

V

PROBLEMS OF MODERN PSYCHOTHERAPY¹

[114] Psychotherapy, or the treatment of the mind by psychological methods, is today identified in popular thought with “psychoanalysis.”

[115] The word “psychoanalysis” has become so much a part of common speech that everyone who uses it seems to understand what it means. But what the word actually connotes is unknown to most laymen. According to the intention of its creator, Freud, it can be appropriately applied only to the method, inaugurated by himself, of reducing psychic symptoms and complexes to certain repressed impulses; and in so far as this procedure is not possible without the corresponding points of view, the idea of psychoanalysis also includes certain theoretical assumptions, formulated as the Freudian theory of sexuality expressly insisted upon by its author. But, Freud notwithstanding, the layman employs the term “psychoanalysis” loosely for all modern attempts whatsoever to probe the mind by scientific methods. Thus Adler’s school must submit to being labelled “psychoanalytic” despite the fact that Adler’s viewpoint and method are apparently in irreconcilable opposition to those of Freud. In consequence, Adler does not call his psychology “psychoanalysis” but “individual psychology”; while I prefer to call my own approach “analytical psychology.” by which I mean something like a general concept embracing both psychoanalysis and individual psychology as well as other endeavours in the field of “complex psychology.”

[116] Since, however, there is but one mind, or one psyche, in man, it might seem to the layman that there can be only one psychology, and he might therefore suppose these distinctions to be either subjective quibbles or the commonplace attempts of small-minded persons to set themselves up on little thrones. I could easily lengthen the list of “psychologies” by mentioning other systems not included under “analytical psychology.”

There are in fact many different methods, standpoints, views, and beliefs which are all at war with one another, chiefly because they all misunderstand one another and refuse to give one another their due. The many-sidedness, the diversity, of psychological opinions in our day is nothing less than astonishing, not to say confusing for the layman.

[117] If, in a text-book of pathology, we find numerous remedies of the most diverse kind prescribed for a given disease, we may safely conclude 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 with fanaticism. The very number of present-day psychologies is a confession of perplexity. The difficulty of gaining access to the psyche is gradually being borne in upon us, and the psyche itself is seen to be a “horned problem,” to use Nietzsche’s expression. It is small wonder therefore that efforts to attack this elusive riddle keep on multiplying, first from one side and then from another. The variety of contradictory standpoints and opinions is the inevitable result.

[118] The reader will doubtless agree that in speaking of psychoanalysis we should not confine ourselves to its narrower connotation, but should deal in general with the successes and failures of the various contemporary endeavours, which we sum up under the term “analytical psychology,” to solve the problem of the psyche.

[119] But why this sudden interest in the human psyche as a datum of experience? For thousands of years it was not so. I wish merely to raise this apparently irrelevant question, not to answer it. In reality it is not irrelevant, because the impulses at the back of our present-day interest in psychology have a sort of subterranean connection with this question.

[120] All that now passes under the layman’s idea of “psychoanalysis” has its origin in medical practice; consequently most of it is medical psychology. This psychology bears the unmistakable stamp of the doctor’s consulting-room, as can be seen not only in its terminology but also in its theoretical set-up. Everywhere we come across assumptions which the doctor has taken over from natural science and biology. It is this that has largely contributed to the divorce between modern psychology and the academic or humane sciences, for psychology explains things in terms of

irrational nature, whereas the latter studies are grounded in the intellect. The distance between mind and nature, difficult to bridge at best, is still further increased by a medical and biological nomenclature which often strikes us as thoroughly mechanical, and more often than not severely overtaxes the best-intentioned understanding.

[121] Having expressed the hope that the foregoing general remarks may not be out of place in view of the confusion of terms existing in this field, I should now like to turn to the real task in hand and scrutinize the achievements of analytical psychology.

[122] Since the endeavours of our psychology are so extraordinarily heterogeneous, it is only with the greatest difficulty that we can take up a broadly inclusive standpoint. If, therefore, I try to divide the aims and results of these endeavours into certain classes, or rather stages, I do so with the express reservation appropriate to a purely provisional undertaking which, it may be objected, is just as arbitrary as the surveyor's triangulation of a landscape. Be that as it may, I would venture to regard the sum total of our findings under the aspect of four stages, namely, confession, elucidation, education, and transformation. I shall now proceed to discuss these somewhat unusual terms.

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

[124] Once the human mind had succeeded in inventing the idea of sin, man had recourse to psychic concealment; or, in analytical parlance, repression arose. Anything concealed is a secret. The possession of secrets acts like a psychic poison that alienates their possessor from the community. In small doses, this poison may be an invaluable medicament, even an essential precondition of individual differentiation, so much so that even on the primitive level man feels an irresistible need actually to invent secrets: their possession safeguards him from dissolving in the featureless flow of unconscious community life and thus from deadly peril to his soul. It is a well known fact that the widespread and very ancient rites of initiation

with their mystery cults subserved 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 secluded spots and only mentioned under the veil of allegory.

