

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.

⁵¹ 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 edu-

cational 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.