Carl Jung, 1875–1961

4 ANALYTICAL PSYCHOTHERAPY

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OVERVIEW

Analytical psychology, the psychodynamic system and personality theory created by Carl Gustav Jung, builds on Freud's and Adler's perspectives, offering an expanded view of humanity's personal and collective realities. Analytical psychotherapy offers a map of the human psyche that encompasses conscious and unconscious elements, including both a transpersonal (archetypal) and a personal layer in the unconscious. The goals of psychotherapy are reintegration, self-knowledge, and individuation, with a heartfelt awareness of the human condition, individual responsibility, and a connection to the transcendent replacing a wounded, one-sided, rationalistic, and limited sense of self. Therapy taps into the healing and self-regulating potential of the psyche by means of a profound encounter between the interacting personalities of patient and therapist.

Basic Concepts

The cornerstone of Jung's psychological system is his concept of the psyche, the inner realm of personality that balances the outer reality of material objects. Jung defined *psyche* as a combination of spirit, soul, and idea; he viewed psychic reality as the sum of the conscious and unconscious processes. According to Jung, this inner world influences biochemical processes in the body, affects the instincts, and determines one's perception of outer reality. Jung proposed that physical matter can be known only through a person's psychic images of outside reality; thus, what people perceive is in large part determined by who they are.

The reality of the psyche was Jung's working hypothesis, confirmed through material he gathered from fantasy, myth, image, and the behavior of individual people. Jung mapped the psyche in terms of a whole made up of balancing and compensatory opposites. Key aspects of his map of the psyche are a personal and collective unconscious as well as a personal and collective consciousness.

Jung's description of the personal unconscious is similar to Freud's, but more extensive. In Jungian theory, an individual's personal unconscious contains not only material unacceptable to one's ego and superego and therefore repressed, but also material unimportant to the psyche, temporarily or permanently dropped from consciousness. It also contains undeveloped parts of one's personality not yet ready for or admitted to consciousness, as well as elements rising from the collective unconscious.

Collective unconscious is Jung's term for the vast, hidden psychic resource shared by all human beings. Jung discovered the collective unconscious through his patients' disclosures, his own self-analysis, and cross-cultural studies. He found the same basic motifs expressed in fantasies, dreams, symbols, or myths. Images that emerge out of the collective unconscious are shared by all people but modified by their personal experiences. Jung called these motifs archetypal images and depicted the collective unconscious as organized in underlying patterns.

An *archetype* is an organizing principle, a system of readiness, and a dynamic nucleus of energy. As an organizing principle, an archetype is analogous to the circuitry pattern in the brain that orders and structures reality; as a system of readiness, it parallels animals' instincts; as a dynamic nucleus of energy, it propels a person's actions and reactions in a patterned way. Jung believed that humans have an inherited predisposition to form their personalities and to view reality according to universal inner patterns.

Archetypes can be seen as pathways along whose course energy flows from the collective unconscious into consciousness and action. Jung wrote that there were as many archetypal images in the collective unconscious as there were typical situations in life, and that they have appeared in individual experience from time immemorial and will reappear in the future whenever analogous situations arise. Some archetypal patterns that became a major focus of Jung's work and a fertile source for popular psychology are the Heroic Quest; the Night Sea Journey; the Inner Child (often seen as the childlike part of one's own personality) and Divine Child; the Maiden, Mother, and Goddess; the Wise Old Man; and the Wild Man.

Whereas the collective unconscious reveals itself to a person by means of such archetypal images, the personal unconscious makes itself known through *complexes.* Archetypal images flow from the collective unconscious into the personal unconscious by means of a *complex* (a sensitive, energy-filled cluster of emotions, such as an attitude toward one's father or anyone resembling him). Jung's idea of the complex came from his research on the Word Association Test. Jung would read a list of words aloud, asking subjects to respond with the first word that came to their minds; he then repeated the list, with the subjects attempting to recall their initial responses. Jung noticed pauses, failures to respond or remember, and bodily reactions, and he believed that such variations revealed sensitive, hidden areas. Jung named these reactions complexes—emotionally charged associations of ideas and feelings that act as magnets to draw a net of imagery, memories, and ideas into their orbit.

Jung believed the complex to be so important that when he broke with Freud and looked for a name for his form of psychoanalysis, his first choice was Complex Psychology. Freud and Adler adopted Jung's terminology of the complex, but Jung's formulation was far richer than those of his colleagues. Jung believed that even though a complex may have restricting, upsetting, or other disturbing consequences in some instances, it can also be positive, serving to bring matters of importance to consciousness. Complexes demand personal confrontation and response that can promote a person's

development and growth. One can relate to a complex positively by meeting its demand, but this takes hard psychological work. Many people try to manage a complex by projecting its contents: A man with a negative mother complex, for instance, may see all women in an exaggeratedly negative light. (*Projection* means attributing to another person something that really belongs to one's own personality.) Another way a person may try to avoid a complex is by repression. Thus, a woman with a negative mother complex may cut herself off from all that she considers feminine so as not to resemble her mother in any way. Another woman with a mother complex might perceive herself as an all-good, "earth mother" type of woman. In more extreme cases, a complex may overpower an individual so that the person loses touch with reality, becoming psychotic; a psychotic woman who has a mother complex may believe she is Mother Nature and the mother of everything and everybody on earth.

Rather than seeing the unconscious as something that needs to be cleaned out and made conscious, Jung felt that individuals grow toward wholeness when both conscious and unconscious parts of the mind work in harmony. Because of this natural movement toward balance and self-healing, Jung concluded that neurosis contained the seeds of its own cure and had the energy to bring about growth and healing. The Jungian analyst serves as a catalyst to promote balance, growth, and integration.

Other Systems

Jung's theories have influenced contemporary religious, cultural, and sociological thought, as well as art, literature, and drama. Nevertheless, psychology in general, and modern psychotherapeutic systems in particular, frequently overlook or ignore Jung's influence. There are many reasons for this, including the difficulty of Jung's writing style and the bitter parochialism of some early psychoanalysts. The situation is compounded by the tendency of psychologists to believe what they have *heard* about Jung rather than reading what he wrote. Today's psychologists receive a rigorously scientific education that often leads them to fear "soft" science and to avoid a system that they have been told is mystical. In reality, the pragmatism of Jung's practical and inclusive approach to psychotherapy has contributed much to the general field of psychology. To ignore one of the three great early psychodynamic theoreticians of the twentieth century is to travel with an incomplete map of the human psyche.

Jung started to develop his own form of psychoanalysis and to treat patients before he met Freud. However, his debt to Freud is great. Perhaps most important to Jung were Freud's exploration of the unconscious through free association, his focus on the significance of dreams, and his stress on the role of early childhood experiences in the formation of personality (Davis, 2008; Ellenberger, 1981). Jung constructed a map of these areas that became broader and more inclusive than Freud's.

Jung focused on the complex as the royal road to the unconscious, whereas Freud emphasized the importance of dreams. Yet dreams play a more significant role in Jung's system than in Freud's, since Jung saw dreams as more meaningful than simple wish-fulfillments, requiring a more thorough and well-rounded technique of dream analysis. For Jung, Freud's Oedipus complex was only one of many possible complexes and not necessarily the most important one. Sexuality and aggression, rather than being the sole channels for the expression of libido, were only two of its many possible routes. Neurosis had many causes, including, but not limited to, sexual problems. Perhaps the most salient difference between Freud and Jung resulted from Jung's belief that the quest for meaning was as strong a need as the sex drive.

Jung believed that certain people would profit most from a Freudian analysis, others from an Adlerian analysis, and still others from a Jungian analysis. He viewed Adler's theory of dreams as similar to his own. Both theories held that dreams could reveal what an individual wanted not to recognize in himself or herself (what Jung called the *shadow*

aspects of the personality). Both Jung and Adler believed that dreams reveal the underlying pattern of the way an individual relates to the world. Adler and Jung also stressed the importance of first memories, and of fulfilling life tasks and one's duties to society. Jung taught that unless these tasks were fulfilled, neurosis would result. They both met the individual patient on a more equal footing than Freud. Freud had his patients lie on a couch and free associate, but Jung and Adler sat face-to-face with their patients. Finally, both Adler and Jung believed that psychotherapy should look to the future as well as to the past. Jung's ideas of life goals and forward-looking (teleological) energy are similar to Adler's views.

Life-span psychologists owe much to Jung. Erik Erikson's life stages, Lawrence Kohlberg's stages of moral development, and Carol Gilligan's reevaluation and redefinition of Kohlberg's work to reflect women's development—all express Jung's ideas of individuation over the life span. Jung's theories inspired Henry A. Murray's Needs-Press Theory of Personology, and Jung's encouragement of fantasies inspired the Thematic Apperception Test (Christiana Morgan, its first author, and Murray were analyzed by Jung). Gestalt therapy can be seen as an extension of Jung's method of dream interpretation. Jungians such as E. C. Whitmont and Sylvia Perera (1992) use a combination of gestalt enactment and active imagination (a conscious exploration of one's fantasies) as core analytic tools. J. L. Moreno's psychodrama reflects Jung's encouragement of patients' enacting their dreams and fantasies; Moreno's ideas of role and of surplus reality mirror Jung's belief in a pluralistic psyche composed of many archetypal images and possible roles.

Harry Stack Sullivan's *good me* and *bad me* reflect Jung's concepts of positive and negative *shadow* (the rejected or unrecognized parts of one's personality). Alexander Lowen's bioenergetic theory follows Jung's theory of typology, and Jung's four functions of *thinking, feeling, sensation,* and *intuition* loosely parallel Lowen's hierarchy of personality functions. Holistic therapies of all varieties, from the Adlerian to the most modern, share with Jung the idea of a person made up of many parts in service to the whole, with the individual having a normal urge toward growth and healing. Self-actualizing theories, such as those derived from Abraham Maslow's work, stress the forward-looking and optimistic parts of Jung's psychology, and the person-centered psychology of Carl Rogers echoes Jung's human interest and personal devotion to his patients. Jung (1935a) insisted on the human quality in analysis, emphasizing the integrity of the patient who "inasmuch as he is an individual . . . can only become what he is and always was . . . the best thing the doctor can do is lay aside his whole apparatus of methods and theory" (p. 10) in order to be with the patient as a fellow human being.

Theories that have emerged from neo-Freudian ego psychology, such as Melanie Klein's and Erich Fromm's theories, share so much with Jungian thought that they cross-fertilize each other and are producing a vigorous hybrid. Jungians have pointed out the similarity of their constructs to Jung's original formulations in realms such as the description of infancy and its tasks, the internalization of parts of others' personalities, projections, and the death instinct (e.g., Maduro & Wheelwright, 1977; Solomon, 2009). Barbara Stephens (1999) sees the following Jungian themes fertilizing post-Freudian thought: the centrality of self and subjective experience; countertransference as helpful analytic data; the role of symbol and symbol formation; the importance of primitive (and infantile) affective states; and Freudian feminists' focus on desire as a significant conduit of integration and healing.

Jung's emphasis on the value of being as well as doing, and his deep trust in religious or mystical feelings, are similar to many Asian psychotherapies (Young-Eisendrath, 2008; Higuchi, 2009). Jung's method for incubating fantasies in active imagination is a directed meditation. Jung lectured widely on Asian systems of thought, comparing them to his own theories; perhaps his most cogent lecture was on yoga in relation to the analysis of one of his patients (Douglas, 1997b).

HISTORY

Precursors

Carl Gustav Jung (1875–1961), the eldest son of a clergyman, grew up in the German-speaking part of Switzerland during the final quarter of the nineteenth century. His mother came from a family of theologians; his father's father, a physician, had also been a renowned poet, philosopher, and classical scholar. Jung received a thorough education embedded not only in the Protestant theological tradition but also in classical Greek and Latin literature. He was influenced especially by the pre-Socratic philosopher Heraclitus, by the mystic Jacob Boehme, by romantic philosophy and psychiatry, and by Asian philosophy. During an era that marked the rise of scientific positivism, Jung's teachers emphasized a rational, optimistic, and progressive view of human nature. Nevertheless, Jung was drawn instead to romanticism, which valued the irrational, the occult, the mysterious, and the unconscious. Romanticism had a more pessimistic view of human nature than positivism did. According to romantic philosophy, humans were divided and polarized; they yearned for a unity and wholeness that had been lost. This yearning manifested itself through the desire to plumb the depths of the natural world as well as the individual soul (Douglas, 2008).

Romantic philosophy underlay nineteenth-century anthropology, linguistics, and archaeology, as well as research on sexuality and the inner worlds of the mentally ill—all topics that interested Jung. Romanticism also manifested itself in the exploration of parapsychological phenomena and the occult.

