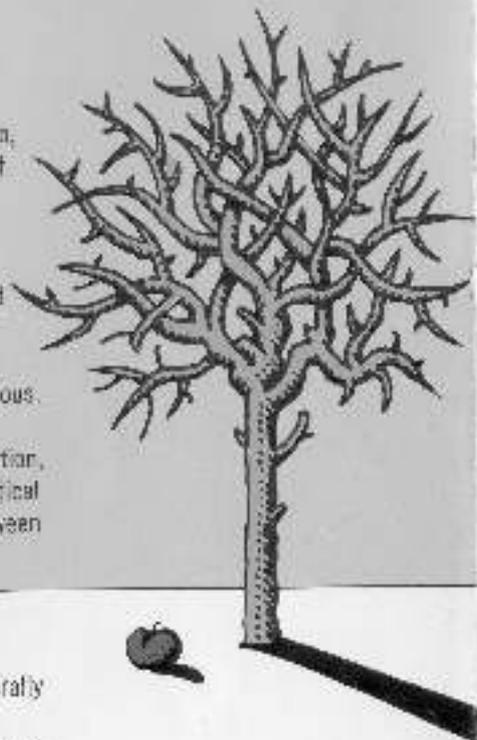


Modern Man in Search of a Soul

C.G. Jung

Modern Man in Search of a Soul is the basic introduction to the thought of Carl Gustav Jung, who, with Freud and Adler, was one of the chief founders of modern psychiatry.

In this book, Jung examines some of the most contested and crucial areas in the field of analytical psychology: dream analysis, the primitive unconscious, and the relationship between psychology and religion. In addition, there is in this volume an analytical account of the differences between the theories of Jung and Freud.



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Modern Man in Search of a Soul

C.G. Jung



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MODERN MAN IN SEARCH OF A SOUL

Carl Gustav Jung was born in Basel, Switzerland, in 1875, nineteen years after the birth of Freud. He took his medical degree at the University of Basel and, upon graduation in 1900, devoted himself wholly to psychiatry, taking up further studies at the University of Zürich under Bleuler. From then until his death in 1961, he had devoted most of his time to the private practice of psychotherapy and to writing.

His published works translated into English include: *Collected Papers on Analytical Psychology*, 1916; *Psychology of the Unconscious*, 1916; *Psychological Types*, 1923; *Two Essays on Analytical Psychology*, 1928; *Modern Man in Search of a Soul*, 1933; *Psychology and Religion*, 1938; *Essays on a Science of Mythology*, in collaboration with C. Kerényi, 1949; *Psychology and Alchemy*, 1953; and *Flying Saucers*, 1959.

C. G. Jung

MODERN MAN IN SEARCH OF A SOUL

Translated by W. S. Dell and Cary F. Baynes



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TRANSLATORS' PREFACE

Within the last decade there have been many references from varied sources to the fact that the western world stands on the verge of a spiritual rebirth, that is, a fundamental change of attitude toward the values of life. After a long period of outward expansion, we are beginning to look within ourselves once more. There is very general agreement as to the phenomena surrounding this increasing shift of interest from facts as such to their meaning and value to us as individuals, but as soon as we begin to analyse the anticipations nursed by the various groups in our world with respect to the change that is to be hoped for, agreement is at an end and a sharp conflict of forces makes itself felt.

By those who uphold revealed religion, the rebirth that seems imminent is thought of as a renaissance of Catholicism or Protestantism, as the case may be. They see mankind streaming by the million back to the bosom of the Church, there to be comforted for the disillusionments and disasters of our post-war world, there to be taught the paths that will lead out of chaos. Renewal of faith in Christianity, they say, will bring us back to a sure way of life and restore the inspiration the world has lost.

Another great group of people think that the new attitude is to be attained by the total destruction of religion as it has up to now been understood. Religion is, they say, a relic of superstitious barbarism, and in its place must come a new and lasting period of "en

lightenment." Let man but apply his knowledge in the right way, especially his knowledge of economics and technology, and all the great bogies of poverty, ignorance, greed, etc., will vanish into thin air and man will be restored to his lost paradise. To them the rebirth is to be in the realm of reason alone, and the intellect becomes the arbiter of man's fate.

Between these two extremes of traditional faith and militant rationalism, every conceivable shade of opinion about this great problem of humanity's next step in psychic evolution is to be found. It may be said that the middle position is held by those people who know that they have outgrown the Church as exemplified in Christianity, but who have not therefore been brought to deny the fact that a religious attitude to life is as essential to them as a belief in the authenticity of science. These people have experienced the soul as vividly as the body, the body as vividly as the soul. And the soul has manifested itself to them in ways not to be explained in terms either of traditional theology or of materialism. They do not wish to sever the real piety they feel within themselves from the body of scientific fact to which reason gives its sanction. They are convinced that if they can attain to more knowledge of the inner workings of their own minds, more information about the subtle but none the less perfectly definite laws that govern the psyche, they can achieve the new attitude that is demanded without having on the one hand to regress to what is but a thinly veiled medieval theology, or on the other, to fall victims to the illusions of nineteenth-century ideology.

It is to this last group of people that Jung speaks in convincing terms. He does not evade the difficult task of synthesizing his knowledge of the soul, gained in his many years of practice as psychiatrist and analyst, into a fund of information available and applicable to everyone. He gives those clues to the nature and functioning of the psyche for which the modern man is painfully groping. The point of view he lays before us is a chal-

lenge to the spirit, and evokes an active response in everyone who has felt within himself an urge to grow beyond his inheritance.

With one exception,¹ all the essays which make up this volume have been delivered as lectures. The German texts of four of them have been brought out in separate publications² and the others are to be found in a volume³ together with several other essays which have already appeared in English.

We are indebted to Mrs. Violet de Laszlo for many helpful suggestions in regard to the essay, *Psychotherapist or the Clergy*. Both Dr. Jung and Mrs. Jung have been kind enough to read and criticize the translations in part.

CARY F. BAYNES

Zürich, March 1933

¹ *Freud and Jung—Contrasts*, was written at the special request of a German editor.

² (a) For the German text of *Psychology and Literature* (*Psychologie und die Literaturwissenschaft*) see *Die Philosophie der Literaturwissenschaft*, by Professor Emil Ermatinger, Junker und Wundmann, Berlin, 1929. An English translation by Eugene Jolas appeared in *transition*, 1930.

(b) *Psychotherapist or the Clergy—A Dilemma* is in German entitled: *Die Beziehungen der Psychotherapie zur Seelsorge*, Rascher & Cie, Zürich, 1932.

(c) *The Basic Postulates of Analytical Psychology* appeared in the *Europäische Revue* in July 1931, under the title, *Die Erschließung der Seele*.

(d) *Dream Analysis In Its Practical Application* appears in the *Beicht über den VI. Allgemeinen Deutschen Kongress für Psychotherapie*, Dresden, April 1930.

³ *Seelenprobleme der Gegenwart*, Rascher & Cie, Zürich, 1931.

*Dream-Analysis in Its Practical
Application*

The use of dream-analysis in psychotherapy is still a much-debated question. Many practitioners find it indispensable in the treatment of neuroses, and ascribe as much importance to the psychic activity manifested in dreams as to consciousness itself. Others, on the contrary, dispute the value of dream-analysis, and regard dreams as a negligible by-product of the psyche.