[125] A secret shared with several persons is as beneficial as a merely private secret is destructive. The latter works like a burden of guilt, cutting off the unfortunate possessor from communion with his fellows. But, if we are conscious of what we are concealing, 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 this case the hidden content is no longer consciously kept secret; we are concealing it even from ourselves. It then splits off from the conscious mind as an independent complex and leads a sort of separate existence in the unconscious psyche, where it can be neither interfered with nor corrected by the conscious mind. The complex forms, so to speak, a miniature self-contained psyche which, as experience shows, develops a peculiar fantasy-life of its own. What we call fantasy is simply spontaneous psychic activity, and it wells up wherever the inhibitive action of the conscious mind abates or, as in sleep, ceases altogether. In sleep, fantasy takes the form of dreams. But in waking life, too, we continue to dream beneath the threshold of consciousness, especially when under the influence of repressed or other unconscious complexes. Incidentally, unconscious contents are on no account composed exclusively of complexes that were once conscious and subsequently became unconscious by being repressed. The unconscious, too, has its own specific contents which push up from unknown depths and gradually reach consciousness. Hence we should in no wise picture the unconscious psyche as a mere receptacle for contents discarded by the conscious mind.

[126] All unconscious contents, which either approach the threshold of consciousness from below, or have sunk only slightly beneath it, affect the conscious mind. Since the content does not appear as such in consciousness, these effects are necessarily indirect. Most of our “lapses” are traceable to such disturbances, as are all neurotic symptoms, which are nearly always, in medical parlance, of a psychogenic nature, the exceptions being shock effects (shell-shock and the like). The mildest forms of neurosis are the lapses of consciousness mentioned above—e.g., slips of the tongue, suddenly forgetting names and dates, inadvertent clumsiness

leading to injuries and accidents, misunderstandings and so-called hallucinations of memory, as when we think we have said something or done something, or faulty apprehension of things heard and said, and so on.

[127] In all these instances a thorough investigation can show the existence of some content which, in an indirect and unconscious way, is distorting the performance of the conscious mind.

[128] Generally speaking, therefore, an unconscious secret is more injurious than a conscious one. I have seen many patients who, as a result of difficult circumstances that might well have driven weaker natures to suicide, sometimes developed a suicidal tendency but, because of their inherent reasonableness, prevented it from becoming conscious and in this way generated an unconscious suicide-complex. This unconscious urge to suicide then engineered all kinds of dangerous accidents—as, for instance, a sudden attack of giddiness on some exposed place, hesitation in front of a motor-car, mistaking corrosive sublimate for cough mixture, a sudden zest for dangerous acrobatics, and so forth. When it was possible to make the suicidal leaning conscious in these cases, common sense could intervene as a salutary check: the patients could then consciously recognize and avoid the situations that tempted them to self-destruction.

[129] All personal secrets, therefore, have the effect of sin or guilt, whether or not they are, from the standpoint of popular morality, wrongful secrets.

[130] Another form of concealment is the act of holding something back. What we usually hold back are emotions or affects. Here too it must be stressed that self-restraint is healthy and beneficial; it may even be a virtue. That is why we find self-discipline to be one of the earliest moral arts even among primitive peoples, where it has its place in the initiation ceremonies, chiefly in the form of ascetic continence and the stoical endurance of pain and fear. Self-restraint is here practised within a secret society as an undertaking shared with others. But if self-restraint is only a personal matter, unconnected with any religious views, it may become as injurious as the personal secret. Hence the well-known bad moods and irritability of the over-virtuous. The affect withheld is likewise something we conceal, something 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 injury to their affects. When an affect is withheld it is just as isolating and just as disturbing in its effects as the unconscious secret, and just as guilt-laden. In the same way that nature seems to bear us a grudge if we have the advantage of a secret over the rest of humanity, so she takes it amiss if we withhold our emotions from our fellow men. Nature decidedly abhors a vacuum in this respect; hence there is nothing more unendurable in the long run than a tepid harmony based on the withholding of affects. The repressed emotions are often of a kind we wish to keep secret. But more often there is no secret worth mentioning, only emotions which have become unconscious through being withheld at some critical juncture.

[131] The respective predominance of secrets or of inhibited emotions is probably responsible for the different forms of neurosis. At any rate the hysterical subject who is very free with his emotions is generally the possessor of a secret, while the hardened psychasthenic suffers from emotional indigestion.

[132] To cherish secrets and hold back emotion is a psychic misdemeanour 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 for oneself alone 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 men—for such, of course, are the things we keep secret in order to protect ourselves. It seems to be a sin in the eyes of nature to hide our inferiority—just as much as to live entirely on our inferior side. There would appear to be a sort of conscience in mankind which severely punishes every one who does not somehow and at some time, at whatever cost to his virtuous pride, cease to defend and assert himself, and instead confess himself fallible and human. Until he can do this, an impenetrable wall shuts him off from the vital feeling that he is a man among other men.

[133] This explains the extraordinary significance of genuine, straightforward confession—a truth that was probably known to all the initiation rites and mystery cults of the ancient world. There is a saying from the Greek mysteries: “Give up what thou hast, and then thou wilt receive.”