Tracing the specific sources of Jung's ideas would require many chapters (see especially Bair, 2003, Bishop, 2009, and Shamdasani, 2003). Perhaps the best brief coverage is by Henri Ellenberger (1981), who stresses Jung's debt to romantic philosophy and psychiatry. The theories of Goethe, Kant, Schiller, and Nietzsche were influential in forming Jung's style of thinking in terms of opposites.

Jung's fellow townsman, Johann Bachofen, was interested in the religious and philosophical importance of myths and the meaning of symbols. Nietzsche had borrowed Bachofen's concept of a Dionysian–Apollonian duality, which Jung adopted in turn. (Dionysius stood for the sensual side of life, and Apollo represented the rational.) Nietzsche shared with Jung a sense of the tragic ambiguity of life and the presence of good and evil in every human interaction. Nietzsche's ideas about the origin of civilization, humanity's moral conscience, and the importance of dreams, together with his concern about evil, influenced Jung. Nietzsche's description of the Shadow, the Persona, the Superman, and the Wise Old Man were taken up by Jung as specific archetypal images.

Carl Gustav Carus and Arthur Schopenhauer also influenced Jung. Carus had written about the creative and healing functions of the unconscious 50 years before Freud or Jung. Carus outlined a tripartite model of the unconscious that prefigured Jung's concepts of the archetypal, collective, and personal unconscious. Schopenhauer possessed a view of life that attracted Jung. Both wrote about the irrational in human psychology, as well as the role played by human will, repression, and the power of the instincts. Schopenhauer and Nietzsche inspired Jung's theory of archetypes; also influential was Schopenhauer's emphasis on imagination, the role of the unconscious, the reality of evil, and the importance of dreams. Both Schopenhauer and Jung were interested in moral issues and in Eastern philosophy, and both believed in the possibility of personal wholeness.

Ellenberger (1981) traces Jung's psychotherapeutic emphasis on transference and countertransference (*transference* refers to feelings the patient projects onto the analyst and *countertransference* to the ways in which the analyst is influenced by patients' projections) to a chain of thought that originated in the exorcism of devils, wound through Anton Mesmer's theory of animal magnetism, and led to the early-nineteenth-century

use of hypnosis by Pierre Janet to cure mental illness. Janet also influenced Jung through his classifications of mental diseases and his interest in multiple personality and fixed ideas. For Janet, as for Jung, the dedication of the doctor and the personal harmony between doctor and patient were major elements in cures.

Beginnings

Jung wrote, "Our way of looking at things is conditioned by what we are" (1929/1933/1961, p. 335). He believed all psychological theories were subjective, reflecting the personal history of their founders. Jung's parents had been raised in prosperous city families and were well educated; their discontent with their life in the poor rural parish of Kesswil, where Jung's father served as a country pastor, affected Jung's childhood. Jung described his youth as lonely. Until he went to high school, his companions were mostly uneducated farm children. His early experience with peasants brought out a practical and earthy side of Jung that balanced his tendency toward introspection (Jung, 1965).

Jung was close to his mother. He experienced her as having two sides. One side was intuitive, with an interest in parapsychology that he feared; the other side was warm and maternal, which comforted him. In his mind, Jung split her into a daytime/nighttime, good/bad person. Jung's later efforts to integrate these contrasting aspects of his mother found form in his emphasis on the importance of the Hero's quest to free himself from the Terrible Mother, as well as his depiction of powerful feminine archetypal images. Jung's unsatisfactory relationship with his father may have led to his later problems with men, especially male mentors and other authority figures.

Throughout his life, Jung was interested in and attracted to women. He married a woman with an earthy side similar to his mother's, but he remained captivated by intuitive women whom he described as his lost feminine half. In his autobiography, Jung remembered a nursemaid who took care of him when his mother was hospitalized for several months. This nurse became the prototype for a series of women who were to fascinate and inspire him. The parapsychological experiments of Jung's cousin, Helene Preiswerk, became the subject of his medical school dissertation. Her influence was seminal to the development of Jung's theories.

Much of Jung's reading during his university and medical school years concerned multiple personality, trance states, hysteria, and hypnosis. He brought this interest to his coursework and to his lectures to fellow students, as well as to his dissertation. His fascination with these subjects, and his reading of Richard von Krafft-Ebing's study of sexual psychopathology propelled Jung into psychiatry (Jung, 1965). Soon after Jung finished his dissertation, he started work under Eugen Bleuler at the Burgholzli Psychiatric Hospital, then a famous center for research on mental illness. Jung lived at the Burgholzli Hospital from 1902 to 1909 and became intimately involved with the daily lives of mentally disturbed patients. Their inner worlds intrigued him, and his exploration of the symbolic universe of one of his schizophrenic patients, Babette, was a major source of Jung's study on schizophrenia, *The Psychology of Dementia Praecox* (1907/1960). At the Burgholzli, Jung developed and administered a number of psychological tests. His Word Association Test studies (1904–1907) gained him renown. These studies were the first demonstration of the reality of the unconscious. This work led Jung to begin a correspondence with Sigmund Freud.

Freud appreciated Jung's contributions to psychoanalytic theory and accepted Jung as his heir apparent. He appointed Jung president of the International Psychoanalytic Association and editor of the *Jahrbuch,* the first psychoanalytic journal. The two men traveled together to the United States in 1909 to lecture on their respective views of psychoanalysis at Clark University. Jung considered himself Freud's collaborator, not his disciple. Divergent perceptions, as well as their conflicting personalities, caused them to

sever their alliance. Jung brought about his inevitable break with Freud through writing *The Psychology of the Unconscious* (1911, revised in 1956 as *Symbols of Transformation*).

In this book, Jung set forth his own form of psychoanalysis, in which myth, cultural history, and personal psychology were interwoven; he also redefined *libido* more comprehensively than had Freud. During this period, Jung married and then left the Burgholzli for private practice. He began to train his followers in his own method, and his wife, Emma Jung, became one of the first analytical psychotherapists.

After his break with Freud, Jung suffered a period of extreme introversion that Ellenberger (1981) called a creative illness. At this time, a third in the series of women who inspired him, his former patient and a future analyst, Toni Wolff, served as Jung's guide for his descent into the unconscious. Jung acknowledged his debt to her, as well as to the women who were the subjects of his first three books, and to his female patients when he wrote, "What this psychology owes to the direct influence of women . . . is a theme that would fill a large volume. I am speaking here not only of analytical psychology but of the beginnings of psychopathology in general" (Jung, 1927/1970, p. 124). He added that "I have had mainly women patients, who often entered into the work with extraordinary conscientiousness, understanding and intelligence. It was essentially because of them that I was able to strike out on new paths in therapy" (Jung, 1965, p. 145).

Jung's emergence from his period of creative introversion was signaled by the 1921 publication of his *Psychological Types.* Its inspiration came from Jung's reflection on the destructive antagonism among Freud, Adler, and himself. Jung made his private peace with them by creating a system of typology that allowed for and explained the different ways each experienced and reacted to the world.

Current Status

Interest in Jungian psychology is growing as the incompleteness of positivistic science becomes more apparent and the world becomes increasingly complex. In spite of the dismissal of analytical psychology by some pragmatic psychologists, the fact that analytical psychology answers a strong need for many people can be seen in the growing number of Jungian professional training institutes and analysts. As of 2009, the International Association for Analytical Psychology had 2929 certified analyst members in 45 countries, 51 professional societies (19 in the United States), and 19 developing groups. There are Jungian study groups and analytical psychology clubs that thrive both in cities that have professional societies and in many places not large enough to have institutes, and there are increasing numbers of people who call themselves Jungian-oriented therapists but have not gone through an institute's rigorous training. Professional journals are associated with specific institutes; among the more important ones are the British *Journal of Analytical Psychology;* San Francisco's *Jung Journal: Culture and Psyche;* the Los Angeles Institute's *Psychological Perspectives;* the New York Institute's *Journal of Jungian Theory and Practice;* Chicago's series of *Chiron* monographs on clinical practice; and the post-Jungian journal of archetypal studies, *Spring.* Important non-English journals include the *Cahiers de Psychologie Jungienne* from Paris, the *Zeitschrift für Analytische Psychologie* from Berlin, and Rome's *La Rivista di Psicologia Analitica.*

Training varies from institute to institute and country to country. Although Jung accepted lay analysts, the trend toward increasing professionalism grows. In the United States, institutes most often accept physicians, clinical psychologists, and social workers for training. Jung was the first psychoanalyst to insist that an analyst be personally analyzed. The cornerstone of Jungian training remains a thorough analysis over many years, often with two different analysts. Six or more years of case supervision comes next in importance (Crowther, 2009; Mathers, 2009; Sherwood, 2009). Coursework in the United States commonly takes 4 years and involves seminars that

provide a thorough grounding in clinical theory and practice (from both a Jungian and a neo-Freudian perspective), dream analysis, and archetypal psychology. Extensive personal reviews, oral and written examinations, and a clinical dissertation are generally required for professional certification as a Jungian analyst. The average length of training is 6 to 8 years though some newer groups are shortening training in Jungian psychotherapy to about 4 years.

There is an exciting ferment within Jungian studies at this time. Interest in child analysis, group work, body work, and art therapy is increasing, as is a concomitant interest in a hybrid of Jungian psychology and post-Freudian's object relations theory that focuses on the analysis of early childhood development and early childhood wounds (Cambray & Carter, 2004). *Object relations* is an unfortunate term for the way people relate to other people. This hybrid is becoming increasingly popular, especially in the United States and the United Kingdom. Others are revising or discarding the more time- or culture-bound aspects of Jung's theory. Two examples are a Jungian psychology of women that fits the reality of contemporary women and a reformulation of Jung's anima-animus concept. *Anima* is a feminine archetypal image most often represented through the feminine part of a man; *animus* is a masculine archetypal image most often represented through the masculine part of a woman. Jungians are currently reassessing what were once held to be traditionally "masculine" and "feminine" characteristics and are reappraising Jungian typological theory. There is also an extension of archetypal theory to images relevant to contemporary life, both in scholarly works and in popular works that reach a wide and receptive audience. There has been a gradual easing of the bad feelings and jealousy that divided the various schools of depth psychology since Freud, Adler, and Jung parted ways. Thus, for example, the National Accreditation Association for Psychoanalysis includes depth psychologists and institutes from many different, and formerly opposing, schools, and the British *Journal of Analytical Psychology* gives a yearly conference that is sponsored by the American Psychoanalytical Foundation and Jungian Institutes in Chicago and New York.

PERSONALITY

Theory of Personality

Jung's theory of personality rests on the concept of a dynamic unity of all parts of a person. The psyche is made up of conscious and unconscious components with connections to the *collective unconscious* (underlying patterns of images, thoughts, behaviors, and experiences). According to Jungian theory, our conscious understanding of who we are comes from two sources: the first derives from encounters with social reality, such as the things people tell us about ourselves, the second from what we deduce from our observations of others. If others seem to agree with our self-assessment, we tend to think we are normal; if they disagree, we tend to see ourselves, or to be seen by others, as abnormal.

In addition, each individual has a personal unconscious. This is an area of personality that cannot be understood directly and can be approached only indirectly through dreams and through analysis. The personal unconscious is affected by what Jung called the collective unconscious, an inherited human factor that expresses itself in the personal unconscious through archetypal images and complexes.

Thus, in effect, there are two aspects to the human psyche. One is an accessible side referred to as consciousness, comprising one's senses, intellect, emotions, and desires, and the other is an inaccessible side—the personal unconscious—containing elements of personal experience we have forgotten or denied, as well as elements of the collective unconscious that can be discerned through archetypal images and complexes.

Jung defined the Self as archetypal energy that orders and integrates the personality, an encompassing wholeness out of which personality evolves. The Self is the goal of personal development. The infant starts in a state of initial wholeness, as a unitary Self that soon fragments into subsystems. Through this fragmentation, mind and consciousness develop; over the course of a lifetime, the healthy personality then reintegrates at a higher level of development.

The most important fragment of the Self, the ego, first appears as the young child gains some sense of identity as an independent being. The ego in early life is like an island of consciousness set in an ocean of personal and unconscious material. The island grows in size and definition as it gathers and digests the deposits from the sea around it. This ego becomes the "I"—an entity comprising everything a person believes himself or herself to be, including thoughts, feelings, wants, and bodily sensations. The ego, as the center of consciousness, mediates between the unconscious realm and the outer world. Part of human psychological development consists of creating a strong and resilient ego that can filter stimuli from each of these domains without identifying with or being overcome by either side.

