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.

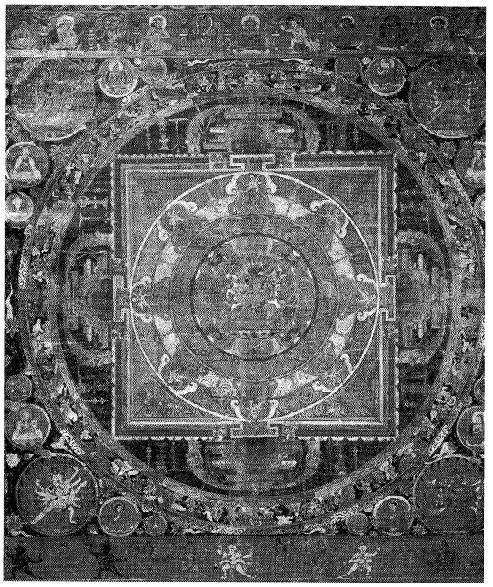
Preoedipal Development

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.