[134] We may well take this saying as a motto for the first stage in psychotherapeutic treatment. The beginnings of psychoanalysis are in fact nothing else than the scientific rediscovery of an ancient truth; even the name that was given to the earliest method—catharsis, or cleansing—is a familiar term in the classical rites of initiation. The early cathartic method consisted in putting the patient, with or without the paraphernalia of hypnosis, in touch with the hinterland of his mind, hence into that state which the yoga systems of the East describe as meditation or contemplation. In contrast to yoga, however, the aim here is to observe the sporadic emergence, whether in the form of images or of feelings, of those dim representations which detach themselves in the darkness from the invisible realm of the unconscious and move as shadows before the inturned gaze. In this way things repressed and forgotten come back again. This is a gain in itself, though often a painful one, for the inferior and even the worthless belongs to me as my shadow and gives me substance and mass. How can I be substantial without casting a shadow? I must have a dark side too if I am to be whole; and by becoming conscious of my shadow I remember once more that I am a human being like any other. At any rate, if this rediscovery of my own wholeness remains private, it will only restore the earlier condition from which the neurosis, i.e., the split-off complex, sprang. Privacy prolongs my isolation and the damage is only partially mended. But through confession I throw myself into the arms of humanity again, freed at last from the burden of moral exile. The goal of the cathartic method is full confession—not merely the intellectual recognition of the facts with the head, but their confirmation by the heart and the actual release of suppressed emotion.

[135] As may easily be imagined, the effect of such a confession on simple souls is very great, and its curative results are often astonishing. Yet I would not wish to see the main achievement of our psychology at this stage merely in the fact that some sufferers are cured, but rather in the systematic emphasis it lays upon the significance of confession. For this concerns us all. All of us are somehow divided by our secrets, but instead of seeking to cross the gulf on the firm bridge of confession, we choose the treacherous makeshift of opinion and illusion.

[136] Now I am far from wishing to enunciate a general maxim. It would be difficult to imagine anything more unsavoury than a wholesale confession

of sin. Psychology simply establishes the fact that we have here a sore spot of first-rate importance. As the next stage, the stage of elucidation, will make clear, it cannot be tackled directly, because it is a problem with quite particularly pointed horns.

[137] It is of course obvious that the new psychology would have remained at the stage of confession had catharsis proved itself a panacea. First and foremost, however, it is not always possible to bring the patients close enough to the unconscious for them to perceive the shadows. On the contrary, many of them—and for the most part complicated, highly conscious persons—are so firmly anchored in consciousness that nothing can pry them loose. They develop the most violent resistances to any attempt to push consciousness aside; they want to talk with the doctor on the conscious plane and go into a rational explanation and discussion of their difficulties. They have quite enough to confess already, they say; they do not have to turn to the unconscious for that. For such patients a complete technique for approaching the unconscious is needed.

[138] This is one fact which at the outset seriously restricts the application of the cathartic method. The other restriction reveals itself later on and leads straight into the problems of the second stage. Let us suppose that in a given case the cathartic confession has occurred, the neurosis has vanished, or rather the symptoms are no longer visible. The patient could now be dismissed as cured—if it depended on the doctor alone. But he—or especially she—cannot get away. The patient seems bound to the doctor through the confession. If this seemingly senseless attachment is forcibly severed, there is a bad relapse. Significantly enough, and most curiously, there are cases where no attachment develops; the patient goes away apparently cured, but he is now so fascinated by the hinterland of his own mind that he continues to practise catharsis on himself at the expense of his adaptation to life. He is bound to the unconscious, to himself, and not to the doctor. Clearly the same fate has befallen him as once befell Theseus and Peirithous his companion, who went down to Hades to bring back the goddess of the underworld. Tiring on the way, they sat down to rest for a while, only to find that they had grown fast to the rocks and could not rise.

[139] These curious and unforeseen mischances need elucidation just as much as the first-mentioned cases, those that proved inaccessible to catharsis. In spite of the fact that the two categories of patients are

apparently quite different, elucidation is called for at precisely the same point—that is, where the problem of fixation arises, as was correctly recognized by Freud. This is immediately obvious with patients who have undergone catharsis, especially if they remain bound to the doctor. The same sort of thing had already been observed as the unpleasant result of hypnotic treatment, although the inner mechanisms of such a tie were not understood. It now turns out that the nature of the tie in question corresponds more or less to the relation between father and child. The patient falls into a sort of childish dependence from which he cannot defend himself even by rational insight. The fixation is at times extraordinarily powerful—its strength is so amazing that one suspects it of being fed by forces quite outside ordinary experience. Since the tie is the result of an unconscious process, the conscious mind of the patient can tell us nothing about it. Hence the question arises of how this new difficulty is to be met. Obviously we are dealing with a neurotic formation, a new symptom directly induced by the treatment. The unmistakable outward sign of the situation is that the “feeling-toned” memory-image of the father is transferred to the doctor, so that whether he likes it or not the doctor appears in the role of the father and thus turns the patient into a child. Naturally the patient’s childishness does not arise on that account—it was always present, but repressed. Now it comes to the surface, and—the long-lost father being found again—tries to restore the family situation of childhood. Freud gave to this symptom the appropriate name of “transference.” That there should be a certain dependence on the doctor who has helped you is a perfectly normal and humanly understandable phenomenon. What is abnormal and unexpected is the extraordinary toughness of the tie and its imperviousness to conscious correction.