The *personal shadow* balances the ego in the personal unconscious. The shadow contains everything that could or should be part of the ego but that the ego denies or refuses to develop. The personal shadow can contain both positive and negative aspects. Shadow elements often appear in dreams in attacking or frightening forms of the same gender as the dreamer; they also erupt into consciousness through projection onto hated or envied individuals or groups. The personal shadow tends to be the vehicle through which archetypal images of evil emerge out of the collective unconscious, such as when, for instance, a mob gets carried away in mindless acts of violence. Confronting shadow material, making it and one's response to it conscious, can reclaim important parts of the personality to consciousness; these are essential tasks for the mature personality.

Jung believed in the reality of evil and viewed it as an increasing problem in the world. Jung felt that humans could confront evil by becoming conscious of it and aware of archetypal, inherited images of absolute evil. He thought that responsibly facing human evil meant becoming conscious of what is in one's own shadow, confronting archetypal images of evil instead of being overwhelmed by them, and taking personal responsibility for one's own evil propensities and actions rather than projecting shadow material and complexes onto other people, groups, or nations.

The *persona* is the public "face" of an individual in society. Jung named the persona for the Greek theatrical mask that hid the actor's face and indicated the part he chose to play. The persona shields the ego and reveals appropriate aspects of it, smoothing the individual's interactions with society. The development of an adequate persona allows for the privacy of thoughts, feelings, ideas, and perceptions, as well as for modulation in the way they are revealed. Just as people can identify with their egos, they can identify with their persona, believing they really *are* the role they have chosen to play.

Jung believed that the task of the first part of life was strengthening the ego, taking one's place in the world in relationships with others, and fulfilling one's duty to society. The task of the second half of life was to reclaim undeveloped parts of oneself, fulfilling these aspects of personality more completely. He called this process *individuation* and believed this life task drew many of his older patients into analysis. By individuation, Jung did not mean perfection; the idea refers to completion and wholeness, including acceptance of the more negative parts of one's personality and adoption of an ethical, though individual, response to them. Fordham (1996) and many other contemporary Jungians believe that individuation does not have to wait until middle age. Jung's emphasis on individuation as the task of the second half of life further differentiated his personality theory from Freud's because it allowed for growth and transformation

throughout the life cycle. The mid-life crisis, looked at in this way, becomes a challenging opportunity for further development.

Part of the process of individuation concerns not only assimilation of personal shadow material but also awareness and integration of the contrasexual elements in the psyche—what Jung called the *anima* (an archetypal image of the feminine) and *animus* (an archetypal image of the masculine), which serve as bridges to the unconscious. The form and character of the archetypal images of anima and animus are highly individual, based on a person's experience of the opposite sex, cultural assumptions, and the archetype of the feminine or masculine. Since so much about gender and gender roles is in flux today, current images no longer match those of Jung's time and are changing as culture and experience change (Douglas, 2006). Contemporary reevaluation of this concept holds much promise for a reappraisal of homosexuality as a natural occurrence.

Typology is one of the most important and best-known contributions Jung made to personality theory. In *Psychological Types* (1921/1971), Jung describes varying ways in which individuals habitually respond to the world. Two basic responses are *introversion* and *extraversion.* Jung saw introversion as natural and basic. Energy for the introvert flows predominantly inward, with reality being the introvert's reaction to an event, object, or person. Introverts need solitude to develop and maintain their rich inner worlds; they value friendship, having few but deep relationships with others. The extravert's reality, on the other hand, consists of objective facts or incidents. The extravert connects with reality mainly through external objects. Whereas the introvert adapts outer reality to inner psychology, the extravert adapts himself or herself to the environment and to people. Extraverts usually communicate well, make friends easily, and have a great deal of libido for interactions with other people. Jung described nations as well as people as being either predominantly introverted or extraverted. For instance, he saw Switzerland as basically introverted and the United States not only as primarily extraverted but also as tending to look on introversion as unhealthy.

In his theory of typology, Jung went on to divide personality into functional types, based on people's tendency to perceive reality primarily through one of four mental functions: *thinking, feeling, sensation,* and *intuition.* Each of these four functions can be experienced in an extraverted or an introverted way. According to Jung,

> For complete orientation all four functions should contribute equally: thinking should facilitate cognition and judgment, feeling should tell us how and to what extent a thing is important or unimportant for us, sensation should convey concrete reality to us through seeing, hearing, tasting, sensing, etc., and intuition should enable us to divine the hidden possibilities in the background, since these too belong to the complete picture of a given situation. (1921/1971, p. 518)

According to Jung, a thinker finds rules, assigns names, makes classifications, and develops theories; a feeling person puts a value on reality, often by liking or disliking something; a sensing type uses the five senses to grasp inner or outer reality; and an intuitive person has hunches that seem to penetrate into past and future reality, as well as an ability to pick up accurate information from the unconscious of another person.

Most people seem to be born with one of these four primary functions dominant. The dominant function is used more than the others and is developed more fully. Often a secondary function will develop as the person matures, while a third but weaker function—such as feeling for the thinker, or sensation for the intuitive person—remains shadowy and undeveloped. Jung stressed the importance of the least-developed function. Largely unconscious, it is often seen first in shadow and animus/anima subpersonalities. This undeveloped function causes trouble when it breaks into consciousness, but it can also bring creativity and freshness, appearing when the mature personality feels lifeless and spent.

People tend to develop one primary attitude and function and then rely on these, sometimes inappropriately. For instance, a predominantly thinking type tends always to consider the facts of the case when it may be better simply to understand that something is right or wrong, good or bad, worthy of acceptance or rejection.

Everyone has access to all four functions as well as to introversion and extraversion. Part of personality development, according to Jungians, consists of first refining one's predominant type and then cultivating one's less-evolved functions. In life-span development, the secondary function matures after the first and is followed by the third; the blooming of the least-developed function comes last and can be a source of great creativity in the latter part of life. It is important to stress that typological theory is a blueprint or map far clearer than the terrain of the personality itself, which is full of individual differences.

Variety of Concepts

Opposites

Jung (1976) wrote, "Opposites are the ineradicable and indispensable preconditions for all psychic life" (p. 169). In line with the dualistic theories of his day, Jung saw the world in terms of paired opposites such as good and evil, light and dark, positive and negative. He designed his personality theory with *consciousness* opposing the *unconscious, masculine* opposing *feminine,* the *good aspects* of an archetypal image opposing the *bad* (e.g., the *Nourishing* opposing the *Devouring* Mother), *ego* opposing *shadow,* and so on. These opposites engage in active struggle, and personality development takes place through the tension this conflict produces in the psyche. For instance, a woman's conscious sexuality may war with her animus figure, who may appear in her dreams as a negative and judgmental male cleric. Caught in the conflict, she may go from one pole to the other and may develop neurotic symptoms from the split. Through bringing the fight between her eroticism and her spirituality into awareness, attentively following it, and allowing both sides their voice in fantasies and therapy, the woman may increase her consciousness and thus integrate the opposing sides of her sexuality and her religious feelings at a higher level of awareness.

Enantiodromia

This word refers to Heraclitus' law that everything sooner or later turns into its opposite. To illustrate enantiodromia, Jung liked to tell the story of the man who laughed on the way up a precipitous mountain path and cried on the easy way down. While climbing, he anticipated the effortless descent, but while ambling down, he remembered the difficult ascent he had made. Jung believed enantiodromia governed the cycles of human history as well as personal development. He thought that one could escape such cycles only through consciousness. Jung's belief in Heraclitus' law underlies his theory of compensation.

Compensation

Jung not only divided the world into paired opposites but also formed a theory built on the idea that just as the opposites lay in dynamic balance, so everything in the personality balanced or supplemented its opposite in a self-regulatory way. Jung referred to this tendency as compensation. Thus, the personal unconscious balances an individual's consciousness, giving rise in dreams, fantasies, or somatic symptoms to its opposite; the more rigidly one holds the conscious position, the more strongly will its opposite

appear in images or symbols and break through into consciousness. Thus, someone who consciously identifies with a harshly judgmental spirituality may have a prostitute figure active in his or her unconscious who, if further repressed, may induce a scandalous alliance in the outer world.

The Transcendent Function

Jung called reconciling symbols, or images that form bridges between opposites, compensatory or transcendent functions. These symbols synthesize two opposing attitudes or conditions in the psyche by means of third forces different from both but uniting the two. Jung used the word *transcendent* because the image or symbol went beyond, as well as mediated between, the two opposites, allowing a new attitude or relationship between them. Bringing the opposites of one's conscious ego and the personal unconscious together generates a conflict in the personality that is highly charged and full of energy. The specific image that appears at the height of a seemingly unsolvable conflict between two opposites seems both unexpected and inevitable, holding an energy-filled charge capable of uniting and reconciling the opposing sides. The woman whose animus male cleric warred with her womanly sexuality had a fantasy in which she was crowned with grape leaves and led a snake to the foot of an altar; the snake slithered up the cross and wrapped itself about it (Douglas, 2006). The crown of grape leaves was an emblem of sensuality, while the snake on the cross (connected with feminine energy in many myths, the most familiar being Eve and the Garden of Eden) reconciled the woman's opposing sides in a surprising new form of union.

Mandala

Jung defined the mandala as a symbol of wholeness and of the center of the personality. The word *mandala* comes from the Sanskrit word for a geometric figure in which a circle and square lie within each other, and each is further subdivided. The mandala usually had religious significance. A mandala often appears in dreams, both as a symbol of wholeness and as a compensatory image during times of stress. An example of a mandala is shown in Figure 4.1.

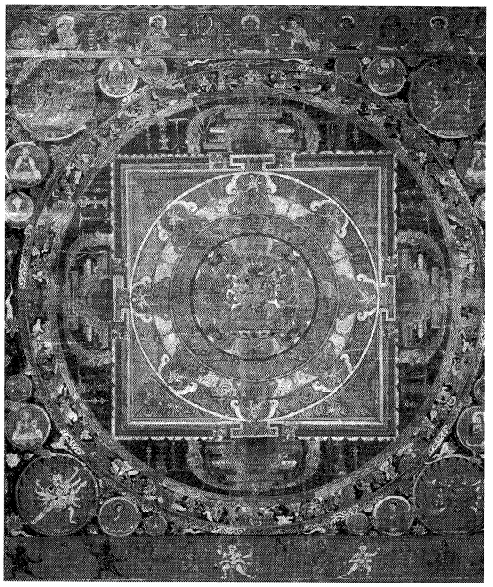
Preoedipal Development

In contrast to Freud's stress on the oedipal phase of personality development, Jung focused on *preoedipal experience.* He was one of the first psychoanalysts to stress the importance of early mother-child interactions. The initial relationship between mother and child affects personality development at its most basic and profound level. Jung paid far more attention to this stage and its problems than to the father-son complications of the Oedipus complex. He placed the archetypal image of the Good Mother/Bad Mother at the center of an infant's experience.

Development of Consciousness

Jungian theory holds that the infant follows the pattern of the development of consciousness in general, first experiencing total merger with the mother in a state of primordial fusion, then partially splitting off from her through perceiving her as sometimes all good and sometimes all bad. The child follows humanity's general historical development, emerging into self-awareness in a patriarchal stage where the father and male values are paramount. This stage affects girls as well as boys and is considered a stumbling block to women's development. When the ego is firmly in place, however, a person can integrate

FIGURE 4.1 Mandala



the mother world and father world, uniting both energies to become a more complete personality (Jung, 1934a/1970; Ulanov, 2007; Whitmont, 1997).

Psychopathology

Psychopathology derives in large part from problems and conflicts that arise in early mother-child relationships but is made worse by other stresses. The psyche directs attention to such disharmony and calls out for a response. Since the psyche is a self-regulating system, pathological symptoms derive from the frustrated urge toward wholeness and often contain within themselves the clue to their own healing (Hollis, 2008). Thus, for instance, extreme switches between love and hate for the same person often typify an individual with borderline personality disorder and call attention to faulty infantile development.

Defense Mechanisms

Defense mechanisms are seen as attempts of the psyche to survive the onslaught of complexes. They can represent normal as well as destructive modes of protection. Jung felt that any rigidly held defense caused an imbalance and would become increasingly pathological if its calls for attention were ignored. *Regression,* for example, is a defense that becomes pathological only when a person remains stuck in it. Jung felt that regression was often a natural and necessary period of consolidation and regeneration that could herald an individual's subsequent personal growth.

PSYCHOTHERAPY

Theory of Psychotherapy

To Sigmund Freud's predominantly analytic, reductive system, Carl Jung added a synthesis that included the psyche's purposiveness. According to Jung, the personality not only has the capacity to heal itself but also becomes enlarged through experience.