Obviously, if a person holds the view that the unconscious plays a leading rôle in the formation of neuroses, he will attribute practical significance to dreams as direct expressions of the unconscious. If, on the other hand, he denies the unconscious or thinks that it has no part in the development of neuroses, he will minimize the importance of dream-analysis. It is regrettable that in this year of grace 1931, more than half a century since Carus formulated the concept of the unconscious, over a century since Kant spoke of the "immeasurable . . . field of obscure ideas," and nearly two hundred years since Leibniz postulated an unconscious psychic activity, not to mention the achievements of Janet, Flournoy and Freud—that after all this, the actuality of the unconscious should still be a matter for controversy. Since it is my intention to deal exclusively with questions of practical treatment, I will not attempt in this place a defence of the hypothesis of the unconscious, though it is obvious enough that dream-analysis stands or falls with this hypothesis. Without it the dream appears to be merely a freak of nature, a mean-

ingless conglomerate of memory-fragments left over from the happenings of the day. Were the dream nothing more than this, there would be no excuse for the present discussion. We must recognize the unconscious if we are to treat of dream-analysis at all, for we do not resort to it as a mere exercise of the wits, but as a method for uncovering hitherto unconscious psychic contents which are causally related to the neurosis and therefore of importance in its treatment. Anyone who deems this hypothesis unacceptable must simply rule out the question of the practicability of dream-analysis.

But since, according to our hypothesis, the unconscious plays a causal part in the neurosis, and since dreams are the direct expression of unconscious psychic activity, the attempt to analyse and interpret dreams is entirely justified from a scientific standpoint. Quite apart from therapeutic results, we may expect this line of endeavour to give us scientific insight into psychic causality. For the practitioner, however, scientific discoveries can at most be a gratifying by-product of his efforts in the field of therapy. He will not feel called upon to apply dream-analysis to his patients on the chance that it may throw light upon the problem of psychic causality. He may believe, of course, that the insight so gained is of therapeutic value—in which case he will regard dream-analysis as one of his professional duties. It is well known that the Freudian school is of the opinion that important therapeutic effects are achieved by throwing light upon the unconscious causal factors—that is, by explaining them to the patient and thus making him conscious of the sources of his trouble.

If we assume, for the time being, that this expectation is borne out by the facts, we can restrict ourselves to the questions whether or not dream-analysis enables us to discover the unconscious causes of the neurosis, and whether it can do this unaided, or must be used in conjunction with other methods. The Freudian answer, I may assume, is common knowledge. My own experience confirms this view inasmuch as I have found that

dreams not infrequently bring to light in an unmistakable way the unconscious contents that are causal factors in a neurosis. Most often it is the initial dreams that do this—I mean, those dreams that a patient reports at the very outset of a treatment. An illustration will perhaps be helpful.

I was consulted by a man who held a prominent position in the world. He was afflicted with a sense of anxiety and insecurity, and complained of dizziness sometimes resulting in nausea, of a heavy head and difficulty in breathing—this being an exact description of the symptoms of mountain-sickness. He had had an unusually successful career, and had risen, with the help of ambition, industry and native talent, from a humble origin as the son of a poor peasant. Step by step he had climbed, attaining at last an important post that offered him every opportunity for further social advancement. He had actually reached a place in life from which he could have begun his ascent into the upper regions, when suddenly his neurosis intervened. At this point of his story the patient could not refrain from that stereotyped exclamation which begins with the familiar words: "And just now, when I . . ." The fact that he had all the symptoms of mountain-sickness was highly appropriate to the peculiar situation in which he found himself. He had brought with him to the consultation two dreams of the preceding night.

The first dream was as follows: "I am once more in the small village where I was born. Some peasant boys who went to school with me are standing together in the street. I walk past them, pretending not to know them. I hear one of them, who is pointing at me, say: 'He doesn't often come back to our village.' No tricks of interpretation are needed to recognize and to understand the allusion to the humble beginnings of the dreamer's career. The dream says quite clearly: "You forget how far down you began."

Here is the second dream: "I am in a great hurry because I am going on a journey. I hunt up my baggage, but cannot find it. Time flies, and the train will

soon be leaving. Finally I succeed in getting all my things together. I hurry along the street, discover that I have forgotten a brief-case containing important papers, dash breathlessly back again, find it at last, and then run towards the station, but make hardly any headway. With a final effort I rush on to the platform only to find the train steaming out into the yards. It is very long, and runs in a curious S-shaped curve. It occurs to me that if the driver is not careful, and puts on full steam when he comes to the straight stretch, the rear coaches will still be on the curve and will be thrown over by the speed of the train. As a matter of fact the driver opens the throttle as I try to shout. The rear coaches rock frightfully, and are actually thrown off the rails. There is a terrible catastrophe. I awake in terror."

Here, too, we can understand without much difficulty the situation represented by the dream. It pictures the patient's frantic haste to advance himself still further. Since the driver at the front of the train goes thoughtlessly ahead, the coaches behind him rock and finally overturn—that is, a neurosis is developed. It is clear that, at this period of life, the patient had reached the highest point of his career—that the effort of the long ascent from his lowly origin had exhausted his strength. He should have contented himself with his achievements, but instead he is driven by his ambition to attempt to scale heights of success for which he is not fitted. The neurosis came upon him as a warning. Circumstances prevented my treating the patient, and my view of his case did not satisfy him. The upshot was that events ran their course in the way indicated by the dream. He tried to exploit the professional openings that tempted his ambition and ran so violently off the track that the train-wreck was realized in actual life. The patient's anamnesis permitted the inference that the mountain-sickness pointed to his inability to climb any further. The inference is confirmed by his dreams which present this inability as a fact.

We here come upon a characteristic of dreams that

must take first place in any discussion of the applicability of dream-analysis to the treatment of neuroses. The dream gives a true picture of the subjective state, while the conscious mind denies that this state exists, or recognizes it only grudgingly. The patient's conscious ego could see no reason why he should not go steadily forward; he continued his struggle for advancement, refusing to admit the fact which subsequent events made all too plain—that he was actually at the end of his tether. When, in such cases, we listen to the dictates of the conscious mind, we are always in doubt. We can draw opposite conclusions from the patient's anamnesis. After all, the private soldier may carry a marshal's baton in his knapsack, and many a son of poor parents has achieved the highest success. Why should it not be so in my patient's case? Since my judgement is fallible, why should my own conjecture be more dependable than his? At this point the dream comes in as the expression of an involuntary psychic process not controlled by the conscious outlook. It presents the subjective state as it really is. It has no respect for my conjectures or for the patient's views as to how things should be, but simply tells how the matter stands. I have therefore made it a rule to put dreams on a plane with physiological fact. If sugar appears in the urine, then the urine contains sugar, and not albumen or urobilin or something else that I may have been led to expect. This is to say that I take dreams as facts that are invaluable for diagnosis.

It is the way of dreams to give us more than we ask, and this is true of those I have just cited as illustrations. They not only allowed us an insight into the causes of the neurosis, but afforded a prognosis as well. What is more, they showed us at what point the treatment should begin. The patient must be prevented from going full steam ahead. This is precisely what he tells himself in the dream.

For the time being we will content ourselves with this hint, and return to the question whether dreams enable us to explain the causes of a neurosis. I have

cited two dreams that actually do this. But I could equally well cite any number of initial dreams which do nothing of the kind, although they are perfectly transparent. I do not wish for the present to consider dreams which call for searching analysis and interpretation.