[140] It is one of Freud’s outstanding achievements to have explained the nature of this tie, or at least the biological aspects of it, and thus to have facilitated an important advance in psychological knowledge. Today it has been incontestably proved that the tie is caused by unconscious fantasies. These fantasies have in the main what we may call an “incestuous” character, which seems adequately to explain the fact that they remain unconscious, for we can hardly expect such fantasies, barely conscious at best, to come out even in the most scrupulous confession. Although Freud always speaks of incest-fantasies as though they were repressed, further experience has shown that in very many cases they were never the contents

of the conscious mind at all or were conscious only as the vaguest adumbrations, for which reason they could not have been repressed intentionally. It is more probable that the incest-fantasies were always essentially unconscious and remained so until positively dragged into the light of day by the analytical method. This is not to say that fishing them out of the unconscious is a reprehensible interference with nature. It is something like a surgical operation on the psyche, but absolutely necessary inasmuch as the incest-fantasies are the cause of the transference and its complex symptoms, which are no less abnormal for being an artificial product.

[141] While the cathartic method restores to the ego such contents as are capable of becoming conscious and should normally be components of the conscious mind, the process of clearing up the transference brings to light contents which are hardly ever capable of becoming conscious in that form. This is the cardinal distinction between the stage of confession and the stage of elucidation.

[142] We spoke earlier of two categories of patients: those who prove impervious to catharsis and those who develop a fixation after catharsis. We have just dealt with those whose fixation takes the form of transference. But, besides these, there are people who, as already mentioned, develop no attachment to the doctor but rather to their own unconscious, in which they become entangled as in a web. Here the parental imago is not transferred to any human object but remains a fantasy, although as such it exerts the same pull and results in the same tie as does the transference. The first category, the people who cannot yield themselves unreservedly to catharsis, can be understood in the light of Freudian research. Even before they came along for treatment they stood in an identity-relationship to their parents, deriving from it that authority, independence, and critical power which enabled them successfully to withstand the catharsis. They are mostly cultivated, differentiated personalities who, unlike the others, did not fall helpless victims to the unconscious activity of the parental imago, but rather usurped this activity by unconsciously identifying themselves with their parents.

[143] Faced with the phenomenon of transference, mere confession is of no avail; it was for this reason that Freud was driven to substantial modifications of Breuer's original cathartic method. What he now

practised he called the “interpretative method.”

[144] This further step is quite logical, for the transference relationship is in especial need of elucidation. How very much this is the case the layman can hardly appreciate; but the doctor who finds himself suddenly entangled in a web of incomprehensible and fantastic notions sees it all too clearly. He must interpret the transference—explain to the patient what he is projecting upon the doctor. Since the patient himself does not know what it is, the doctor is obliged to submit what scraps of fantasy he can obtain from the patient to analytical interpretation. The first and most important products of this kind are dreams. Freud therefore proceeded to examine dreams exclusively for their stock of wishes that had been repressed because incompatible with reality, and in the process discovered the incestuous contents of which I have spoken. Naturally the investigation revealed not merely incestuous material in the stricter sense of the word, but every conceivable kind of filth of which human nature is capable—and it is notorious that a lifetime would be required to make even a rough inventory of it.

[145] The result of the Freudian method of elucidation is a minute elaboration of man’s shadow-side unexampled in any previous age. It is the most effective antidote imaginable to all the idealistic illusions about the nature of man; and it is therefore no wonder that there arose on all sides the most violent opposition to Freud and his school. I will not speak of the inveterate illusionists; I would merely point out that among the opponents of this method of explanation there are not a few who have no illusions about man’s shadow-side and yet object to a biased portrayal of man from the shadow-side alone. After all, the essential thing is not the shadow but the body which casts it.

[146] Freud’s interpretative method rests on “reductive” explanations which unfailingly lead backwards and downwards, and it is essentially destructive if overdone or handled one-sidedly. Nevertheless psychology has profited greatly from Freud’s pioneer work; it has learned that human nature has its black side—and not man alone, but his works, his institutions, and his convictions as well. Even our purest and holiest beliefs rest on very deep and dark foundations; after all, we can explain a house not only from the attic downwards, but from the basement upwards, and the latter explanation has the prime advantage of being genetically the