Jung (1934b/1966) built his system of psychotherapy on four tenets: (1) the psyche is a self-regulating system, (2) the unconscious has a creative and compensatory component, (3) the doctor-patient relationship plays a major role in facilitating self-awareness and healing, and (4) personality growth takes place at many stages over the life span.

Jung found that neurosis tends to appear when a person slights or shrinks back from some important worldly or developmental task. A neurosis is a symptom of disturbance in the personality's equilibrium; thus, the whole personality has to be considered, not only the symptom of distress. Rather than concentrating on isolated symptoms, the psychotherapist looks for an underlying complex. The symptom and the complex are important clues that both hide and reveal "the patient's secret, the rock against which he is shattered" (Jung, 1965, p. 117). Jung stated that when therapists discover their patients' secrets, they have the key to treatment.

Overt symptoms, dreams, and fantasies can reveal to the analyst a complex hidden from the patient's consciousness. Analytical psychotherapists deal with secrets, complexes, and neuroses by tracking their roots to past events and traumas, by seeing how they interfere with present functioning especially in the relationship between doctor and patient, and by recognizing the archetypal patterns that emerge into consciousness through the action of complexes.

Analytical psychotherapy also deals with "the mental and moral conflicts of normal people" (Jung, 1948/1980, p. 606). Jung differentiated normal from pathological conflicts according to the degree of consciousness a person has of the conflict and the amount of power exerted by the underlying complex. The level of dissociation between conscious and unconscious content reflects the intensity of the disturbance and the amount of pathology. Jung lectured frequently on his psychotherapeutic theory, yet he also declared that the practice of psychotherapy "does not involve intellectual factors only, but also feeling values and above all the important question of human relationship" (Jung, 1948/1980, p. 609). The dialogue and partnership between patient and analyst probably play the most essential roles in therapy. Jung himself was a notably effective therapist who followed the tenets of his theory, adapting it to the needs of each of his cases. This interaction between theory and the personal equation gives creative energy to analytical psychology as a whole and particularly to its practice of psychotherapy.

Analytical psychotherapy is, in essence, a dialogue between two people undertaken to facilitate growth, healing, and a new synthesis of the patient's personality at a higher level of functioning. By means of the analytic relationship, one works through personal problems and gains greater understanding of one's inner and outer worlds. Because of the importance of this relationship, the therapist's character, training, development, and individuation are crucial to the healing process. Jung insisted not only on the training analysis of the analyst but also on constant self-examination by the analyst. Next, and equal in importance, he valued the therapist's respect for patients, care for their values, and "supreme tact and . . . artistic sensitiveness" toward psychic material (Jung, 1934b/1966, p. 169). Jung wrote of the therapist's need to consider the patient from many angles, including a sociocultural one: "Psychic modes of behavior 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" (Jung, 1957, pp. vii–viii).

Through his emphasis on the mutual influence of the two people in therapy, Jung was one of the first psychoanalysts to focus on both transference and countertransference phenomena. Rather than viewing therapy as something done by one person to another, Jung acknowledged that the therapist needs to be affected before transformation can occur in the patient. Jung emphasized the influence of the patient's unconscious on the analyst as well as the need for the analyst to be open to this power.

The therapist's own analysis and continued self-examination are essential if the therapist is going to maintain a beneficial role.

The psychotherapeutic process can (and often should) stop when specific goals are reached or specific problems are overcome. Nevertheless, analytical psychotherapy in its most complete form has the goal of self-actualization—helping patients discover and live up to their full potential. Thus, Jungian psychotherapy goes beyond the resolution of complexes, the strengthening of the conscious mind, and ego development, to include a larger comprehension of the psyche. Through this process, patients achieve greater personal self-knowledge and the capacity for improved relationships with themselves, with others, and with the world at large.

Michael Fordham (1996) and his followers have enriched Jung's basic theory of psychotherapy by carefully observing young children's behavior and by analyzing children and childhood, focusing on the primary infantile wounds behind complexes. A growing number of Jungians stress the analysis of early childhood experiences, including the analysis of fantasy material. They also stress the value of verbal interpretation and explanations of present behavior. This approach has resulted in a synthesis of Jungian psychotherapy with neo-Freudian, often Kleinian, psychoanalysis.

Another major movement in Jungian psychotherapy questions the value of verbal interpretation as the primary mode of analysis. Instead, the patient's affect, feelings, and body awareness are emphasized, and therapists are more likely to use the traditionally feminine realm of subjective and shared experience (Douglas, 2006; Ulanov, 2007). Wilmer (1986) finds emotion to be the core subject matter in a therapeutic setting where patient and therapist meet as equals. Sullivan (1989), Siegelman (1990, 2002, 2003), and Chodorow (1997, 2006) focus on the importance of subjective feelings. They emphasize the analyst's empathy, free-floating or hovering attention, and shared metaphoric images. They also provide a theoretical base for what has been a neglected but important aspect of analytical psychotherapy.

John Beebe (1992) stresses "active passivity," in which the analyst opens himself or herself to the wide range of stimuli emitted by the patient. Beebe points out that infringements on a person's privacy inevitably occur in psychotherapy, since its subject matter concerns sensitive secrets about which one is often ashamed. These secrets, when sensitively examined, may lead to the recall and healing of early infringements of bodily or psychological space. Because of sensitive subject matter, therapists need to adhere to an ethical code that honors and respects the integrity of their patients' boundaries (also see Zoja, 2007). Beebe suggests that ethical principles in psychotherapy derive from the necessity of protecting patients' self-esteem while also protecting the integrity of the therapeutic setting and the beliefs that are essential for progress in analytical psychotherapy.

These views remain faithful to Jung's ideas of the primacy of patients and also preserve Jung's belief that the principal aim of psychotherapy is ultimately neither curing nor alleviating patients' unhappiness but increasing patients' self-respect and self-knowledge. A sense of peace and a greater capacity for both suffering and joy can accompany this expanded sense of self, and patients become more likely to take personal responsibility for their behavior.

Process of Psychotherapy

Psychotherapy takes place among fallible equals; however, Andrew Samuels's (2001) term *asymmetrical mutuality* may be preferred to *equals* inasmuch as it acknowledges the differing roles and responsibilities of patients and analysts. Jung (1933/1966) delineated four stages in the process of psychotherapy: *confession, elucidation, education,* and *transformation.*

Confession

The first stage, confession, is a cathartic recounting of personal history. During this stage, the patient shares conscious and unconscious secrets with the therapist, who serves as a nonjudgmental, empathic listener. Jung found that confession brought the basic material of psychotherapy to the surface. Confession makes people feel less like outcasts, restoring them to their place in the human community. The analyst facilitates this process through an accepting attitude that drains the poison of guilt at the same time that it releases emotions long held hostage. The process of confession does, however, tend to bind the patient to the therapist through transference.

Elucidation

During elucidation, the therapist draws attention to the transference relationship as well as to dreams and fantasies in order to connect the transference to its infantile origins. The goal of this stage is insight on both affective and intellectual levels. Jung describes the successful outcome of this procedure as leading to a person's "normal adaptation and forbearance with his own shortcomings: these will be his guiding moral principles, together with freedom from sentimentality and illusion" (Jung, 1933/1966, p. 65).

Education

The third stage, education, moves the patient into the realm of the individual as an adapted social being. Whereas confession and elucidation primarily involve exploring the personal unconscious, education is concerned with persona and ego tasks. At this stage the therapist encourages the patient to develop an active and health-promoting role in everyday life. Insight, previously mostly intellectual, is now translated into responsible action.

Transformation

Many people stop therapy at the completion of the first three stages, but Jung noted that some clients seemed impelled to go further, especially people in the second half of life. The transference does not go away for these patients, even though its infantile origins have been thoroughly explored. These people feel a desire for greater knowledge and insight leading them toward the final stage—*transformation*. Jung described this as a period of self-actualization; the person in this stage values unconscious as well as conscious experience. The archetypal image of the Self appears in the transference as well as in dream and fantasy; this archetypal image of wholeness inspires the patient to become a uniquely individual self, encompassing all that he or she can be, yet without losing a sense of responsible integrity.

In this most Jungian of stages, the transference-countertransference becomes even more profound, and what happens to the patient "must now happen to the doctor, so that his personality shall not react unfavorably on the patient. The doctor can no longer evade his own difficulty by treating the difficulties of others" (Jung, 1933/1966, p. 74). The analyst often has to face a challenge in his or her own life before something changes in the patient. Jung gave an example that occurred when he was becoming quite famous and was treating a woman patient who worshipped him. Nothing changed until he realized that he had become too removed from his patients and was starting to feel superior to this one especially; he then dreamed he was kneeling before her as though she were a female divinity. With this, he was brought back to reality, and the analysis started to progress again.

Jung spent the latter part of his career explaining this stage through a series of analogies to alchemy. He found that the symbols and processes of medieval alchemy were comparable to those of the psychotherapeutic process in that alchemists most often worked in pairs and left records showing that they were examining their own psyches while trying to transform some base material, through a series of stages, into gold. Jung's inclusion of self-realization as part of the process broadened the scope of psychology immeasurably, bringing analytical psychotherapy into the area of human potential, consciousness study, and field theory.

Jung became increasingly interested in the transformative stage and gathered much of the material in his case studies from it. He found that the transference and dream symbols went from the personal to the archetypal during this stage. Jung illustrated the process with the case study of a patient who projected a personal father image onto Jung in the first three stages of her therapy. When she got to the transformative stage, however, her dreams of him as her good father changed. Now she dreamed of a giant father figure towering over a field of ripe wheat; as she nestled in the palm of this giant's hand, he rocked her in rhythm with the blowing wind. Jung interpreted this as an archetypal image of the Great Father in the form of a vegetation god and declared that it, along with the ripeness of the wheat, signaled that the patient was entering the final stage of analysis (Jung, 1935b/1966).

Jung noted that each stage of the analytical process seems to be accompanied by a sense of finality, as if it were a goal in itself. Although each stage can be a temporary goal or the endpoint of a partial analysis, all four belong in a complete analysis. The stages overlap and can be concurrent, with no stage excluding the others, because neither their order nor their duration is fixed.

Mechanisms of Psychotherapy

Analysis of the Transference

Jungian psychotherapists agree with all practitioners of depth psychology that transference plays a crucial role throughout therapy; however, the idea takes on a different resonance and complexity in Jungian theory. In his Tavistock Lectures (Jung, 1935c/1980), Jung described four stages of analysis of the transference itself. In the first stage, transference projections onto the therapist mirror the personal history of the patient. Patients, in working through each of their earlier relationships, relate to the analyst as though he or she were the problematic person. This is an invaluable aid to therapy, because it allows for regression and brings the past into the consulting room. The three goals at this stage are to have one's patients realize that the projections belong to themselves and not to others, withdraw the projections from the analyst, and integrate them as conscious parts of the patient's own personalities. Jung, writing about this first stage, said, "to establish a really mature attitude, [the patient] has to see the *subjective value* of all these images which seem to create trouble for him. He has to assimilate them into his own psychology; he has to find out in what way they are part of himself" (Jung, 1933/1966, p. 160).

Jung expanded the scope of transference by considering its sociocultural and archetypal components. These impersonal aspects are also projected onto the therapist. During the second stage of the analysis of the transference, patients learn to discriminate between the personal and the impersonal contents they project onto the therapist; they determine what belongs to their own psyches and what belongs to the collective realms of culture and archetype. The impersonal cannot be assimilated, but the act of projecting it can be stopped. In the case of the woman who dreamed of the Giant Vegetation God, Jung helped her see that this image was a transpersonal one reflecting a need for her personal connection to her image. When she had seen the differences among what

belonged to her, what to Jung, and what to the impersonal archetypal image of the Great Father, she could establish a more healing relationship with the image's power.

In the third stage of analyzing the transference, the personal reality of the analyst becomes differentiated from the image assigned him or her by the patient. At this stage, the patient can begin to relate to the therapist as a normal human being, and the personality of the therapist plays a pivotal role. In the final stage, as the transference is resolved and greater self-knowledge and self-realization take place, a truer evaluation of the therapist emerges, along with a more straightforward and empathic connection between patient and therapist.

Active Imagination

To help his patients get in touch with unconscious material, Jung taught a form of meditative imagery based on his own self-analysis. This came to be known as active imagination.