The point is that there are neuroses whose actual origins we discover only at the very end of an analysis, and there are also cases in which it is of no benefit to have discovered the origin of the neurosis. This brings me back to the Freudian view, mentioned above, that for the purposes of therapy it is necessary for the patient to become conscious of the causal factors in his disturbance—a view that is little more than a survival of the old theory of the trauma. I do not, of course, deny that many neuroses have a traumatic origin; I simply contest the notion that all neuroses are of this nature and arise without exception from some crucial experience of childhood. This view of the question results in a causalistic approach. The doctor must give his whole attention to the patient's past; he must always ask: "Why?" and neglect the equally pertinent question: "What for?" This is frequently very harmful to the patient, for he is forced to search in his memory—perhaps over a course of years—for a hypothetical event in his childhood, while things of immediate importance are grossly neglected. A purely causalistic approach is too narrow to do justice to the true significance, either of the dream, or of the neurosis. A person is biased who turns to dreams for the sole purpose of discovering the hidden cause of the neurosis, for he leaves aside the larger part of the dream's actual contribution. The dreams I have cited unmistakably present the aetiological factors in the neurosis; but it is clear that they also offer a prognosis or anticipation of the future and a suggestion as to the course of treatment as well. We must furthermore bear in mind that a great many dreams do not touch upon the causes of the neurosis, but treat of quite different matters—among others, of the patient's attitude to the doctor. I should

like to illustrate this by recounting three dreams of the same patient. She consulted three different analysts in turn, and at the beginning of each treatment she had one of these dreams.

Here is the first: "I must cross the frontier into the next country, but no one can tell me where the boundary lies, and I cannot find it." The treatment which followed this dream was unsuccessful, and was soon broken off.

The second dream is as follows: "I must cross the frontier. It is a black night, and I cannot find the customhouse. After a long search I notice a small light far away and suppose that the frontier lies over there. But in order to reach it, I must cross a valley and pass through a dark wood, in which I lose my sense of direction. Then I notice that someone is with me. This person suddenly clings to me like a madman and I awake in terror." That treatment also was discontinued after a few weeks, the reason being that the patient was completely disoriented by the analyst's unconscious identification with her.

The third dream took place when the patient came into my hands. It runs: "I must cross a frontier, or rather, I have already crossed it, and find myself in a Swiss customhouse. I have only a handbag with me, and believe that I have nothing to declare. But the customs official dives into my bag and, to my astonishment, pulls out two full-sized mattresses." The patient married during the course of her treatment with me, but not without a violent resistance to this step. The cause of her neurotic resistance came to light only after many months, and there is not a hint of it anywhere in these dreams. They are without exception anticipations of the difficulties she is to have with the analysts to whom she has come for treatment.

I could cite many other dreams to the same effect, but these may suffice to show that dreams can be anticipatory and, in that case, must lose their particular meaning if they are treated in a purely causalistic way. These three dreams give clear information about the

analytical situation, and it is extremely important for the purposes of therapy that this be rightly understood. The first doctor understood the situation and sent the patient to the second. Here she drew her own conclusions from her dream, and decided to leave. My interpretation of her third dream disappointed her greatly, but she was distinctly encouraged to go on in spite of all difficulties by the fact that it reported the frontier already crossed.

Initial dreams are often amazingly transparent and clear-cut. But as the work of analysis progresses, the dreams in a little while cease to be clear. If they should prove exceptional, and keep their clarity, we can be sure that the analysis has as yet not touched some important part of the personality. As a rule, the dreams become less transparent, and more blurred, shortly after the beginning of the treatment. It becomes increasingly difficult to interpret them, a further reason for this being that a point may soon be reached where the doctor is unable, if the truth be told, to understand the situation as a whole. This is how the matter really stands, for to say that the dreams are unintelligible is a mere reflection of the doctor's subjective opinion. Nothing is unclear to the understanding; it is only when we fail to understand that things appear unintelligible and confused. In themselves, dreams are clear—that is, they are just as they must be under the given conditions. If we look back at these "unintelligible" dreams from a later stage of the treatment or from a distance of some years, we are often astounded at our own blindness. It is a fact that, as an analysis progresses, we come upon dreams that are strikingly obscure in comparison with the initial dreams. But the doctor should not be too sure that these later dreams are really confused, or be too hasty in accusing the patient of deliberate resistance. He would do better to take the fact as an indication of his own growing inability to understand the situation. The psychiatrist likewise is prone to call a patient "confused" when he would do well to recognize the projection and admit

his own confusion, for it is really his understanding that grows confused in face of the patient's strange behaviour. For the purposes of therapy, moreover, it is highly important for the analyst to admit his lack of understanding from time to time, for nothing is more unbearable for the patient than to be always understood. The latter in any case relies too much upon the mysterious insight of the doctor, and, by appealing to his professional vanity, lays a dangerous trap for him. By taking refuge in the doctor's self-confidence and "profound" understanding, the patient loses all sense of reality, falls into a stubborn transference, and retards the cure.

Understanding is clearly a subjective process. It may be very one-sided, in that the physician understands while the patient does not. In such a case the doctor sometimes feels it his duty to convince the patient, and if the latter will not allow himself to be convinced, the doctor accuses him of resistance. When the understanding is all on my side, I find it advisable to stress my lack of understanding. It is relatively unimportant whether the doctor understands or not, but everything hangs on the patient's doing so. What is really needed is a mutual agreement which is the fruit of joint reflection. It is one-sided, and therefore dangerous, understanding for the doctor to prejudge the dream from the standpoint of a certain doctrine and to make a pronouncement which may be theoretically sound, but does not win the patient's assent. In so far as the pronouncement fails in this respect, it is incorrect in the practical sense; and it may also be incorrect in the sense that it anticipates and thereby cripples the actual development of the patient. We appeal only to the patient's brain if we try to inculcate a truth; but if we help him to grow up to this truth in the course of his own development, we have reached his heart, and this appeal goes deeper and acts with greater force.

When the doctor's interpretation is based merely upon a one-sided theory or a preconceived opinion, his chances of convincing the patient or of achieving any

therapeutic results depend chiefly upon suggestion. And let no one deceive himself as to the effects of suggestion. In itself suggestion is not to be despised, but it has serious limitations, and reacts upon the patient's independence of character in a very undesirable way. A practising analyst may be supposed to believe in the significance and value of the widening of consciousness—I mean by this the procedure of bringing to light the parts of the personality which were previously unconscious and subjecting them to conscious discrimination and criticism. It is an undertaking which requires the patient to face his problems, and taxes his powers of conscious judgement and decision. It is nothing less than a challenge to the ethical sense, a call to arms that must be answered by the whole personality. Therefore, with respect to personal development, the analytical approach is of a higher order than methods of treatment based upon suggestion. This is a kind of magic that works in the dark and makes no ethical demands upon the personality. Methods of treatment based upon suggestion are deceptive makeshifts; they are incompatible with the principles of analytical therapy, and should be avoided. But suggestion can of course be avoided only when the doctor is aware of the many doors through which it can enter. There remains in the best of circumstances enough—and more than enough—unconscious suggestion.

The analyst who wishes to rule out conscious suggestion must consider any dream interpretation invalid that does not win the assent of the patient, and he must search until he finds a formulation that does. This is a rule which, I believe, must always be observed, especially in dealing with those dreams whose obscurity is evidence of lack of understanding on the part of the doctor as well as of the patient. The doctor should regard every dream as a new departure—as a source of information about unknown conditions concerning which he has as much to learn as the patient. It goes without saying that he should hold no preconceived opinions based upon a particular theory,

but stand ready in every single case to construct a totally new theory of dreams. There is still a boundless opportunity for pioneer-work in this field.