more correct, since houses are in fact built bottom-side first, and the beginning of all things is simple and crude. No thinking person can deny that Salomon Reinach's explanation of the Last Supper in terms of primitive totemism is fraught with significance; nor will he reject the application of the incest hypothesis to the myths of the Greek divinities. Certainly it pains our sensibilities to interpret radiant things from the shadow-side and thus in a measure trample them in the sorry dirt of their beginnings. But I hold it to be an imperfection in things of beauty, and a frailty in man, if anything of such a kind permit itself to be destroyed by a mere shadow-explanation. The uproar over Freud's interpretations is entirely due to our own barbarous or childish naïveté, which does not yet understand that high rests on low, and that *les extrêmes se touchent* really is one of the ultimate verities. Our mistake lies in supposing that the radiant things are done away with by being explained from the shadow-side. This is a regrettable error into which Freud himself has fallen. Shadow pertains to light as evil to good, and vice versa. Therefore I cannot lament the shock which this exposure administered to our occidental illusions and pettiness; on the contrary I welcome it as an historic and necessary rectification of almost incalculable importance. For it forces us to accept a philosophical relativism such as Einstein embodies for mathematical physics, and which is fundamentally a truth of the Far East whose ultimate effects we cannot at present foresee.

[147] Nothing, it is true, is less effective than an intellectual idea. But when an idea is a *psychic fact* that crops up in two such totally different fields as psychology and physics, apparently without historical connection, then we must give it our closest attention. For ideas of this kind represent forces which are logically and morally unassailable; they are always stronger than man and his brain. He fancies that he makes these ideas, but in reality they make him—and make him their unwitting mouthpiece.

[148] To return to our problem of fixation, I should now like to deal with the effects of elucidation. The fixation having been traced back to its dark origins, the patient's position becomes untenable; he cannot avoid seeing how inept and childish his demands are. He will either climb down from his exalted position of despotic authority to a more modest level and accept an insecurity which may prove very wholesome, or he will realize the inescapable truth that to make claims on others is a childish self-

indulgence which must be replaced by a greater sense of responsibility.

[149] The man of insight will draw his own moral conclusions. Armed with the knowledge of his deficiencies, he will plunge into the struggle for existence and consume in progressive work and experience all those forces and longings which previously caused him to cling obstinately to a child's paradise, or at least to look back at it over his shoulder. Normal adaptation and forbearance with his own shortcomings: these will be his guiding moral principles, together with freedom from sentimentality and illusion. The inevitable result is a turning away from the unconscious as from a source of weakness and temptation—the field of moral and social defeat.

[150] The problem which now faces the patient is his education as a social being, and with this we come to the third stage. For many morally sensitive natures, mere insight into themselves has sufficient motive force to drive them forward, but it is not enough for people with little moral imagination. For them—to say nothing of those who may have been struck by the analyst's interpretation but still doubt it in their heart of hearts—self-knowledge without the spur of external necessity is ineffective even when they are deeply convinced of its truth. Then again it is just the intellectually differentiated people who grasp the truth of the reductive explanation but cannot tolerate mere deflation of their hopes and ideals. In these cases, too, the power of insight will be of no avail. The explanatory method always presupposes sensitive natures capable of drawing independent moral conclusions from insight. It is true that elucidation goes further than uninterpreted confession alone, for at least it exercises the mind and may awaken dormant forces which can intervene in a helpful way. But the fact remains that in many cases the most thorough elucidation leaves the patient an intelligent but still incapable child. Moreover Freud's cardinal explanatory principle in terms of pleasure and its satisfaction is, as further research has shown, one-sided and therefore unsatisfactory. Not everybody can be explained from this angle. No doubt we all have this angle, but it is not always the most important. We can give a starving man a beautiful painting; he would much prefer bread. We can nominate a languishing lover President of the United States; he would far rather wrap his arms round his adored. On the average, all those who have no difficulty in achieving social adaptation and social position are better accounted for by the pleasure principle than are the unadapted who, because of their

social inadequacy, have a craving for power and importance. The elder brother who follows in his father's footsteps and wins to a commanding position in society may be tormented by his desires; while the younger brother who feels himself suppressed and overshadowed by the other two may be goaded by ambition and the need for self-assertion. He may yield so completely to this passion that nothing else can become a problem for him, anyway not a vital one.

[151] At this point in Freud's system of explanation there is a palpable gap, into which there stepped his one-time pupil, Adler. Adler has shown convincingly that numerous cases of neurosis can be far more satisfactorily explained by the power instinct than by the pleasure principle. The aim of his interpretation is therefore to show the patient that he "arranges" his symptoms and exploits his neurosis in order to achieve a fictitious importance; and that even his transference and his other fixations subserve the will to power and thus represent a "masculine protest" against imaginary suppression. Obviously Adler has in mind the psychology of the under-dog or social failure, whose one passion is self-assertion. Such individuals are neurotic because they always imagine they are hard done by and tilt at the windmills of their own fancy, thus putting the goal they most desire quite out of reach.