The process calls for clearing the mind and concentrating intensely, so that inner images can be activated. The patient watches these, always returning his or her mind to them until movement is observed, upon which the patient enters into the scene, becoming part of the picture or action. Patients are instructed to pay relaxed meditative attention to what is going on. After the images stop, patients are to write, draw, paint, or even dance the story (Chodorow, 2006; Douglas, 2008; Salman, 2009). The starting point for the exercise of active imagination can be a mood, a complex, an obsessive thought or feeling, or an image from a dream (Chodorow, 1997, 2006). Active imagination allows unconscious images to reveal themselves with little conscious intervention, yet it is more focused than dreams because of the presence of a witnessing consciousness.

Therapists today emphasize that a patient must have a strong ego if unconscious images are to be dealt with in this way. Unless and until a stronger ego is present, the personal daily reality of the patient is the main focus of therapy; archetypal images or fantasies, if they appear, need to be grounded in a more objective, down-to-earth, and personal way than through active imagination.

Dream Analysis

Not all people remember their dreams, nor do all people who enter Jungian therapy discuss their dreams. The perspective offered by a dream does, however, often compensate for the one-sidedness of the waking ego. Dreams, according to Jung, don't necessarily conceal, as in the traditional Freudian view, nor do they always denote unfulfilled wishes, nor can they be interpreted according to a standard symbology. They are accurate renderings of something to which one may need to pay attention and take as seriously as a conscious event. Dreams may represent wishes and fears; they often express impulses the dreamer either represses or finds impossible to voice; they can also point to solutions to both exterior and interior problems. They are of great value in exposing a patient's hidden inner life, and through their evolving symbolic imagery, they reveal changes occurring in the patient's psyche. For example, at the start of therapy, a woman may dream of hostile men breaking into her house. As she deals with past traumas and begins to explore and integrate her own masculine energy, these malevolent male figures slowly change. In the latter part of a long dream series, the figures often turn into friends, helpers, and guides. Their positive and helpful behavior markedly contrasts with their earlier threatening demeanor. By watching the archetypal images of the unconscious through dreams, the personality is able to regulate itself.

An analytical psychotherapist looks for the role a dream may play in relation to the patient's conscious attitude. The therapist often explores the dream first on the objective level, considering in what ways it accurately portrays an actual person or situation.

A dream is then probed for what it reveals about the patient's own behavior and character (Mattoon, 2006). Jung gave the example of a young man who dreamed of a headstrong father smashing a car. Jung first investigated the objective reality but found little that resonated with his patient. On the subjective level, however, the dream compensated for the boy's tendency to overidealize his father and any other man in a position of authority as well as to ignore the heedless part of himself (Jung, 1934c/1966). In treating this patient, a Jungian therapist would ascertain whether something akin to the image might be shadowing the therapy—for instance, whether either the therapist or the patient was recklessly endangering the analysis by their attitudes or actions. In dream analysis, the unconscious and the dream are relied on far more than the therapist's interpretation (Bosnak, 1996). Jung believed that if the interpretation was not accurate, another dream would inevitably correct the faulty understanding.

Types of Dreams

The initial dream, recurrent dreams, dreams containing shadow material, and dreams about the therapist or therapy are especially useful to the therapist. The initial dream at or near the start of therapy may indicate the path that a particular therapy may take and the type of transference that may occur. For instance, a short and unsuccessful therapy was predicted by an initial dream in which a female patient dreamed her therapist neither looked at nor listened to her but admired a beautiful jade figurine instead. The patient switched to a different analyst and then dreamed she was a baby panther being roughly groomed by the mother panther. This initial dream boded well for the course of the new therapy. Although the patient experienced some pain from what she felt was the therapist's fierce mothering, over the course of the therapy the patient regained a connection to her instinctual nature and discovered her own feminine power.

Recurrent dreams, especially those from early childhood, suggest problematic complexes and/or a repressed traumatic event. In trauma, the dream remains a photographic replay. Over the course of the therapy, the dreams change from flashback accuracy to less realistic and more neutral imagery and finally include scenarios in which the patient exerts some control (Kalsched, 2009; Wilmer, 1986). Dreams that contain rage, violence, or immoral conduct provide a clearer illustration of the patient's shadow than the therapist might perceive (Kalsched, 1996). This is because the material comes from the patient, with the unconscious part of the personality commenting on another part. Dreams about the therapist, the setting, or the therapy itself bring to light transference feelings of which the patient is either unaware or fearful. They provide symbols and language for both the patient and the analyst (Douglas, 2006; Whitmont & Perera, 1992).

Dreams can block therapy as well as advance it. This happens when patients bring in a flood of dream material and use it to fill up the therapy hour; when they prefer to remain in their dream worlds rather than to confront life; or when they distance themselves from the dream by refusing to engage their emotions or feelings (Whitmont & Perera, 1992; Mattoon, 2006). The therapist can observe this behavior for a while and then, at an appropriate moment, bring the situation to the patient's attention and explore the reasons for these defensive maneuvers.

APPLICATIONS

Who Can We Help?

There is wide latitude in the types of patients Jungians see and the forms of therapy they employ. Jungian therapists treat people of all ages and cultures, at all levels of functioning. Analytical therapy is suitable for people facing the common problems of life and

accompanying symptoms of stress, anxiety, depression, and low self-esteem. It is also useful in dealing with people who have severe personality disorders or psychoses. What problems an analytical psychotherapist chooses to treat depends on that analyst's personality, ability, and training. Specific types of therapists seem to attract specific patients, yet each patient creates a different situation. The therapist's technique must be flexible enough to adapt to the particular patient and situation, and firm enough that the therapist works within his or her limits of expertise.

Some of the most interesting applications of analytical psychotherapy involve people with severe personality disorders; hospital and follow-up care of psychotics; and treatment of post-traumatic stress, disturbed children, the aging, the sick, and those gravely ill, dying, or preparing for death. Some Jungian therapists specialize in short-term psychodynamic psychotherapy, treating substance abusers, battered women, or the sexually abused. Some analysts integrate feminism with Jungian theory, often attracting patients who are reevaluating traditional gender roles or dealing with sexual trauma. Innovative work is also being done with people who have creative, religious, relationship, or sexual problems.

People who have undergone other depth analyses are increasingly undergoing a Jungian analysis because they feel their earlier analysis did not touch a dimension of their psyche. So, too, some Jungians, especially those who were more archetypally analyzed, seek some form of object relations therapy to fill gaps in their own self-knowledge.

Patients who adapt well to talking cures are those who are capable of introspection and have the ability to regress and yet maintain a working alliance with the therapist. Analytical psychotherapists working with people who have less intact egos, such as borderline personalities, adapt their technique to focus on supportive ego building. Other patients may need to remain in any one of the first three stages of therapy—confession, elucidation, and education—so that they can learn to live more easily in the human community, have better relationships with others, and establish and maintain themselves through meaningful work.

Analytical psychotherapy is singularly beneficial for people undergoing a midlife crisis and concerned with the problems of the second half of life, in old age or illness, or confronting death (Godsil, 2000). Dieckmann (1991) mentions three types of people who are drawn toward the process of individuation at midlife: those who find deep meaning within themselves and want to explore their inner worlds further; those who realize they have failed to reach the goals of their youth or who find these goals insufficient or no longer compelling; and those who have reached their goals and are confronting problems that accompanied worldly success. Because the scope of Jung's theory is so wide and concerns final causes as well as the status quo, many who look for more profound meaning in their lives and who are concerned with people's impact on each other and on the world's survival are also drawn to analytical psychotherapy.

Treatment

Jung was open to a wide variety of modalities, settings, and styles in his treatment of patients. Today, analytical psychotherapy most often takes place at a regular time and place, for a set fee. The encounter is often face to face, with therapist and patient both seated, though many analysts use a couch from time to time or as a matter of course.

Jungian analysts also work with body movement, dramatization, art, sandtrays, or an eclectic mixture of these methods. Just as the primary mode of therapy varies among analysts, so too does the timing. Most often, sessions in the United States are for 45 to 50 minutes once or twice per week, although three times is not uncommon; the more Kleinian-oriented therapists prefer four to five times a week. The timing varies and often includes more frequent and shorter visits for hospitalized clients, disturbed children, and the ill or severely impaired.

The impact of managed care on the modality and length of treatment has led to some experimentation with brief therapy. It has also resulted in many more analysts practicing entirely outside the managed-care system. The effect of these changes on the types of patient seen has yet to be studied.

Group Therapy

As an adjunct to and amplification of individual therapy, individuals sometimes meet in groups of approximately 6 to 10 people. Members are usually patients of the analyst who runs the group, although some analysts will accept referrals. The meetings customarily take place once a week and run for about 90 minutes. The group is usually carefully selected to create a balance of gender, typology, age, and type of problem. Some therapists run single-issue or single-gender groups, though an eclectic mixture of patients is more common. Undergoing group therapy has been suggested or required of an analyst in training. Patients need adequate ego strength because the situation is apt to be confrontive as well as supportive. Group therapy has been found to be particularly suitable for introverts drawn to Jungian psychotherapy. It is also recommended for patients who tend to intellectualize or aestheticize their analysis or otherwise defend themselves from their feelings and for those who have been unable to translate what they have learned in private therapy into real life.

Group work focuses on therapeutic issues through discussions, dream analysis, active imagination, psychodrama, gestalt, and bioenergetic modalities. The group is most effective, however, when complexes become active and particular issues come to life through the various clashes, alliances, and confrontations between and among members of the group. Participating in group therapy allows individuals to experience themselves interacting with others, experiencing their shared humanity as they reality-test, reveal themselves, and give clarifying feedback. Within the group, patients must agree to confidentiality. Whether patients socialize between meetings is up to the group and the particular therapist.

During the course of the meetings, the individual tends to project his or her own shadow (that part of the personality that people cannot acknowledge in themselves) onto the group, while the group inevitably picks up on parts of the personality that the individual conceals. Resistances are often more visible in a group than in private therapy and can be dealt with more easily. The group reconstellates the family, so issues of family dynamics arise, including a re-creation of sibling rivalries or problems of an individual's position within the family. Each member of the group, therefore, is able to work on family issues in a way not possible in individual therapy. Transference issues with the analyst can be transferred to the group and worked on in this arena as well. An analyst's shadow can also be seen more clearly in the group. Patients who have felt the analyst to be too powerful in individual therapy may be able to express feelings toward the therapist in group work. Patients who have gone through group therapy remark on the difficulty of the process, as well as on the depth of feeling engendered through the group's acceptance of their most vulnerable or wounded sides. They report a greater feeling of resiliency, more ease in social settings, and more acceptance of themselves after group work.

Family and Marital Therapy

Jungian analysts often use some mode of analytical family therapy or refer their patients to such therapy. Analysts will see the couple or family sometimes as a unit and sometimes separately or will do conjoint family work. The use of Jungian terminology, especially the concepts of typology, *anima* and *animus, shadow,* and *projection,* forms a language through which the family or couple can discern and reflect on their own dynamics.

Therapists often administer a typology test to the couple or family members. Through its interpretations, family members realize that one source of their differences may be a typology problem. Dissimilarities can be accepted and worked with more easily when interpreted as a typological clash, and knowledge of each family member's particular mixture of attitude and function types—introversion and extraversion, thinking, feeling, sensation, and intuition—can lead to improved family communication. Individual family members often have different typological ways of perceiving reality, and people often choose partners with a typology opposite to their own.

Analysts working with families and couples emphasize family dynamics caused by members' shadow and animus/anima projections onto other family members. Fights arise when a family member projects these, believing the other person is behaving in ways that really belong to the accuser's own shadow or anima/animus. Thus, a predominantly thinking-type man might fall prey to inferior feelings and fight his wife through moodiness while accusing her of his own sulkiness, and she, if she is predominantly a feeling type, might defend herself with theoretical arguments and blame her husband for her own judgmental stance. An argument of this sort is doomed to failure. Scapegoating of a specific individual frequently takes place when the scapegoated person is typologically different from the rest of the family or when the scapegoated person reminds a spouse or parent of a disliked parent or sibling.

Body/Movement Therapy

Jung encouraged patients to engage in active imagination through body movement or dance (Monte, 2009). Jung found that by using his own body to mirror the gestures of his psychotic and withdrawn patients at the Burgholzli, he could better understand feelings they were trying to communicate. He found that the body stores, holds, experiences, and communicates psychological and emotional experience as much as, if not more than, words. Joan Chodorow (1997, 2006) has described movement as a type of active imagination that, in therapy, accompanies and is followed by discussion. She found that the transference, as well as trauma, early or crisis experiences, grief, dreams, fantasies, feelings, and moods, can be embodied and expressed in movement. As the patient moves, the therapist observes or serves as a mirror moving along with the patient.