The view that dreams are merely imaginary fulfillments of suppressed wishes has long ago been superseded. It is certainly true that there are dreams which embody suppressed wishes and fears, but what is there which the dream cannot on occasion embody? Dreams may give expression to ineluctable truths, to philosophical pronouncements, illusions, wild fantasies, memories, plans, anticipations, irrational experiences, even telepathic visions, and heaven knows what besides. One thing we ought never to forget: almost the half of our lives is passed in a more or less unconscious state. The dream is specifically the utterance of the unconscious. We may call consciousness the daylight realm of the human psyche, and contrast it with the nocturnal realm of unconscious psychic activity which we apprehend as dreamlike fantasy. It is certain that consciousness consists not only of wishes and fears, but of vastly more than these, and it is highly probable that the unconscious psyche contains a wealth of contents and living forms equal to or even greater than does consciousness, which is characterized by concentration, limitation and exclusion.

This being the state of affairs, it is imperative that we should not pave down the meaning of a dream to fit some narrow doctrine. We must remember that there are not a few patients who imitate the technical or theoretical jargon of the doctor, and do this even in their dreams. No language exists that cannot be misused. It is hard to realize how badly we are fooled by the abuse of ideas; it even seems as if the unconscious had a way of strangling the physician in the coils of his own theory. All this being so, I leave theory aside as much as possible in analysing dreams. We cannot, of course, dispense with theory entirely, for it is needed to make things intelligible. It is on the basis of theory, for instance, that I expect dreams to have a meaning. I cannot prove in every case that dreams are meaning-

ful, for there are dreams that neither doctor nor patient understands. But I must regard them as hypothetically meaningful in order to find courage to deal with them at all. To say that dreams contribute in an important way to conscious knowledge, and that a dream which fails to do so is a dream which has not been properly interpreted—this, too, is a theoretical statement. But I must adopt this hypothesis in order to make it clear to myself why I analyse dreams. On the other hand, every hypothesis about the nature of the dream, its function and structure, is merely a rule of thumb and must be subject to constant modifications. We must never forget in dream-analysis, even for a moment, that we move on treacherous ground where nothing is certain but uncertainty. A suitable warning to the dream-interpreter—if only it were not so paradoxical—would be: "Do anything you like, only don't try to understand!"

When we take up an obscure dream, our first task is not to understand and interpret it, but to establish the context with minute care. What I have in mind is not a boundless sweep of "free associations" starting from any and every image in the dream, but a careful and conscious illumination of those chains of association that are directly connected with particular images. Many patients have first to be educated to this task, for they resemble the doctor in their urgent desire to understand and to interpret offhand. This is particularly the case when they have already been educated—or rather, miseducated—by their reading or by a previous analysis that went wrong. They give associations in accordance with a theory; that is, they try to understand and interpret, and thus they nearly always get stuck. Like the doctor, they wish at once to get behind the dream in the false belief that it is a mere façade concealing the true meaning. Perhaps we may call the dream a façade, but we must remember that the fronts of most houses by no means trick or deceive us, but, on the contrary, follow the plan of the building and often betray its inner arrangement. The "manifest"

dream-picture is the dream itself, and contains the "latent" meaning. If I find sugar in the urine, it is sugar, and not a façade that conceals albumen. When Freud speaks of the "dream-façade," he is really speaking, not of the dream itself, but of its obscurity, and in so doing is projecting upon the dream his own lack of understanding. We say that the dream has a false front only because we fail to see into it. We would do better to say that we are dealing with something like a text that is unintelligible, not because it has a façade, but simply because we cannot read it. We do not have to get behind such a text in the first place, but must learn to read it.

We shall best succeed in reading dreams by establishing their context, as already remarked. We shall not succeed with the help of free associations, any more than we could use that means to decipher a Hittite inscription. Free associations will help me to uncover all my own complexes, but for this purpose I need not start from the dream—I might as well take a sentence in a newspaper or a "Keep out" sign. If we associate freely to a dream, our complexes will turn up right enough, but we shall hardly ever discover the meaning of the dream. To do this, we must keep as close as possible to the dream-images themselves. When a person has dreamed of a deal table, little is accomplished by his associating it with his writing-desk which is not made of deal. The dream refers expressly to a deal table. If at this point nothing occurs to the dreamer his hesitation signifies that a particular darkness surrounds the dream-image, and this is suspicious. We would expect him to have dozens of associations to a deal table, and when he cannot find a single one, this must have a meaning. In such cases we should return again and again to the image. I say to my patients: "Suppose I had no idea what the words 'deal table' mean. Describe this object and give me its history in such a way that I cannot fail to understand what sort of thing it is." We succeed in this way in establishing a good part

of the context of that particular dream-image. When we have done this for all the images in the dream, we are ready for the venture of interpretation.

Every interpretation is hypothetical, for it is a mere attempt to read an unfamiliar text. An obscure dream, taken by itself, can rarely be interpreted with any certainty, so that I attach little importance to the interpretation of single dreams. With a series of dreams we can have more confidence in our interpretations, for the later dreams correct the mistakes we have made in handling those that went before. We are also better able, in a dream series, to recognize the important contents and basic themes, and I therefore urge my patients to make a careful record of their dreams and the interpretations given them. I also show them how to work up their dreams in the way I have just indicated, so that they can bring me in writing the dream and the material that forms the context of the dream. In later stages of analysis I let them work out the interpretations as well. The patient learns in this way how to consult the unconscious without the doctor's help.

If dreams did nothing more than inform us about the causal factors in a neurosis, we could safely let the doctor handle them alone. My way of dealing with them, moreover, would be quite superfluous if all that we could expect of them were a collection of hints and insights helpful to the doctor. But since it is probable, as I have shown in a few examples, that dreams contain more than practical helps for the doctor, dream-analysis deserves very special consideration. Sometimes, indeed, it is a matter of life and death.

Among many cases of this sort, I have been especially impressed with one that concerned a colleague of mine in Zürich. He was a man somewhat older than myself whom I saw from time to time, and who always teased me on these occasions about my interest in dream-interpretation. I met him one day in the street, and he called out to me: "How are things going? Are you still interpreting dreams? By the way, I've had another

idiotic dream. Does it mean something too?" He had dreamed as follows: "I am climbing a high mountain over steep, snow-covered slopes. I mount higher and higher—it is marvellous weather. The higher I climb, the better I feel. I think: 'If only I could go on climbing like this for ever!' When I reach the summit, my happiness and elation are so strong that I feel I could mount right up into space. And I discover that I actually can do this. I go on climbing on empty air. I awake in a real ecstasy." When he had told me his dream, I said: "My dear man, I know you can't give up mountaineering, but let me implore you not to go alone from now on. When you go, take two guides, and you must promise on your word of honour to follow their directions." "Incorrigible!" he replied laughing, and said good-bye. I never saw him again. Two months later came the first blow. When out alone, he was buried by an avalanche, but was dug out in the nick of time by a military patrol which happened to come along. Three months after this the end came. He went on a climb accompanied by a younger friend, but without guides. An alpinist standing below saw him literally step out into the air as he was letting himself down a rock wall. He fell on to the head of his friend, who was waiting beneath him, and both were dashed to pieces far below. That was *ecstasy* in the full meaning of the word.

No amount of scepticism and critical reserve has ever enabled me to regard dreams as negligible occurrences. Often enough they appear senseless, but it is obviously we who lack the sense and the ingenuity to read the enigmatical message from the nocturnal realm of the psyche. When we see that at least a half of man's life is passed in this realm, that consciousness has its roots there, and that the unconscious operates in and out of waking existence, it would seem incumbent upon medical psychology to sharpen its perceptions by a systematic study of dreams. No one doubts the importance of conscious experience; why then should we question the importance of unconscious happenings? They also

belong to human life, and they are sometimes more truly a part of it for weal or woe than any events of the day.