[152] Adler's method begins essentially at the stage of elucidation; he explains the symptoms in the sense just indicated, and to that extent appeals to the patient's understanding. Yet it is characteristic of Adler that he does not expect too much of understanding, but, going beyond that, has clearly recognized the need for social education. Whereas Freud is the investigator and interpreter, Adler is primarily the educator. He thus takes up the negative legacy which Freud bequeathed him, and, refusing to leave the patient a mere child, helpless despite his valuable understanding, tries by every device of education to make him a normal and adapted person. He does this evidently in the conviction that social adaptation and normalization are desirable goals, that they are absolutely necessary, the consummation of human life. From this fundamental attitude comes the widespread social activity of the Adlerian school, but also its depreciation of the unconscious, which, it seems, occasionally amounts to its complete denial. This is probably a swing of the pendulum—the inevitable reaction to the emphasis Freud lays on the unconscious, and as such quite in

keeping with the natural aversion which we noted in patients struggling for adaptation and health. For, if the unconscious is held to be nothing more than a receptacle for all the evil shadow-things in human nature, including deposits of primeval slime, we really do not see why we should linger longer than necessary on the edge of this swamp into which we once fell. The scientific inquirer may behold a world of wonders in a mud puddle, but for the ordinary man it is something best left alone. Just as early Buddhism had no gods because it had to free itself from an inheritance of nearly two million gods, so psychology, if it is to develop further, must leave behind so entirely negative a thing as Freud's conception of the unconscious. The educational aims of the Adlerian school begin precisely where Freud leaves off; consequently they meet the needs of the patient who, having come to understand himself, wants to find his way back to normal life. It is obviously not enough for him to know how his illness arose and whence it came, for we seldom get rid of an evil merely by understanding its causes. Nor should it be forgotten that the crooked paths of a neurosis lead to as many obstinate habits, and that for all our insight these do not disappear until replaced by other habits. But habits are won only by exercise, and appropriate education is the sole means to this end. The patient must be *drawn out* of himself into other paths, which is the true meaning of "education," and this can only be achieved by an educative will. We can therefore see why Adler's approach has found favour chiefly with clergymen and teachers, while Freud's approach is fancied by doctors and intellectuals, who are one and all bad nurses and educators.

[153] Each stage in the development of our psychology has something curiously final about it. Catharsis, with its heart-felt outpourings, makes one feel: "Now we are there, everything has come out, everything is known, the last terror lived through and the last tear shed; now everything will be all right." Elucidation says with equal conviction: "Now we know where the neurosis came from, the earliest memories have been unearthed, the last roots dug up, and the transference was nothing but the wish-fulfilling fantasy of a childhood paradise or a relapse into the family romance; the road to a normally disillusioned life is now open." Finally comes education, pointing out that no amount of confession and no amount of explaining can make the crooked plant grow straight, but that it must be trained upon the trellis of the norm by the gardener's art. Only then will

normal adaptation be reached.

[154] This curious sense of finality which attends each of the stages accounts for the fact that there are people using cathartic methods today who have apparently never heard of dream interpretation, Freudians who do not understand a word of Adler, and Adlerians who do not wish to know anything about the unconscious. Each is ensnared in the peculiar finality of his own stage, and thence arises that chaos of opinions and views which makes orientation in these troubled waters so exceedingly difficult.

[155] Whence comes the feeling of finality that evokes so much authoritarian bigotry on all sides?

[156] I can only explain it to myself by saying that each stage does in fact rest on a final truth, and that consequently there are always cases which demonstrate this particular truth in the most startling way. In our delusion-ridden world a truth is so precious that nobody wants to let it slip merely for the sake of a few so-called exceptions which refuse to toe the line. And whoever doubts this truth is invariably looked on as a faithless reprobate, so that a note of fanaticism and intolerance everywhere creeps into the discussion.

[157] And yet each of us can carry the torch of knowledge but a part of the way, until another takes it from him. If only we could understand all this impersonally—could understand that we are not the personal creators of our truths, but only their exponents, mere mouthpieces of the day's psychic needs, then much venom and bitterness might be spared and we should be able to perceive the profound and supra-personal continuity of the human mind.

[158] As a rule, we take no account of the fact that the doctor who practises catharsis is not just an abstraction which automatically produces nothing but catharsis. He is also a human being, and although his thinking may be limited to his special field, his actions exert the influence of a complete human being. Without giving it a name and without being clearly conscious of it, he unwittingly does his share of explanation and education, just as the others do their share of catharsis without raising it to the level of a principle.

[159] All life is living history. Even the reptile still lives in us *par sous-entendu*. In the same way, the three stages of analytical psychology so far dealt with are by no means truths of such a nature that the last of them has gobbled up and replaced the other two. On the contrary, all three are salient aspects of one and the same problem, and they no more invalidate one another than do confession and absolution.

[160] The same is true of the fourth stage, transformation. It too should not claim to be the finally attained and only valid truth. It certainly fills a gap left by the earlier stages, but in so doing it merely fulfils a further need beyond the scope of the others.