Art Therapy

Jung often suggested that a patient draw or paint an image from a dream or from active imagination. During his own self-analysis, Jung painted his dream and fantasy images; he perceived therapeutic value in doing this, in playing with stones like a child, and (later) in sculpting in stone and carving at his retreat in Bollingen. Jung encouraged his patients to do the same in their own analysis through painting, sculpting, and other form-giving methods that provided a feeling and image through which the contents of the unconscious could find expression. He felt this was especially valuable for people who were out of touch with their feelings or who tried to deal with their experience solely through logic.

Analytical psychotherapy encourages art in therapy as a conscious way to express elements of the unconscious. Art therapy is especially useful in working through and integrating traumatic material when isolated images and feeling states tend to explode into consciousness. The expression of these images or feeling states through art releases their archetypal power and "domesticates" them in a way that gives the survivor a sense of control.

Art therapy is also useful in overcoming mental blocks or side-stepping an overly one-sided consciousness. The point of the therapy is not to produce a finished or aesthetically pleasing object but to allow an active dialogue with the unconscious.

Sandtray Therapy

This method was inspired by Jung's construction of stone "villages" during his self-analysis and then was further developed by Dora Kalff, who combined Jung's ideas with Margaret Lowenfeld's World Technique. In Kalff's adaptation, a rectangular box measuring approximately 30 × 20 × 3 inches is filled with sand and becomes a miniature world that a child or adult can shape and form, meanwhile arranging any of the hundreds of figurines the analyst provides. In therapy, the sandtray becomes a world through which complexes, pain, trauma, moods, emotions, and feelings are given expression. Use of the sandtray, like other forms of active imagination, provides a bridge to the unconscious; during the process, the child or adult can also recover undeveloped elements of his or her character (Bradway, Chambers, & Chiaia, 2005). Sand-play studies document the efficacy of the procedure (Bradway & McCoard, 1997). Over the course of therapy, the trays show a progressive change from a primitive and disorganized state, through images representative of vegetation, animals, the shadow and the human, toward more order, peacefulness, and integration. Symbols appearing toward the end of therapy often have a mandala form and tend to evoke a holy feeling.

Sandtray therapy with children is useful as a structured and healing form of free play that promotes the child's ego development and unblocks hidden feelings. In adults, it returns the patient to a world of childhood play where lost parts of the personality can again come alive and contribute to self-healing.

Child Analysis

Children pick up and reflect what is going on in their surroundings. This happens to such a degree that Jung once analyzed a parent through the dreams and nightmares of his son. Training in child analysis is required at a growing number of Jungian Institutes and is based on core work by the Jungian analysts Frances Wickes, Erich Neumann, Dora Kalff, and Edith Sullwold. Treatment is based on the theory that children have within themselves what they need for a natural process of growth and self-healing to occur. The process works by providing a safe environment in which the therapist serves as witness, participant, and ally, who not only treats the child but also intervenes appropriately so that the child's family and life situation can be improved. During therapy, the child slowly learns to integrate and humanize potentially overwhelming archetypal images. Children's therapy is similar to adults' analytical psychotherapy, but it uses a wider variety of tactile and nonverbal modalities. A child finds expression for dreams, fantasies, and fears through sandtray therapy, arts and crafts, clay modeling, musical instruments, and body movement, as well as through stories and myths. The therapist provides boundaries and a safe space so that the child can work out problems, strengthen ego and resilience, and become more self-accepting, independent, and better functioning.

Post-Traumatic Stress

In 1934, in a letter to a Dr. Birnie, Jung wrote of the profound biological (as well as psychological) changes that can follow the experience of an overwhelming trauma. He went on to write about repetitive dreams and the way the unconscious keeps bringing the trauma up as if to search for its healing through repetition. Modern research on post-traumatic stress disorder (PTSD) supports Jung's observations and documents similar physical and psychological changes in survivors of wars, abuse, torture, and other overwhelming situations. Werner Engel (1986) has described his work with Nazi concentration camp survivors and their long-lasting feelings of guilt. He states that the power of Jungian psychotherapy lies in the curative value of patient and therapist listening

together to a patient's horrors, combined with a belief in self-healing and the application of archetypal theory.

Henry Wilmer (1986) studied 103 patients suffering from PTSD subsequent to their Vietnam service, focusing on their repetitive nightmares. He believed that such photographic repetition must have a psychological and/or biological purpose. He shared the pain of one PTSD patient as expressed through his dreams and experience. Accompanying the patient in a receptive, noninterpretive way, Wilmer watched as the patient's nightmares finally began to change. The patient started to wake up, not caught in the frozen repetition of a flashback, but in tears. Healing took place when the patient mourned what had happened, found meaning in his experience, and finally saw his role in the dream shift into one in which he could actively change the outcome.

Donald Kalsched (1996, 2009) found that severe trauma during childhood can produce an internalization of the traumatizer that remains active in the now-adult psyche. He observes that the patients' self-attacking internal figures initially serve to defend the psyche but gradually change, over the course of therapy, until these isolating defenses are no longer needed.

Increasing numbers of individual Jungian analysts are helping traumatized populations around the world (Murray Stein, personal communication). For instance: Heyong Shen, a Chinese analyst, took his students and volunteer analysts from other countries to help set up sandtray centers in schools and orphanages after the 2008 earthquake in China. Eva Pattis and others have done the same in townships of Africa and Ethiopia, while some Zurich analysts are delivering Jungian oriented therapy services to refugees and traumatized people in Afghanistan and the Balkans. This indicates a new and growing urge to widen the response of Jungians to our increasingly troubled world.

The Treatment of Psychosis

Jung as a psychiatrist treated a full range of severe mental problems. He discerned a pattern and internal logic in the psychotic utterances and fantasies of patients he treated and concluded that the personality of the patient in a psychosis is dominated by a complex split from reality and/or is overwhelmed by (and identifies with) archetypal images that belong to the collective unconscious. Jung believed that the psychotic's upheaval led to distinct psychosomatic changes as well as to chemical changes in the brain. He also speculated that some bodily toxin might produce the psychosis. Today, analytical treatment of psychosis includes listening for the meaning or metaphor behind the symptom so that psychotics' mental worlds and imagery can be used in their healing. Group work, a safe living environment, and art therapy are valuable adjuncts to psychotherapy, as is medication. All help build an environment in which patients can emerge from their chaotic and mythic worlds and prepare for a more regular life. A minority of analytical therapists believe that medication blunts the regression of a psychotic person and prevents the individual from working through the psychosis. Some therapists have run types of home-based therapy, where patients and therapists interact in a homelike setting throughout the day. They report the successful treatment of a schizophrenic episode without the use of drugs and with no relapse; however, no long-range study of this form of therapy has been done.

Evidence

Evaluation of the Therapist

Training and supervisory assessment: A Jungian analyst undergoes a rigorous training program during which he or she is assessed and evaluated in classes, in case seminars, in individual supervision, and through appearances before various committees that closely monitor the quality of candidates' patient care as well as their self-knowledge.

A combination of clinical and theoretical exams and a written case study and/or thesis round out training based on the depth of the candidate's own analysis. Participation in peer supervision, in monthly meetings of individual analytic societies, regional yearly meetings, and international meetings is combined with reading or writing articles in various Jungian clinical journals. Each society of Jungian analysts has education and ethics committees that monitor and review the quality of care that therapists deliver.

Evaluation of Therapy

The most convincing and conclusive studies evaluating particular forms of psychodynamic psychotherapy conclude that therapy is more beneficial than no therapy, but that the type of therapy is less important than the quality of the person who delivers it and the match, and/or empathic bond, between patient and therapist. Thus, followers of a specific modality can make only modest claims for their theory's value, even though therapists' and patients' belief in that theory enhances positive outcomes.

The evaluation of the success of analytical psychotherapy comes from clinical observation, mainly through single case studies. In them, as well as in patients' reports, the patient's quality of life usually improves slowly over the course of the therapy. Dreams can be evaluated in terms of the evolution of the types of images and in terms of changes in their affective content over the course of the analysis. For example, nightmares usually cease, and their terrifying images or threatening figures slowly change into more benign or friendly ones. A specific dream may indicate that the time for the termination of therapy has arrived; this could be as graphic as a dream in which the patient bids good-bye to the therapist before a positive move or journey, or as subtle as one in which the patient not only acquires a piece of beautiful fabric she once dreamed her therapist owned but is now weaving her own material as well.

Subjective assessment is also meaningful: The improving patient reports symptom relief, looks more alive, has more energy, and often can release and experience blocked or untapped channels of creativity. Relationships with other people improve markedly. The process of growth becomes independent of the therapist when patients start to do their own work between sessions, master new and enriching habits of introspection and self-examination, pay attention to their dreams and fantasies, and deal with themselves and others with integrity. An analytical psychotherapist would agree with Freud that learning to love and to work is the key to measuring the outcome of a successful analysis. Jungians would also want to see their patients develop a more intimate knowledge of, a relationship with, and responsibility for all aspects of their psyche. This development often leads patients to grapple with philosophical and religious questions about the meaning of existence, including their personal responsibility to the world in which they find themselves and which they will pass on to others.

Evaluation of Theory

Both qualitative and quantitative studies have examined Jung's theories (Kast, 2009), most especially of typology. These types, or personality dimensions, consist of the two basic attitudes of introversion and extraversion and the four functions of thinking, feeling, intuition, and sensation. We all have these qualities to different degrees, but we often prefer one mode to the others. The *Myers-Briggs* and the *Grey-Wheelwright* typology tests ascertain a person's predominant attitude and function, as well as the relative amounts of each attitude and function in an individual's personality (Beebe, 2006). Both tests are questionnaires that follow Jung's original formulations, determining a person's degree of introversion and extraversion, as well as his or her relative preference for the thinking, feeling, sensing, and intuitive modes of experiencing reality. The tests give a more rounded view of character than simply looking at a single

function or attitude. The Myers-Briggs adds questions to determine whether one perceives things first (as Jung wrote of sensates and intuitives) or judges them first (as both feelers and thinkers do). It yields 16 different personality types. Many analysts find these typology tests especially beneficial when working with couples. By indicating differences in the ways in which people of differing types tend to interpret their environment, they provide an objective explanation for many problems in communication. The theory is now undergoing major assessment and review (Beebe, 2006).

Jung used statistics in his Word Association Tests to display evidence of his theory of complexes. Some analysts make use of these association tests to uncover material in patients who have difficulties with self-exploration. Projective tests such as the Rorschach test and the Thematic Apperception Test (TAT), which are based on Jung's theories of complex and projection, are also used. Contemporary studies of the validity of projective tests have been less persuasive, but the tests themselves still prove clinically useful. *The Journal of Analytical Psychology* has a research section, as well as a directory of research in analytical psychology, and sponsors a yearly conference.

A major contribution to the science of Analytical Psychology has come about through recent discoveries in neuroscience. Infant research and infant observation have mapped the development of self-awareness and the crucial importance of relational dynamics, whereas trauma and its healing are being measured in analysis of brain MRIs (Wilkinson, 2006). Daniel Shore (2006), in his foreword to Wilkinson's book, states that these more accurate models of development have generated "a deeper understanding of change processes within the unconscious mind that potentially occur over all later stages of the lifespan, including models of change within the psychotherapeutic context" (p. vii).

Hester Solomon (2000) goes so far as to conclude that these discoveries are synthesizing "archetypal theory, the ethological basis of attachment theory, psychoanalytic object relations theory, and Jungian development theory, all of which can be hard-grounded in the skin-to-skin, brain-to-brain neurobiological interconnectedness between the infant and its primary caregiver" (p. 136). Therapy is being measured for the best ways to accomplish repair (Wilkinson, 2003; 2006).

Psychotherapy in a Multicultural World

Multiculturalism can be seen through the growing number of South American, Asian, and Eastern European Institutes and Jungian societies; the small but growing number of Asian, African-American, Hispanic, gay, lesbian, and feminist analysts in the United States; and a newly active attention in training and in journals to multicultural, gender, and aging issues. Samuels, for example, in *Politics on the Couch* (2001) calls for psychotherapists to develop a sense of sociocultural reality and responsibility with clients and in the community at large, while Singer and Kimbles (2004), in *The Cultural Complex,* examine the source and nature of group conflict from a Jungian perspective. An important new book, *Jungian Psychoanalysis* (Stein, in press), has chapters on cultural complexes in the process of analysis or psychotherapy, on the influence of gender and sexuality on therapy, on the influence of culture (in this case Japanese culture), and a study of therapy with a person with a congenital physical disability.