Dreams give information about the secrets of the inner life and reveal to the dreamer hidden factors of his personality. As long as these are undiscovered, they disturb his waking life and betray themselves only in the form of symptoms. This means that we cannot effectively treat the patient from the side of consciousness alone, but must bring about a change in and through the unconscious. As far as present knowledge goes, there is only one way of doing this: there must be a thorough-going, conscious assimilation of unconscious contents. By "assimilation," I mean a mutual interpenetration of conscious and unconscious contents, and not—as is too commonly thought—a one-sided valuation, interpretation and deformation of unconscious contents by the conscious mind. As to the value and significance of unconscious contents in general, very mistaken views are abroad. It is well known that the Freudian school presents the unconscious in a thoroughly depreciatory light, just as also it looks on primitive man as little better than a wild beast. Its nursery-tales about the terrible old man of the tribe and its teachings about the "infantile-perverse-criminal" unconscious have led people to make a dangerous monster out of the unconscious, that really very natural thing. As if all that is good, reasonable, beautiful and worth living for had taken up its abode in consciousness! Have the horrors of the World War really not opened our eyes? Are we still unable to see that man's conscious mind is even more devilish and perverse than the unconscious?

I was recently reproached with the charge that my teaching about the assimilation of the unconscious, were it accepted, would undermine culture and exalt primitivity at the cost of our highest values. Such an opinion can have no foundation other than the erroneous belief that the unconscious is a monster. Such a view arises from fear of nature and of life as it actually is. Freud has invented the idea of sublimation to save

us from the imaginary claws of the unconscious. But what actually exists cannot be alchemistically sublimated, and if anything is apparently sublimated, it never was what a false interpretation took it to be.

The unconscious is not a demonic monster, but a thing of nature that is perfectly neutral as far as moral sense, æsthetic taste and intellectual judgement go. It is dangerous only when our conscious attitude towards it becomes hopelessly false. And this danger grows in the measure that we practise repressions. But as soon as the patient begins to assimilate the contents that were previously unconscious, the danger from the side of the unconscious diminishes. As the process of assimilation goes on, it puts an end to the dissociation of the personality and to the anxiety that attends and inspires the separation of the two realms of the psyche. That which my critic feared—I mean the overwhelming of consciousness by the unconscious—is most likely to occur when the unconscious is excluded from life by repressions, or is misunderstood and depreciated.

A fundamental mistake, and one which is commonly made, is this: it is supposed that the contents of the unconscious are unequivocal and are marked with plus or minus signs that are immutable. As I see the question, this view is too naive. The psyche is a self-regulating system that maintains itself in equilibrium as the body does. Every process that goes too far immediately and inevitably calls forth a compensatory activity. Without such adjustments a normal metabolism would not exist, nor would the normal psyche. We can take the idea of compensation, so understood, as a law of psychic happening. Too little on one side results in too much on the other. The relation between conscious and unconscious is compensatory. This fact, which is easily verifiable, affords a rule for dream interpretation. It is always helpful, when we set out to interpret a dream, to ask: What conscious attitude does it compensate?

Although compensation may take the form of imaginary wish-fulfilment, it generally presents itself as an actuality which becomes the more strikingly actual the

more we try to repress it. We know that we do not conquer thirst by repressing it. The dream-content is to be taken in all seriousness as something that has actually happened to us; it should be treated as a contributory factor in framing our conscious outlook. If we do not do this, we shall keep that one-sided, conscious attitude which evoked the unconscious compensation in the first place. But this way holds little hope of our ever judging ourselves correctly or finding any balance in life.

If anyone should set out to replace his conscious outlook by the dictates of the unconscious—and this is the prospect which my critics find so alarming—he would only succeed in repressing the former, and it would reappear as an unconscious compensation. The unconscious would thus have changed its face and completely reversed its position. It would have become timidly reasonable, in striking contrast to its former tone. It is not generally believed that the unconscious operates in this way, yet such reversals constantly take place and constitute its essential function. This is why every dream is a source of information and a means of self-regulation, and why dreams are our most effective aids in the task of building up the personality.

The unconscious itself does not harbour explosive materials, but it may become explosive owing to the repressions exercised by a self-sufficient, or cowardly, conscious outlook. All the more reason, then, for giving heed to that side! It should now be clear why I have made it a practical rule always to ask, before trying to interpret a dream: What conscious attitude does it compensate? As may be seen, I thus bring the dream into the closest possible connection with the conscious state. I even maintain that it is impossible to interpret a dream with any degree of certainty unless we know what the conscious situation is. For it is only in the light of this knowledge that we can make out whether the unconscious content carries a plus or minus sign. The dream is not an isolated psychic event completely cut off from daily life. If it seems so to us, that is only an illusion that arises from our lack of understanding.

In reality, the relation between consciousness and the dream is strictly causal, and they interact in the subtlest of ways.

I should like to show with the help of an illustration how important it is to find the true value of unconscious contents. A young man brought me the following dream: "My father is driving away from the house in his new car. He drives very clumsily, and I get very excited about his apparent stupidity. He goes this way and that, forward and backward, repeatedly getting the car into a tight place. Finally he runs into a wall and badly damages the car. I shout at him in a perfect rage, telling him he ought to behave himself. My father only laughs, and then I see that he is dead drunk." There is no foundation in fact for the dream. The dreamer is convinced that his father would never behave in that way, even if he were drunk. The dreamer himself is used to cars; he is a careful driver, and very moderate in the use of alcohol, especially when he has to drive. Bad driving, and even slight injuries to the car, irritate him greatly. The son's relation to his father is good. He admires him for being an unusually successful man. We can say, without any attempt at interpretation, that the dream presents a very unfavourable picture of the father. What, then, should we take its meaning to be as far as the son is concerned? Is his relation to his father good only in appearance, and does it really consist of over-compensated resistances? If this is so we should attribute a plus sign to the dream-content; we should have to tell the young man: "This is your actual relation to your father." But since I could find nothing equivocal or neurotic in the facts about the son's relation to his father, I had no warrant for disturbing the young man's feelings with such a destructive pronouncement. To do so would have prejudiced the outcome of the treatment.

But if his relation to his father is really excellent, why must the dream manufacture such an improbable story to discredit the father? The dreamer's unconscious must have a distinct tendency to produce such a

dream. Has the young man resistances to his father, after all, which are perhaps fed by jealousy or a certain sense of inferiority? But before we go out of our way to burden his conscience—and with sensitive young people there is always the risk that we do this too lightly—we had better, for once, drop the question of why he had this dream, and ask ourselves instead: What for? The answer, in this case, would be that his unconscious clearly tries to depreciate his father. If we take this as a compensation, we are forced to the conclusion that his relation to his father is not only good, but even too good. The young man actually deserves the French sobriquet of *filz à papa*. His father is still too much the guarantor of his existence, and he is still living what I call a provisional life. He runs the risk of failing to realize himself because there is too much "father" on every side. This is why the unconscious manufactures a kind of blasphemy: it seeks to lower the father and to elevate the son. "An immoral business," we may be tempted to say. Every father who lacks insight would be on his guard here. And yet this compensation is entirely to the point. It forces the son to contrast himself with his father, and that is the only way in which he can become aware of himself.