[161] In order to make clear what this fourth stage has in view and what is meant by the somewhat peculiar term “transformation,” we must first consider what psychic need was not given a place in the earlier stages. In other words, can anything lead further or be higher than the claim to be a normal and adapted social being? To be a normal human being is probably the most useful and fitting thing of which we can think; but the very notion of a “normal human being,” like the concept of adaptation, implies a restriction to the average which seems a desirable improvement only to the man who already has some difficulty in coming to terms with the everyday world—a man, let us say, whose neurosis unfits him for normal life. To be “normal” is the ideal aim for the unsuccessful, for all those who are still below the general level of adaptation. But for people of more than average ability, people who never found it difficult to gain successes and to accomplish their share of the world’s work—for them the moral compulsion to be nothing but normal signifies the bed of Procrustes—deadly and insupportable boredom, a hell of sterility and hopelessness. Consequently there are just as many people who become neurotic because they are merely normal, as there are people who are neurotic because they cannot become normal. That it should enter anyone’s head to educate them to normality is a nightmare for the former, because their deepest need is really to be able to lead “abnormal” lives.

[162] A man can find satisfaction and fulfilment only in what he does not yet possess, just as he can never be satisfied with something of which he has already had too much. To be a social and adapted person has no charms for one to whom such an aspiration is child’s play. Always to do the right thing becomes a bore for the man who knows how, whereas the

eternal bungler cherishes a secret longing to be right for once in some distant future.

[163] The needs and necessities of mankind are manifold. What sets one man free is another man's prison. So also with normality and adaptation. Even if it be a biological axiom that man is a herd animal who only finds optimum health in living as a social being, the very next case may quite possibly invert this axiom and show us that he is completely healthy only when leading an abnormal and unsocial life. It is enough to drive one to despair that in practical psychology there are no universally valid recipes and rules. There are only individual cases with the most heterogeneous needs and demands—so heterogeneous that we can virtually never know in advance what course a given case will take, for which reason it is better for the doctor to abandon all preconceived opinions. This does not mean that he should throw them overboard, but that in any given case he should use them merely as hypotheses for a possible explanation. Not, however, in order to instruct or convince his patient, but rather to show how the doctor reacts to that particular individual. For, twist and turn the matter as we may, the relation between doctor and patient remains a personal one within the impersonal framework of professional treatment. By no device can the treatment be anything but the product of mutual influence, in which the whole being of the doctor as well as that of his patient plays its part. In the treatment there is an encounter between two irrational factors, that is to say, between two persons who are not fixed and determinable quantities but who bring with them, besides their more or less clearly defined fields of consciousness, an indefinitely extended sphere of non-consciousness. Hence the personalities of doctor and patient are often infinitely more important for the outcome of the treatment than what the doctor says and thinks (although what he says and thinks may be a disturbing or a healing factor not to be underestimated). For two personalities to meet is like mixing two different chemical substances: if there is any combination at all, both are transformed. In any effective psychological treatment the doctor is bound to influence the patient; but this influence can only take place if the patient has a reciprocal influence on the doctor. You can exert no influence if you are not susceptible to influence. It is futile for the doctor to shield himself from the influence of the patient and to surround himself with a smoke-screen of fatherly and professional authority. By so doing he only denies himself the use of a highly important organ of

information. The patient influences him unconsciously none the less, and brings about changes in the doctor's unconscious which are well known to many psychotherapists: psychic disturbances or even injuries peculiar to the profession, a striking illustration of the patient's almost "chemical" action. One of the best known symptoms of this kind is the counter-transference evoked by the transference. But the effects are often much more subtle, and their nature can best be conveyed by the old idea of the demon of sickness. According to this, a sufferer can transmit his disease to a healthy person whose powers then subdue the demon—but not without impairing the well-being of the subduer.

[164] Between doctor and patient, therefore, there are imponderable factors which bring about a mutual transformation. In the process, the stronger and more stable personality will decide the final issue. I have seen many cases where the patient assimilated the doctor in defiance of all theory and of the latter's professional intentions—generally, though not always, to the disadvantage of the doctor.

[165] The stage of transformation is grounded on these facts, but it took more than twenty-five years of wide practical experience for them to be clearly recognized. Freud himself has admitted their importance and has therefore seconded my demand for the analysis of the analyst.

[166] What does this demand mean? Nothing less than that the doctor is as much "in the analysis" as the patient. He is equally a part of the psychic process of treatment and therefore equally exposed to the transforming influences. Indeed, to the extent that the doctor shows himself impervious to this influence, he forfeits influence over the patient; and if he is influenced only unconsciously, there is a gap in his field of consciousness which makes it impossible for him to see the patient in true perspective. In either case the result of the treatment is compromised.

[167] The doctor is therefore faced with the same task which he wants his patient to face—that is, he must become socially adapted or, in the reverse case, appropriately non-adapted. This therapeutic demand can of course be clothed in a thousand different formulae, according to the doctor's beliefs. One doctor believes in overcoming infantilism—therefore he must first overcome his own infantilism. Another believes in abreacting all affects—therefore he must first abreact all his own affects. A third believes in

complete consciousness—therefore he must first reach consciousness of himself. The doctor must consistently strive to meet his own therapeutic demand if he wishes to ensure the right sort of influence over his patients. All these guiding principles of therapy make so many ethical demands, which can be summed up in the single truth: be the man through whom you wish to influence others. Mere talk has always been counted hollow, and there is no trick, however artful, by which this simple truth can be evaded in the long run. The fact of being convinced and not the thing we are convinced of—that is what has always, and at all times, worked.