Along with this important and growing emphasis, there is also a backlash among more conservative Jungians who argue that Jung's original words—even when considered socioculturally suspect by today's standards—should not be reinterpreted or "watered down" by contemporary standards or cross-fertilization but, rather, should be accepted and taught as he first presented them. Some Jungian institutes are experiencing a paradigm shift, accompanied by fruitful ferment and discussion (see Casement, 2009, Douglas, 2008, and Withers, 2003 for a discussion of these issues); other institutes have split into two or more groups because of this disagreement.

CASE EXAMPLE

Rochelle, a divorced white woman in her mid-thirties, taught at a community college. Her self-consciousness and anxiety brought her into analysis, as did the nightmares that had plagued her since childhood. She was drawn to Jungian psychotherapy because of a lifelong interest in dreams and a love of myths and fairy tales. She had been in therapy before (it had started off well but ended in disappointment), and she wondered if working with a female analyst this time would make a difference.

During the initial stages of therapy, Rochelle settled into twice-weekly sessions. The following facts emerged during the first months of treatment, often in association with dream material. She remembered little about her childhood except having had an active fantasy and dream life and having been happiest alone, outdoors, or daydreaming. Her family life had been chaotic. For several years while she was in grade school, partly because of her father's illness, Rochelle was sent by her mother to live with a series of relatives. Later she was dispatched to a girls' boarding school, where she did well. She was a good student who was active in student government. Rochelle had earned her own living since she was 18, putting herself through college with a scholarship and a series of part-time jobs.

She reported being close to neither parent but having more negative feelings toward her mother, blaming her for neglect. Rochelle had a form of negative mother complex expressed in her determination to do everything in a way opposite to the way her mother did things. Rochelle kept clear of her mother psychically through the development of her thinking function, especially in academic work, in which she excelled. She typified Jung's further description of this type of unmothered daughter as being awkward, lacking body awareness, and suffering from a variety of uterine problems; in Rochelle's case, a hysterectomy had been suggested.

Even though Rochelle most often appeared to be dryly rationalistic, there was also a charged emotional component in her personality that revealed itself in the outbursts of tears that accompanied early therapy sessions. Her therapist gave Rochelle typology tests. Rochelle was found to be markedly introverted, with thinking as her primary function followed by intuition; sensation and feeling were conspicuously low. Rochelle gained comfort from reading about these types and learning that she behaved fairly typically for a person with an undeveloped and primitive feeling function.

In the initial stages of therapy, Rochelle exhibited a strong idealizing transference and worked hard during the hour, although it felt to her therapist as if she were encased in ice. (The therapist was primarily an introverted sensation type and so tended to experience things first as inner images or sensations rather than as ideas or emotions.) However, Rochelle took great pleasure in having someone listen to the story of her life and take her dreams seriously. Her therapist kept interpretations to a minimum and directed attention as much as possible to Rochelle's daily life. Rochelle could not accept anything that seemed like criticism from her analyst but flourished under the analyst's empathic reflection of her feelings; gradually she started to look more relaxed and attractive as she felt herself valued and nurtured.

Rochelle had one or two women friends but had trouble relating to men. She tended to fall in love rapidly, idealizing the man and often negating her own interests to meet his and to help him with his career. Overidealization and a romantic belief in living happily ever after, however, soon turned into hypercriticism and rejection, withdrawal, and flight. Some of these dynamics in her personal life started to appear in the consulting room. Compliance and admiration marked Rochelle's conscious relationship to her therapist, but she seemed to be always on guard. The therapist's countertransference was a strong bodily feeling of distance, at times as if her patient were miles away across the room or vanishing. There was something almost desperate behind the exaggeratedly "Jungian" quality and quantity of the material Rochelle brought to her therapy hour.

It was as if Rochelle were trying very hard to produce what she thought her therapist would want, without noticing her therapist's efforts to focus on Rochelle's anxiety symptoms and her outer life. The therapist used the dream material sparingly, primarily as a doorway into the reality of Rochelle's experience. Rochelle concealed from herself her contempt for her analyst's continued emphasis on the here and now and her focus on Rochelle's physical and psychological condition. When this was brought to Rochelle's attention, she responded with a fierce burst of anger that brought the pain of her negative mother complex to the surface. There ensued a number of months of transference in which Rochelle attacked the analyst as the negative mother while the analyst subjectively felt the misery Rochelle had experienced under her mother's care.

Despite the negative transference, however, Rochelle kept turning up for sessions. In response to the therapist's support of Rochelle's sensation function and her need for autonomy, she sought out a second opinion concerning her hysterectomy and found that it was not indicated. Rochelle also started to pay attention to her body. About nine months after her decision not to undergo the operation, she enrolled in a dance class upon learning from an acquaintance that her analyst liked to dance.

The analyst did not interpret her behavior but held it in the back of her mind. She continued to pay a hovering, almost free-floating attention to Rochelle's behavior and words, as well as to the images and sensations they brought up in her own mind. She noticed that the feeling quality in the room was growing warmer but still contained chilling voids that seemed to parallel Rochelle's own recollection of her past. The therapist felt a sense of foreboding building up with each visit, as though Rochelle were accompanied by some chaotic and unspecific feeling of violence.

Rochelle attended a weekend dance/movement seminar at the local Jungian Institute; at the following session, as she started to describe a nightmare, her nose started to bleed. A look of horror came over Rochelle's face as she experienced the first of a series of flashbacks accompanied by recurrent nightmares. They concerned the sexual attacks she had endured as a child after she had been sent to live with a relative who was an elder in their church. He had coerced her into secrecy under the threat of God's wrath, and he had explained the blood on the child's bedclothes to the housekeeper as the result of a nosebleed.

Initially in therapy, Rochelle had professed herself untouched by this molestation, but now its full emotional impact flooded her. The slow recall of discrete images and memories marked a critical point in therapy. Rochelle fell into a depression and entered a needy and fearful regression during which her sessions were increased to four times a week. At this time, Rochelle made considerable use of the clay, art materials, and sandtray that her analyst kept in her office. Most of the emotional history of her trauma came first through her hands; only later could it be put into words. It took many more months before the splits in Rochelle's feeling recall were slowly filled in and the story of her early life emerged in a more or less linear way. Rochelle now looked to her therapist as a positive mother figure and felt entirely safe only in the therapy room and its boundaries, although she lashed out at her therapist for causing her to feel the reality of her memories and for taking away the lovely dreams into which she had escaped.

In her regression, Rochelle found weekends and holidays intolerable but got through them by borrowing a small figure from the sandtray. Her analyst felt great tenderness for her patient as she witnessed Rochelle's experience and shared her pain. She allied herself with her patient's efforts to recall secrets that had long been repressed. She let them unfold in their own order and time, without questioning or probing. Sometimes the therapist felt drained by the quantity of pain that was now flooding the room and struggled with herself to neither block it nor silence Rochelle. For both analyst and patient, these were difficult times in the analysis, as both experienced the surfacing of the agony that Rochelle had not been able to permit herself to feel before. The therapist found herself increasingly inclined to comfort Rochelle and was tempted to break

her own boundary rules by extending the hour or letting Rochelle stay on for a cup of tea. She considered how much of her response was countertransference and how much represented something she needed to process further in herself. The analyst knew how crucial it was for her to symbolically hold the transference in this charged arena and not act it out; she also knew that part of the force field generated by Rochelle's initial trauma came from the dangerous pull toward repetition that Rochelle and many trauma survivors experience. In order to check that she completely understood her own countertransference issues, the analyst went into supervision with a senior analyst. Through weeks of self-confrontive work, the analyst gained a deeper understanding of the powerfully destructive pull to reenactment that makes trauma survivors all too often fall victim to reinjury. Both Rochelle and her therapist succeeded in maintaining their boundaries without cutting off the current between them. [See Douglas (1997a, 2006), Kalsched (1996, 2009), and Rutter (1997) for a further discussion of this important subject from a Jungian standpoint.]

Shortly after her therapist had completed her own self-examination, Rochelle emerged from her depression and started intensive work on the transference on a different level. This was accompanied by Rochelle's reading about goddesses and images of powerful female archetypes. At this point, work on the archetypal image of incest started to accompany the personal work. Rochelle came into the session one day with an Irish myth that she said both terrified and fascinated her. For a time, its analogies with her own trauma became the focus of much of Rochelle's interest, as she and the therapist began to use the myth as a common metaphor. This caused renewed work on Rochelle's childhood abuse at a deeper but also more universal level.

The myth was about a girl named Saeve, whose relative, a Druid named Dark, pursued her. Unable to escape his advances, she turned herself into a deer and vanished into the woods. Three years later a hero, Fionn, found her and led her to his castle, where she turned back into a beautiful young woman. They lived completely enraptured with each other until Fionn had to leave for battle. Soon after Fionn's departure, Saeve thought she saw him returning; she raced out of the castle to meet him but realized too late that it was the Druid disguised as Fionn. He tapped her with his hazel rod and turned her back into a deer, and they vanished.

Rochelle used this fairy tale to picture her own neurotic patterns of behavior. Through the story, she could start to view them objectively, without shame. The myth gave form and an image to the damage she had experienced from too potent and too early experience of an invasive other. Rochelle gained a feeling for her own horrors through her feelings for Saeve; she also began to understand her defense of splitting off from reality (becoming a deer) when scared and vanishing into daydreams. The story also helped Rochelle comprehend why she seemed incapable of maintaining a relationship, turning every lover from a Fionn into a Druid. Eventually she even recognized that she had internalized the church elder into an inner negative animus who kept judgmentally assaulting her.

As Rochelle's therapy progressed, she stopped turning against the childlike parts of herself that needed to idealize someone as all-good, and she started to forgive herself for what had happened to her. She also started to understand the protective value of splitting off from an intolerable reality and assuming a deerlike disguise. As she did this, that particular defense started to drop away. Rochelle also grew to understand her desire for a savior: What she had experienced was so vile (the touch of the Druid) that what she longed for became impossibly pure (Fionn). She also better understood her self-consciousness and fear of people, as well as her feelings of loneliness; she felt she had lived much of her life alone as a deer in the woods hiding in disguise, flight, and illusion instead of being able to maintain relationships.

Her therapist's accompanying Rochelle on this voyage of discovery allowed her the time to look at the world in terms of the separation and division of opposites: the blackest

of villains versus the noblest of heroes. Rochelle realized that she was repeatedly searching for Fionn, the hero, protector, and savior, whom she inevitably scanned for the slightest defect. And just as inevitably, when he showed a failing or two, she looked upon him as an all-evil Druid. She then escaped in deer disguise and in a split-off little-girl vulnerability, yet behind her meltingly doelike softness lay a self-destructive, self-hating, abusive, rapist animus tearing at her sad child's soul. On the other side, her inner hero tended to become icily rational or heady; he drove Rochelle into unmercifully heroic activity and disdained the dark, sensual, unmaidenly feminine inside her. The Druid animus brutalized her inner child-maiden and the deer, while the virtuous animus punished her for the very brutalization she experienced.

At this point Rochelle became kinder to herself. She stopped ricocheting from one opposite to the other and stopped mistaking the dark for the light or turning someone she had thought good into bad as soon as he made a mistake. Her impaired relations with others slowly started to heal as she allowed her therapist to be neither all-light nor all-dark but intermingled. Through confronting and fighting with her analyst, Rochelle started to regain some of her own darkly potent female energy. Now she also started to be able to claim her own needs in a relationship, rather than disguising herself as an all-giving woman.

Assimilation of her shadow, not identification with it, grounded Rochelle. Her nightmares lessened in intensity after a watchful and self-contained black cat, whom Rochelle associated with her therapist, started to appear in her dreams sitting on a round rug and silently witnessing the dream's turmoil. Rochelle felt that the female cat figure symbolized something old and complex, as if it held attributes of both a Wise Woman and a Terrible Mother in its centered witnessing. From this center and with the continued empathic witnessing support of her therapist, Rochelle's inner and outer lives gradually changed as she mulled over her life history and her powerfully archetypal myth and dream material. It was not enough for her to experience something of this intensity in the consulting room; she needed to see what the images meant in her own life. As Rochelle slowly reclaimed and integrated the cat, the animus figures, and finally the good-enough mother analyst in herself, the black cat figure in her dreams assumed a human form. Rochelle decided to leave an analysis that had taken three and a half years; there followed a newly creative turn in her work, and she also risked loving a quiet and fallible man. Over the next few years, Rochelle returned to her therapy for brief periods in times of crisis or as her complexes reappeared, but she generally could rely on her inner therapist for recentering herself.