The interpretation just outlined was apparently the correct one, for it struck home. It won the spontaneous assent of the young man, and did no violence to his feeling for his father, or to the father's feeling for him. But this interpretation was only possible when the father-son relation had been studied in the light of all the facts that were accessible to consciousness. Without a knowledge of the conscious situation the true meaning of the dream would have remained in doubt.

It is of the first importance for the assimilation of dream-contents that no violence be done to the real values of the conscious personality. If the conscious personality is destroyed, or even crippled, there is no one left to do the assimilating. When we recognize the importance of the unconscious we are not embarking upon a Bolshevik experiment which puts the lowest

on top. This would only bring about a return of the situation we are trying to correct. We must see to it that the conscious personality remains intact, for we can only turn the unconscious compensations to good account when the conscious personality co-operates in the venture. When it comes to the assimilation of a content it is never a question of "this or that," but of "this and that."

Just as the interpretation of dreams requires exact knowledge of the conscious *status quo*, so the treatment of dream symbolism demands that we take into account the dreamer's philosophical, religious and moral convictions. It is far wiser in practice not to regard the dream-symbols as signs or symptoms of a fixed character. We should rather take them as true symbols—that is to say, as expressions of something not yet consciously recognized or conceptually formulated. In addition to this, they must be considered in relation to the dreamer's immediate state of consciousness. I emphasize that this way of treating the dream-symbols is advisable in practice because theoretically there do exist relatively fixed symbols whose meaning must on no account be referred to anything whose content is known, or to anything that can be formulated in concepts. If there were no relatively fixed symbols, it would be impossible to determine the structure of the unconscious. There would be nothing in it which could be in any way laid hold of or described.

It may seem strange that I should attribute an indefinite content to the relatively fixed symbols. But it is the indefinite content that marks the symbol as against the mere sign or symptom. It is well known that the Freudian school operates with hard and fast sexual "symbols"; but these are just what I should call signs, for they are made to stand for sexuality, and this is supposed to be something definitive. As a matter of fact, Freud's concept of sexuality is thoroughly elastic, and so vague that it can be made to include almost anything. The word itself is familiar, but what it denotes amounts to an indeterminable or variable x that stands

for the physiological activity of the glands at one extreme and the highest reaches of the spirit at the other. Instead of taking a dogmatic stand that rests upon the illusion that we know something because we have a familiar word for it, I prefer to regard the symbol as the announcement of something unknown, hard to recognize and not to be fully determined. Take, for instance, the so-called phallic symbols, which are supposed to stand for the *membrum virile* and nothing more. Psychologically speaking, the *membrum* is itself—as Kronefeldt has recently pointed out—a symbolic image whose wider content cannot easily be determined. As was customary throughout antiquity, primitive people today make a free use of phallic symbols, yet it never occurs to them to confuse the phallus, as a ritualistic symbol, with the penis. They always take the phallus to mean the creative *mana*, the power of healing and fertility, "that which is unusually potent," to use Leumann's expression. Its equivalents in mythology and in dreams are the bull, the ass, the pomegranate, the yoni, the he-goat, the lightning, the horse's hoof, the dance, the magical cohabitation in the furrow, and the menstrual fluid, to mention only a few of many. That which underlies all of these images—and sexuality itself—is an archetypal content that is hard to grasp, and that finds its best psychological expression in the primitive *mana* symbol. In each of the images given above we can see a relatively fixed symbol—i.e. the *mana* symbol—but we cannot for all that be certain that when they occur in dreams they have no other meaning.

The practical need may call for quite another interpretation. To be sure, if we had to interpret dreams in an exhaustive way according to scientific principles, we should have to refer every such symbol to an archetype. But, in practice, this kind of interpretation might be a grave blunder, for the patient's psychological state may require anything rather than the giving of attention to a theory of dreams. It is therefore advisable, for the purposes of therapy, to look for the meaning of sym-

bols as they relate to the conscious situation—in other words, to treat them as if they were not fixed. This is as much as to say that we must renounce all preconceived opinions, however knowing they make us feel, and try to discover the meaning of things for the patient. If we do this, our interpretations will obviously not go very far towards satisfying a theory of dreams; in fact, they may fall very short in this respect. But if the practitioner operates too much with fixed symbols, there is danger of his falling into mere routine and dogmatism, thus failing to meet the patient's need. It is unfortunate that, to illustrate the above, I should have to go into greater detail than space here permits, but I have elsewhere published illustrative material that amply supports my statements.

As already remarked, it frequently happens at the very beginning of a treatment that a dream reveals to the doctor, in a wide perspective, the general direction in which the unconscious is moving. But, for practical reasons, it may not be feasible to make clear to the patient, at this early stage, the deeper meaning of his dream. The demands of therapy are binding upon us in this way also. When the doctor gains such a far-reaching insight, it is thanks to his experience in the matter of relatively fixed symbols. Such insight can be of the very greatest value in diagnosis and in prognosis as well. I was once consulted in the case of a seventeen-year-old girl. One specialist had suggested that she might be in the first stages of progressive atrophy of the muscles, while another thought that she was a hysteric. Because of this second opinion, I was called in. The clinical picture made me suspect an organic disease, but the girl showed traits of hysteria as well. I asked for dreams. The patient answered at once: "Yes, I have terrible dreams. Just recently I dreamed I was coming home at night. Everything is as quiet as death. The door into the living-room is half open, and I see my mother hanging from the chandelier and swinging to and fro in a cold wind that blows in through the open windows. At another time I dreamed that a terrible

noise breaks out in the house at night. I go to see what has happened, and find that a frightened horse is tearing through the rooms. At last it finds the door into the hall, and jumps through the ball window from the fourth floor down into the street. I was terrified to see it lying below, all mangled."

The way in which these dreams allude to death is enough to give one pause. But many persons have anxiety dreams now and then. We must therefore look more closely into the meaning of the outstanding symbols, "mother" and "horse." These figures must be equivalent one to the other, for they both do the same thing: they commit suicide. The mother symbol is archetypal and refers to a place of origin, to nature, that which passively creates, hence to substance and matter, to material nature, the lower body (womb) and the vegetative functions. It connotes also the unconscious, natural and instinctive life, the physiological realm, the body in which we dwell or are contained, for the "mother" is also a vessel, the hollow form (*uterus*) that carries and nourishes, and it thus stands for the foundations of consciousness. Being within something or contained in something suggests darkness, the nocturnal—a state of anxiety. With these allusions I am presenting the idea of the mother in many of its mythological and etymological transformations; I am also giving an important part of the *yin* concept of Chinese philosophy. All this is dream-content, but it is not something which the seventeen-year-old girl has acquired in her individual existence; it is rather a bequest from the past. On the one hand it has been kept alive by the language, and on the other hand it is inherited with the structure of the psyche and is therefore to be found in all times and among all peoples.

The familiar word "mother" refers apparently to the best-known of mothers in particular—to "my mother." But the mother symbol points to a darker meaning which eludes conceptual formulation and can only be vaguely apprehended as the hidden, nature-bound life of the body. Yet even this expression is too narrow,

and excludes too many pertinent side-meanings. The psychic reality which underlies this symbol is so inconceivably complex that we can only discern it from afar off, and then but very dimly. It is such realities that call for symbolic expression.

If we apply our findings to the dream, its meaning will be: the unconscious life destroys itself. That is the dream's message to the conscious mind of the dreamer and to everyone who has ears to hear.