[168] Thus the fourth stage of analytical psychology requires the counter-application to the doctor himself of whatever system is believed in—and moreover with the same relentlessness, consistency, and perseverance with which the doctor applies it to the patient.

[169] When one considers with what attentiveness and critical judgment the psychologist must keep track of his patients in order to show up all their false turnings, their false conclusions and infantile subterfuges, then it is truly no mean achievement for him to perform the same work upon himself. We are seldom interested enough in ourselves for that; moreover nobody pays us for our introspective efforts. Again, the common neglect into which the reality of the human psyche has fallen is still so great that self-examination or preoccupation with ourselves is deemed almost morbid. Evidently we suspect the psyche of harbouring something unwholesome, so that any concern with it smells of the sick-room. The doctor has to overcome these resistances in himself, for who can educate others if he is himself uneducated? Who can enlighten others if he is still in the dark about himself? And who purify others if himself impure?

[170] The step from education to self-education is a logical advance that completes the earlier stages. The demand made by the stage of transformation, namely that the doctor must change himself if he is to become capable of changing his patient, is, as may well be imagined, a rather unpopular one, and for three reasons. First, because it seems unpractical; second, because of the unpleasant prejudice against being preoccupied with oneself; and third, because it is sometimes exceedingly painful to live up to everything one expects of one's patient. The last item in particular contributes much to the unpopularity of this demand, for if the doctor conscientiously doctors himself he will soon discover things in his

own nature which are utterly opposed to normalization, or which continue to haunt him in the most disturbing way despite assiduous explanation and thorough abreaction. What is he to do about these things? He always knows what the patient should do about them—it is his professional duty to do so. But what, in all sincerity, will he do when they recoil upon himself or perhaps upon those who stand nearest to him? He may, in his self-investigations, discover some inferiority which brings him uncomfortably close to his patients and may even blight his authority. How will he deal with this painful discovery? This somewhat “neurotic” question will touch him on the raw, no matter how normal he thinks he is. He will also discover that the ultimate questions which worry him as much as his patients cannot be solved by any treatment, that to expect solutions from others is childish and keeps you childish, and that if no solution can be found the question must be repressed again.

[171] I will not pursue any further the many problems raised by self-examination because, owing to the obscurity which still surrounds the psyche, they would be of little interest today.

[172] Instead, I would like to emphasize once again that the newest developments in analytical psychology confront us with the imponderable elements in the human personality; that we have learned to place in the foreground the personality of the doctor himself as a curative or harmful factor; and that what is now demanded is his own transformation—the self-education of the educator. Consequently, everything that occurred on the objective level in the history of our psychology—confession, elucidation, education—passes to the subjective level; in other words, what happened to the patient must now happen to the doctor, so that his personality shall not react unfavourably on the patient. The doctor can no longer evade his own difficulty by treating the difficulties of others: the man who suffers from a running abscess is not fit to perform a surgical operation.

[173] Just as the momentous discovery of the unconscious shadow-side in man suddenly forced the Freudian school to deal even with questions of religion, so this latest advance makes an unavoidable problem of the doctor’s ethical attitude. The self-criticism and self-examination that are indissolubly bound up with it necessitates a view of the psyche radically different from the merely biological one which has prevailed hitherto; for

the human psyche is far more than a mere object of scientific interest. It is not only the sufferer but the doctor as well, not only the object but also the subject, not only a cerebral function but the absolute condition of consciousness itself.

[174] What was formerly a method of medical treatment now becomes a method of self-education, and with this the horizon of our psychology is immeasurably widened. The crucial thing is no longer the medical diploma, but the human quality. This is a significant turn of events, for it places all the implements of the psychotherapeutic art that were developed in clinical practice, and then refined and systematized, at the service of our self-education and self-perfection, with the result that analytical psychology has burst the bonds which till then had bound it to the consulting-room of the doctor. It goes beyond itself to fill the hiatus that has hitherto put Western civilization at a psychic disadvantage as compared with the civilizations of the East. We Westerners knew only how to tame and subdue the psyche; we knew nothing about its methodical development and its functions. Our civilization is still young, and young civilizations need all the arts of the animal-tamer to make the defiant barbarian and the savage in us more or less tractable. But at a higher cultural level we must forgo compulsion and turn to self-development. For this we must have a way, a method, which, as I said, has so far been lacking. It seems to me that the findings and experiences of analytical psychology can at least provide a foundation, for as soon as psychotherapy takes the doctor himself for its subject, it transcends its medical origins and ceases to be merely a method for treating the sick. It now treats the healthy or such as have a moral right to psychic health, whose sickness is at most the suffering that torments us all. For this reason analytical psychology can claim to serve the common weal—more so even than the previous stages which are each the bearer of a general truth. But between this claim and present-day reality there lies a gulf, with no bridge leading across. We have yet to build that bridge stone by stone.