalities to the contact of two chemical substances; if there is any reaction both are transformed. Nor is this a fanciful or vague analogy, for it formed part of the basis of

Jung's researches into alchemy.(3) This process (i.e. that of mutual transformation) demands as much of the analyst as it does of the patient, the same honesty and perseverance, the same readiness for change; and it makes heavy demands on him, for in the last resort it is always his own personality rather than a method or technique which is the determining factor.

If the patient's problem is a religious one, then the analyst must face his religious problems too, and, what is more, he must be able to discuss them frankly with his patient. If the patient's task is one of higher cultural development, then the analyst must also develop in this way.

Psychotherapy [as Jung says] transcends its indexical origins and ceases to be merely a method for treating the sick. It now treats the healthy or such as have a moral right to psychic health, whose sickness is at most the suffering that torments us all.(4)

1. 'Problems of Modern Psychotherapy', par. 163

2. Ibid., pars. 164-5.

3. Cf. 'The Psychology of the Transference' (C.W., 16).

4. 'Problems of Modern Psychotherapy', par. 174. The earlier stages of analysis deal largely with personal problems, and therefore with the personal unconscious, but the last stage, in which the individual needs to find his place in the life of the generations, touches the collective unconscious, and it is Jung's theory of a collective as well as a personal unconscious that differentiates his psychology from all others.

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