"Horse" is an archetype that is widely current in mythology and folk-lore. As an animal it represents the non-human psyche, the sub-human, animal side, and therefore the unconscious. This is why the horse in folk-lore sometimes sees visions, hears voices, and speaks. As a beast of burden it is closely related to the mother-archetype; the Valkyries bear the dead hero to Valhalla and the Trojan horse encloses the Greeks. As an animal lower than man it represents the lower part of the body and the animal drives that take their rise from there. The horse is dynamic power and a means of locomotion; it carries one away like a surge of instinct. It is subject to panics like all instinctive creatures who lack higher consciousness. Also it has to do with sorcery and magical spells—especially the black, night horse which heralds death.

It is evident, then, that "horse" is the equivalent of "mother" with a slight shift of meaning. The mother stands for life at its origin, and the horse for the merely animal life of the body. If we apply this meaning to the dream, it says: the animal life destroys itself.

The two dreams make nearly the same assertion, but, as is usually the case, the second is more specific. The peculiar subtlety of the dream is brought out in both instances: there is no mention of the death of the individual. It is notorious that one often dreams of one's own death, but that is no serious matter. When it is really a question of death, the dream speaks another language. Both of these dreams, then, point to a serious, and even fatal, organic disease. The prognosis was shortly after borne out in fact.

As for the relatively fixed symbols, this example gives a fair idea of their general nature. There are a great many of them, and they may differ in individual cases by subtle shifts of meaning. It is only through comparative studies in mythology, folk-lore, religion and language that we can determine these symbols in a scientific way. The evolutionary stages through which the human psyche has passed are more clearly discernible in the dream than in consciousness. The dream speaks in images, and gives expression to instincts, that are derived from the most primitive levels of nature. Consciousness all too easily departs from the law of nature; but it can be brought again into harmony with the latter by the assimilation of unconscious contents. By fostering this process we lead the patient to the rediscovery of the law of his own being.

I have not been able, in so short a space, to deal with anything but the elements of the subject. I could not put together before your eyes, stone by stone, the edifice that is reared in every analysis from the materials of the unconscious and finds its completion in the restoration of the total personality. The way of successive assimilations reaches far beyond the curative results that specifically concern the doctor. It leads in the end to that distant goal (which may perhaps have been the first urge to life), the bringing into reality of the whole human being—that is, individuation. We physicians are without doubt the first scientific observers of these obscure processes of nature. As a rule we see only a pathological phase of the development, and lose sight of the patient as soon as he is cured. But it is only when the cure has been effected that we are in a position to study the normal process of change, itself a matter of years or decades. If we had some knowledge of the ends towards which unconscious, psychic growth is tending, and if our psychological insight were not drawn exclusively from the pathological phase, we should have a less confused idea of the processes revealed by dreams and a clearer recognition of what it is that the symbols point to. In my opinion, every doctor should be aware

of the fact that psychotherapy in general, and analysis in particular, is a procedure that breaks into a purposeful and continuous development, now here and now there, and thus singles out particular phases which may seem to follow opposing courses. Since every analysis by itself shows only one part or aspect of the deeper course of development, nothing but hopeless confusion can result from casuistic comparisons. For this reason I have preferred to confine myself to the rudiments of the subject and to practical considerations. It is only in actual contact with the facts as they occur that we can come to anything like a satisfactory agreement.

Problems of Modern Psychotherapy

Psychotherapy, or the treatment of the mind by psychological methods, is identified in popular thought today with "psychoanalysis." This word is now so widely accepted that everyone who uses it seems at the same time to grasp its meaning; yet it is seldom that a layman knows precisely what it covers.

According to the intention of its creator, Freud, it can be appropriately applied only to his own particular method of explaining psychic symptoms in terms of certain repressed impulses. Inasmuch as this technique is the consequence of a particular approach to life, the idea of psychoanalysis includes certain theoretical assumptions, among them the Freudian theory of sexuality. The founder of psychoanalysis himself explicitly insists upon this circumscription. But, Freud notwithstanding, the layman applies the concept of psychoanalysis to every kind of modern endeavour to probe the mind by scientific methods. Thus Adler's school must submit to being labelled "psychoanalytic" despite the fact that Adler's view-point and method are apparently in irreconcilable opposition to those of Freud. Because of this contrast, Adler himself does not call his teaching "psychoanalysis," but "individual psychology"; while I prefer to call my own approach "analytical psychology." I wish the term to stand for a general conception embracing both "psychoanalysis" and "individual psychology," as well as other efforts in this field.

Since the mind is common to mankind it may seem

to the layman that there can be only one psychology, and he may therefore suppose the divergences between the schools to be either subjective quibbling, or else a commonplace disguise for the efforts of mediocrities who seek to exalt themselves upon a throne. I could easily lengthen the list of "psychologies" by mentioning other systems that are not to be included under the head of "analytical psychology." There are, in fact, many methods, standpoints, views and convictions which are all at war with one another—the main reason for this being that, since they fail to be mutually comprehensible, none of them can grant the validity of any other. The many-sidedness and variety of psychological opinions in our time is nothing less than astonishing, and it is confusing for the layman that no general survey of them can be made.

When we find the most diverse remedies prescribed in a text-book of pathology for a given disease, we may confidently assume that none of these remedies is particularly efficacious. So, when many different ways of approaching the psyche are recommended, we may rest assured that none of them leads with absolute certainty to the goal, least of all those advocated in a fanatical way. The very number of present-day "psychologies" amounts to a confession of perplexity. The difficulty of gaining access to the mind is gradually borne in upon us, and the mind itself is seen to be, to use Nietzsche's expression, a "horned" problem. It is small wonder therefore that efforts to attack this elusive riddle are multiplied, first from one side and then from another. The variety of contradictory standpoints and opinions of which we have spoken is the inevitable result.

The reader will doubtless agree that in discussing psychoanalysis we should not limit ourselves to its narrower definition, but deal in general with the results and failures of the various contemporary endeavours to solve the problem of the psyche—endeavours which we have agreed shall all be embraced in the concept of analytical psychology.

And moreover, why is there suddenly so much interest in the human psyche as something to be experienced? This has not been the case for thousands of years. I wish merely to raise this apparently irrelevant question, and will not try to answer it. It is in reality not irrelevant, because this interest underlies all such modern movements as theosophy, occultism, astrology and so forth.

All that is embraced today in the layman's idea of "psychoanalysis" originated in medical practice; and consequently most of it is medical psychology. It bears the unmistakable imprint of the physician's consulting-room—a fact which is evident not only in its terminology, but also in its framework of theory. We constantly come upon postulates which the physician has taken over from natural science and in particular from biology. This fact has largely contributed to the hostility between modern psychology and the academic fields of philosophy, history and classical learning. Modern psychology is empirical and close to nature, while these studies are grounded in the intellect. The distance between nature and mind, difficult to bridge at best, is increased by a medical and biological nomenclature which sometimes appears of practical utility, but more often severely taxes our good-will.

In view of the confusion of concepts that exists, I have felt it necessary to indulge in the foregoing general remarks. I should like now to turn to the task in hand and consider the actual achievements of analytical psychology. Since the various endeavours embraced by this term are so heterogeneous, it is extremely difficult to take up a generally inclusive standpoint. If, then, with regard to the aims and results of these endeavours, I try to distinguish certain classes, or rather stages, I do it with some reservation. I regard it as a merely provisional arrangement, and grant that it may seem as arbitrary as a surveyor's triangulation of a country. Be that as it may, I venture to arrange the sum-total of findings under the four heads of confession, explanation, education, and transformation. I shall now pro-

ceed to discuss the meaning of these somewhat unusual terms.