SUMMARY

Jung pioneered an approach to the psyche that attracts a growing number of people through its breadth of vision and its deep respect for the individual. Rather than pathologizing, Jung looked for the meaning behind symptoms, believing that symptoms held the key to their own cure. Jung discovered methods and techniques for tapping into the self-healing potential in human beings and taught a process that engages therapist and patient alike in a profound and growth-promoting experience. Jung's purpose was to assist psychological development and healing by involving all aspects of the personality.

Analytical personality theory provides a map of the psyche that values the unconscious as much as consciousness, seeing each as complementing the other. In the personal realm, the personal conscious (the ego or I) and persona (the social mask) are matched with the personal unconscious. The personal unconscious contains things repressed, forgotten, or at the verge of consciousness, as well as the personal shadow (what the ego does not accept in itself) and the animus and anima (ego-alien contrasexual elements). The impersonal or collective unconscious can never be known, but it can

be pictured as a vast deposit that flows into the personal unconscious and consciousness by means of archetypal images: propensities, motifs, and forms common to all humanity. The interface between the collective and personal unconscious may represent the most archaic and least-mapped layer of the psyche. Complexes grow in this interface. Complexes are energy-filled constellations of psychic elements that have an archetypal core and erupt into consciousness, often in an autonomous way. They are both personal and impersonal. The personal unconscious is created by the individual and ultimately is his or her personal responsibility. Since the collective unconscious is innate and impersonal, it would be an error for the individual to claim its powers or in any way identify with its contents. The unconscious itself is completely neutral and becomes dangerous only to the degree that the ego has a wrong relationship to it or represses it. The impersonal realm is home also to the collective consciousness, the giant matrix of the outer world in which an individual lives his or her life.

The archetype of the Self encompasses the personal unconscious and conscious and a bit of the other realms as they impinge on or seep into the personal. A newborn infant is immersed in the self; it soon splits (or deintegrates) into fragments of ego, consciousness, and unconscious. The task of psychotherapy is to consolidate the ego and let the psyche heal and responsibly enlarge itself so that all the parts of the self can develop, reintegrate, and maintain a more balanced and less egocentric relationship with each other. In analytical psychotherapy, it is not enough to understand these concepts and their activity; they must be felt experientially by the individual in relation to the past and as they come into play in the therapy room through transference and countertransference. The new understanding then needs to be lived so that the individual can participate in life with integrity. To this end, experiential methods of analytical psychotherapy are especially valuable, as is the therapist's inclusion of the feminine dimension of receptive empathy, groundedness, nurturing, and ability to hold the personality as it develops. This generative approach allows growth and healing to take place alongside what can be gained from insight and interpretation.

Analytical psychotherapy stresses the patient-therapist encounter as one that involves empathy, trust, openness, and risk. Through the interaction of the two personalities and the quality of this relationship, the self-regulating and healing potential of the personality can come into play, repairing old wounds while allowing the individual to grow in self-knowledge. This is why analytical psychotherapy stresses the quality, training, analysis, and continuing self-analysis of therapists.

Depth psychotherapy, as it is understood today, is less than a century old. Jung often wrote of psychology being in its infancy, and he believed no one map of its realm could be complete. Depth-oriented psychotherapeutic systems of all types contain more similarities than differences. The systems reflect the language and style of their creator and attract those of like mind. It is as if all the founders of the varied schools have drawn slightly different maps of the same terrain—the human psyche. Although the particular style of these maps varies, those that are still useful have more and more in common as original rivalries are forgotten and each is freer to borrow what it needs from the others. At the same time, a specifically Jungian map may be best for one person, whereas someone else may need an Adlerian, a Rogerian, a neo-Freudian, or some other map.

Jungian psychology is especially inclusive, because its four stages of therapy cover essential elements of the others' theories while adding a particular emphasis on wholeness, completion, and individuation. Analytical psychotherapy allows room for the depths of the collective unconscious and the width of humanity's collective history, art, and culture, while grounding itself solidly in the particular individual at a particular time and place. It is a rich and diverse system that rests on a theory whose practice undergoes constant transformation as the experience and needs of the individual and society both change.

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Jung, C. G. (1954–1991). *The collected works of C. G. Jung.* (22 volumes). Princeton, NJ: Princeton University Press.

See especially the following:

Jung, C. G. (1957). *The practice of psychotherapy. Collected works,* Vol. 16.
This collection of Jung's essays and lectures includes both basic and in-depth discussions of Jung's methods and techniques of psychotherapy. Part One concerns general problems in psychotherapy and clearly differentiates Jung's theory and practice from those of Freud and Adler. Part Two examines specific topics such as abreaction, Jungian dream analysis, and transference. Most of the book is highly suitable for general study; however, the article on the transference is steeped in Jung's alchemical studies and is somewhat arcane.

Jung, C. G. (1935/1956). *Two essays on analytical psychology. Collected works,* Vol. 17.
A clear, succinct portrayal of the basic concepts of analytical psychology, this book also gives a good account of the early history of depth psychology. Part One sets out Jung's ideas on the psychology of the unconscious, clearly differentiating the personal from the impersonal unconscious. Part Two deals with the ego and its relationship to the personal and collective unconscious and to the task of integration and individuation.

Secondary Sources

Dougherty, N.J. and West, J. J. (2007). *The matrix and meaning of character: An archetypal and developmental approach.* New York: Routledge.
Surveys all the DSM-IV personality disorders and discusses nine character structures from a Jungian perspective.

Douglas, C. (2006). *The old woman's daughter.* College Station, Texas A&M University Press.
Reflecting Jungian theory in its development and in practice, this book presents and reclaims the importance of a feminine as well as a masculine way of doing therapy and being in the world. Chapter Three traces the development of a Jungian body-aware, nurturing, and receptively attuned way of doing therapy that values nonverbal and early-attachment states. Chapter Four includes a long case study of the analysis of a middle-aged man integrating his masculine and feminine sides.

Kalsched, D. (1998). Archetypal affect, anxiety and defense in patients who have suffered early trauma. In A. Casement (Ed.), *Post-Jungians today: Key papers in contemporary analytical psychology* (pp. 83–102). New York: Routledge.
Kalsched discusses the ways in which the psyche internalizes trauma and demonstrates the self's role in defending the psyche. He describes the way a self-care system often keeps the trauma victim at the mercy of sadistic, self-attacking internal figures and dreams. Kalsched considers dreams and dream images about these terrifying "dark forces," as well as a dream that demonstrated a core positive side to a patient's psyche and an opening toward healing. After a historical overview of depth psychologists' work on primitive anxiety and defense, he ends with a discussion of the transformation possible in therapy.

Papadopolous, R. K. (2006). *The handbook of Jungian psychology: Theory, practice, applications.* New York: Routledge.
This clear and concise delineation of the basic tenets of analytical psychology and its current developments is authored by many (often British) authorities. Part One sets out Jung's basic theory in seven chapters covering Jung's epistemology, the unconscious, archetypes, shadow, anima/animus, psychological types, and the self. Part Two concerns therapy, Part Three applications to other fields. Each chapter discusses Jung's position, his major innovations, and the relevance of his theories; developments since Jung's time; and the current status of analytical psychology and trends for future development.

Rosen, D. (2002). *Transforming depression: Healing the soul through creativity.* York Beach, ME: Nicholas-Hays.
A practical book on treating depression and suicide that offers a creative way for therapists to help their clients turn away from self-destruction and hopelessness and toward a more meaningful life. The book is a good overview of crisis points and suicidality—as well as of current diagnosis and treatment—from biological, sociological, psychological, and spiritual perspectives. Part Three of the book is particularly useful to the clinician; it follows in detail the treatment of four patients and illustrates Rosen's theory put into practice.

Sedgwick, D. (2001). *Introduction to Jungian psychotherapy: The therapeutic relationship.* Philadelphia: Taylor and Francis.
This is a detailed account of analytical psychotherapy that focuses on the unique relationship between patient and therapist. Sedgwick's well-argued thesis is that this relationship constitutes the main healing factor in psychotherapy. He demonstrates this belief using both traditional Jungian theory and such post-Freudians as Bion, Klein, Kohut, and Winnicott. A clear, concise, and grounded basic teaching text on clinical issues, it is especially thorough on transference and countertransference in therapy and on ways to set up and maintain the practical components of a good therapeutic relationship. Clinical examples are particularly well chosen.

Singer, T., and Kimbles, S. (Eds.). (2004). *The cultural complex: Contemporary Jungian perspectives on psyche and society.* New York: Brunner-Routledge.
This is a key book written by academics and analysts from many countries and cultures. It examines the psychological nature of conflict from a Jungian perspective and presents a clear picture of its source in both personal and cultural complexes. It looks at cultural complexes historically as played out in Jung, Freud, and their followers' quarrel. It examines racism with an excellent case history. Its strongest chapters focus on the way collective and personal trauma fuel cultural complexes.

Withers, R. (2003). *Controversies in analytical psychology.* New York: Brunner-Routledge.

Eleven mostly clinical differences of approach in current analytical practice are discussed by 24 Jungian analysts or psychotherapists. Some of the issues debated are the prospects for a Jung/Klein synthesis; the status of developmental theory; working with the transference; the role of interpretation; frequency of sessions and keeping the analytic frame; integrating the body/mind split; and political, religious, and gender issues, as well as a rare discussion of the heterosexual framing of most theory and how this might affect homosexual analysts and patients.

Young-Eisendrath, P., and Dawson, T. (Eds.). (2008). *The Cambridge companion to Jung.* 2nd ed. Cambridge, Eng. and New York: Cambridge University Press.

A critical introduction to Jung's theory and work and their importance to current psychotherapy, this book is divided into three parts. Part One discusses Jung's ideas and their context. Part Two examines Jungian psychology in practice, with chapters on archetypal, developmental, and classical approaches to psychotherapy and a case study discussed from these three vantage points. Part Three addresses analytical psychology in contemporary society, literature, gender studies, politics, and religion.

CASE READINGS

Abramovich, H. (2002). Temenos regained: Reflections on the absence of the analyst. *Journal of Analytical Psychology, 47*(4), 583–598.

Two cases are used to illustrate boundary and containment issues. The first and lengthier discussion is of a woman who needed to preserve the analytic container while her therapist was away for several months. The case is explored in much detail, and a novel and healing way to provide a holding space is found. Abramovich's discussion of maternal reverie and maternal holding in therapy is of special interest. In the second case, the patient has a chance extra-analytical encounter with his therapist, who exits quickly. The patient perceives Abramovich's sacrifice of his self-interest as an effort to preserve the patient's space; he contrasts it with the way someone in his household took advantage of him over many years. For the first time, the patient could experience a safe place both within and outside of the therapy.

Beebe, J., McNeely, D., and Gordon, G. (2008). The case of Joan: Classical archetypal, and developmental approaches. In Young-Eisendrath and Dawson (Eds.), *Cambridge companion to Jung* (pp. 185–219). Cambridge, UK: Cambridge University Press.

Three analysts focus on the study of a 40-year-old woman suffering from an eating disorder, each with an emphasis on a different style of Jungian therapy.

Douglas, C. (2006). The case of Bruce. In C. Douglas, *The old woman's daughter.* College Station, Texas A&M University Press.

This case study demonstrates the way a Jungian therapist uses dream and analytical work to help a client overcome a midlife crisis through the reintegration of cut-off aspects of himself, especially his feminine side. The case highlights issues of transference and countertransference. [Reprinted in D. Wedding and R. J. Corsini (Eds.). (2011). *Case studies in psychotherapy.* Belmont, CA: Brooks/Cole.]

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This analysis of a patient's dream is taken from one of Jung's speeches. It demonstrates the ways in which dreams can be used to support clinical inferences.

Kalsched, D. (1996). The inner world of trauma in a diabolical form, and further clinical illustrations of the self care system. In *The inner world of trauma: Archetypal defenses of the personal spirit,* Chapters One and Two (pp. 11–67). London and New York: Routledge.

Important case reading on trauma and post-traumatic stress, the two chapters present a series of nine cases, discussed and interpreted, in which early childhood trauma has produced similar defenses, repetition compulsions, and self-care systems that further isolate and attack each of the patients. Healing is shown as occurring in a similar manner across all cases.

Kimbles, S. L. (2004). A cultural complex operating in the overlap of clinical and cultural space. In T. Singer, and S. Kimbles, (Eds.), *The Cultural Complex: Contemporary Jungian perspectives on psyche and society* (pp. 199–211). New York: Brunner-Routledge.

The relationship between personal complexes and a cultural complex is explored in the analysis of a patient and analyst of different races and genders. The material is clearly portrayed through the dreams and fantasies of the patient and through the dynamics of transference/countertransference as experienced by the analyst.