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

As soon as man was capable of conceiving the idea of sin, he had recourse to psychic concealment—or, to put it in analytical language, repressions arose. Anything that is concealed is a secret. The maintenance of secrets acts like a psychic poison which alienates their possessor from the community. In small doses, this poison may actually be a priceless remedy, even an essential preliminary to the differentiation of the individual. This is so much the case that, even on a primitive level, man has felt an irresistible need to invent secrets; their possession saves him from dissolving in the unconsciousness of mere community life, and thus from a fatal psychic injury. As is well known, the many ancient mystery cults with their secret rituals served this instinct for differentiation. Even the Christian sacraments were looked upon as mysteries in the early Church, and, as in the case of baptism, were celebrated in private apartments and only referred to under a veil of allegory.

However beneficial a secret shared with several persons may be, a merely private secret has a destructive effect. It resembles a burden of guilt which cuts off the unfortunate possessor from communion with his fellow-beings. Yet if we are conscious of what we conceal, the harm done is decidedly less than if we do not know what we are repressing—or even that we have repressions at all. In the latter case we not merely keep a content consciously private, but we conceal it even from ourselves. It then splits off from consciousness as an independent complex, to lead a separate existence in the unconscious, where it can be neither corrected nor

interfered with by the conscious mind. The complex is thus an autonomous portion of the psyche which, as experience has shown, develops a peculiar fantasy-life of its own. What we call fantasy is simply spontaneous psychic activity; and it wells up whenever the repressive action of the conscious mind relaxes or ceases altogether, as in sleep. In sleep this activity shows itself in the form of dreams. And we continue to dream in waking life beneath the threshold of consciousness, especially when this activity is conditioned by a repressed or otherwise unconscious complex. It should be said in passing that unconscious contents are by no means exclusively such as were once conscious and, by being repressed, have later grown into unconscious complexes. Quite otherwise, the unconscious has contents peculiar to itself which, slowly growing upward from the depths, at last come into consciousness. We should therefore in no wise picture the unconscious psyche to ourselves as a mere receptacle for contents discarded by the conscious mind.

All psychic contents which either approach the threshold of consciousness from below, or have sunk only slightly beneath it, have an effect upon our conscious activities. Since the content itself is not conscious, these effects are necessarily indirect. Most of our lapses of the tongue, of the pen, of memory, and the like, are traceable to these disturbances, as are likewise all neurotic symptoms. These are nearly always of psychic origin, the exceptions being shock affects from shell-explosions and other causes. The mildest forms of neurosis are the "lapses" already referred to—blunders of speech, the sudden forgetting of names and dates, unexpected clumsiness leading to injuries or accidents, misunderstandings of personal motives or of what we have heard or read, and so-called hallucinations of memory which cause us to suppose erroneously that we have said or done this or that. In all these cases a thorough investigation can show the existence of a content which in an indirect and unconscious way has distorted the conscious performance.

In general, therefore, an unconscious secret is more harmful than one that is conscious. I have seen many patients in difficult situations of life which might have driven weaker natures to suicide. These patients had at times a tendency towards suicide, but, on account of their inherent reasonableness, would not allow the suicidal urge to come into consciousness. But it remained active in the unconscious, and brought about all kinds of dangerous accidents—as for instance an attack of faintness or hesitation in front of an advancing motor-car, the swallowing of corrosive sublimate in the belief that it was a cough mixture, a sudden zest for dangerous acrobatics, and so forth. When it was possible to make the sicklel leaning conscious, common-sense could helpfully intervene; the patients could then recognize and avoid those situations that tempted them to self-destruction.

As we have seen, every personal secret has the effect of a sin or of guile—whether or not it is, from the standpoint of popular morality, a wrongful secret. Now another form of concealment is the act of "withholding"—it being usually emotions that are withheld. As in the case of secrets, so here also we must make a reservation: self-restraint is healthful and beneficial; it is even a virtue. This is why we find self-discipline to have been one of man's earliest moral attainments. Among primitive peoples it has its place in the initiation ceremonies, chiefly in the forms of ascetic continence and the stoical endurance of pain and fear. Self-restraint, however, is here practised within the secret society as something undertaken in company with others. But if self-restraint is only a private matter, and perhaps devoid of any religious aspect, then it may be as harmful as the personal secret. From this kind of self-restraint come our well-known ugly moods and the irritability of the over-virtuous. The emotion withheld is also something we conceal—something which we can hide even from ourselves—an art in which men particularly excel, while women, with very few exceptions, are by nature averse to doing such violence to their

emotions. When emotion is withheld it tends to isolate and disturb us quite as much as an unconscious secret, and is equally guilt-laden. Just as nature bears us ill-will, as it were, if we possess a secret to which mankind has not attained, so also has she a grudge against us if we withhold our emotions from our fellow-men. Nature decidedly abhors a vacuum in this respect, in the long run nothing is more unbearable than a tepid harmony in personal relations brought about by withholding emotion. The repressed emotions are often of a kind we wish to keep secret. But more often there is no secret worthy of the name; there are merely quite avowable emotions which, from being withheld at some important juncture, have become unconscious.

It is probable that one form of neurosis is conditioned by the predominance of secrets, and another by the predominance of restrained emotions. At any rate the hysterical subject, who is very free with his emotions, is most often the possessor of a secret, while the hardened psychasthenic suffers from inability to digest his emotions.

To cherish secrets and to restrain emotions are psychic misdemeanours for which nature finally visits us with sickness—that is, when we do these things in private. But when they are done in communion with others they satisfy nature and may even count as useful virtues. It is only restraint practised in and for oneself that is unwholesome. It is as if man had an inalienable right to behold all that is dark, imperfect, stupid and guilty in his fellow-beings—for such of course are the things that we keep private to protect ourselves. It seems to be a sin in the eyes of nature to hide our insufficiency—just as much as to live entirely on our inferior side. There appears to be a conscience in mankind which severely punishes the man who does not somehow and at some time, at whatever cost to his pride, cease to defend and assert himself, and instead confess himself fallible and human. Until he can do this, an impenetrable wall shuts him out from the living experi-

ence of feeling himself a man among men. Here we find a key to the great significance of true, unstereotyped confession—a significance known in all the initiation and mystery cults of the ancient world, as is shown by a saying from the Greek mysteries: "Give up what thou hast, and then thou wilt receive."

We may well take this saying as a motto for the first stage in psychotherapeutic treatment. It is a fact that the beginnings of psychoanalysis were fundamentally nothing else than the scientific rediscovery of an ancient truth; even the name catharsis (or cleansing), which was given to the earliest method of treatment, comes from the Greek initiation rites. The early method of catharsis consisted in putting the patient, with or without hypnotic aid, in touch with the hinterland of his mind—that is to say, into that state which the Eastern *yoga* systems describe as meditation or contemplation. In contrast to the meditation found in *yoga* practice, the psychoanalytic aim is to observe the shadowy presentations—whether in the form of images or of feelings—that are spontaneously evolved in the unconscious psychic and appear without his bidding to the man who looks within. In this way we find once more things that we have repressed or forgotten. Painful though it may be, this is in itself a gain—for what is inferior or even worthless belongs to me as my shadow and gives me substance and mass. How can I be substantial if I fail to cast a shadow? I must have a dark side also if I am to be whole; and inasmuch as I become conscious of my shadow I also remember that I am a human being like any other. In any case, when I keep it to myself, this rediscovery of that which makes me whole restores the condition which preceded the neurosis or the splitting off of the complex. In keeping the matter private I have only attained a partial cure—for I still continue in my state of isolation. It is only with the help of confession that I am able to throw myself into the arms of humanity freed at last from the burden of moral exile. The goal of treatment by catharsis

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