

## C.G. Jung on Therapy

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■ [E]xperience has taught me to keep away from therapeutic “methods” as much as from diagnoses. The enormous variation among individuals and their neuroses has set before me the ideal of approaching each case with a minimum of prior assumptions. The ideal would naturally be to have no assumptions at all. But this is impossible even if one exercises the most rigorous self-criticism, for one is *oneself* the biggest of all one’s assumptions, and the one with the gravest consequences. Try as we may to have no assumptions and to use no ready-made methods, the assumption that I myself am will determine my method: as I am, so will I proceed.

—“The Realities of Practical Psychotherapy” (1937), in the *Collected Works of C.G. Jung: The Practice of Psychotherapy* (vol. 16)(2nd ed.)(Princeton University Press/Bollingen Series)(R.F.C. Hull transl.), 327-338, at 329 [References to the *Collected Works* will be designated *CW* and the title of the volume.]

■ [A doctor that Jung describes as having “a normal practice, normal success, a normal wife, normal children, lived in a normal little house in a normal little town” approaches Jung about becoming an analyst.] I said to him, “Do you know what that means? It means that you must first learn to know yourself. You yourself are the instrument. If you are not right, how can the patient be made right? If you are not convinced, how can you convince him? You yourself must be the real stuff. If you are not, God help you! Then you will lead patients astray. Therefore you must first accept an analysis of yourself.”

—C.G. Jung, *Memories, Dreams, Reflections* 134 (New York: Pantheon Books, 1963)(recorded/edited by Aniela Jaffé)

Personal and theoretical prejudices are the most serious obstacles in the way of psychological judgment. . . . Freud himself accepted my suggestion that every doctor should submit to a training analysis before intereting himself in the unconscious of his patients for therapeutic purposes. . . . [W]hat the doctor fails to see in himself he either will not see at all, or will see grossly exaggerated, in his patient; further, he encourages those things to which he himself unconsciously inclines, and condemns everything that he abhors in himself.

—“Fundamental Questions of Psychotherapy” (1951), in *CW: The Practice of Psychotherapy* (vol. 16), 111-125, at 115

An ancient adept has said: “If the wrong man uses the right means, the right means work in the wrong way.” This Chinese saying, unfortunately only too true, stands in sharp contrast to our belief in the “right” method irrespective of the man who applies it. In reality, everything depends on the man and little or nothing on the method.

—“Difficulties Encountered by a European in Trying to Understand the East,” in *CW: Alchemical Studies* (vol. 13), 6-10, at 7

■ [W]e would do well to abandon from the start any attempt to apply ready-made solutions and warmed-up generalities of which the patient knows just as much as the doctor. Long experience has taught me not to know anything in advance and not to know better, but to let the unconscious take precedence. Our instincts have ridden so infinitely many times, unharmed, over the problems that arise at this stage of life that we may be sure the transformation processes which make the transition possible have long been prepared in the unconscious and are only waiting to be released.

—“A Study in the Process of Individuation” (1934), *CW: The Archetypes and the Collective Unconscious* (vol. 9(1)), 290-354, at 293

■ Practical medicine is and has always been an art, and the same is true of practical analysis. True art is creation, and creation is beyond all theories. That is why I say to any beginner: Learn your theories as well as you can, but put them aside when you touch the miracle of the living soul. Not theories but your own creative individuality alone must decide.

—C.G. Jung, *Contributions to Analytical Psychology* (1928)

[T]he patient is there to be treated and not to verify a theory. For that matter, there is no single theory in the whole field of practical psychology that cannot on occasion be proved to be basically wrong.

—“Fundamental Questions of Psychotherapy” (1951), in *CW: The Practice of Psychotherapy* (vol. 16), 111-125, at 115

■ [O]ne has to remind oneself again and again that in therapy it is more important for the patient to understand than for the analyst’s theoretical expectations to be satisfied. The patient’s resistance to the analyst is not necessarily wrong; it is rather a sign that something does not “click.” Either the patient is not yet at a point where he would be able to understand, or the interpretation does not fit.

—“”The Problem of Types in Dream Interpretation,” in *CW: The Symbolic Life* (vol. 18), 216-226, at 220

■ Neither our modern medical training nor academic psychology and philosophy can equip the doctor with the necessary education, or with the means, to deal effectively and understandingly with the often very urgent demands of his psychotherapeutic practice. It therefore behooves us, unembarrassed by our shortcomings as amateurs of history, to go to school once more with the medical philosophers of a distant past, when body and soul had not yet been wrenched asunder into different faculties. Although we are specialists par excellence, our specialized field, oddly enough, drives us to universalism and to the complete overcoming of the specialist attitude, if the totality of body and soul is not to be just a matter of words. Once we have made up our minds to treat the soul, we can no longer close our eyes to the fact that neurosis is not a thing apart but the whole of the pathologically disturbed psyche. It was Freud’s momentous discovery that the neurosis is not a mere agglomeration of symptoms, but a wrong functioning which affects the whole psyche. The important

thing is not the neurosis, but the man who has the neurosis. We have to set to work on the human being, and we must be able to do him justice as a human being.

—“Psychotherapy and a Philosophy of Life” (1943), in *CW: The Practice of Psychotherapy* (vol. 16), 76-83, at 82-83

The object of therapy is not the neurosis but the man who has the neurosis.

—“The State of Psychotherapy Today” (1934), in *CW: Civilization in Transition* (vol. 10) 157-173, at 159

■ No psychotherapist should lack that natural reserve which prevents people from riding roughshod over mysteries they do not understand and trampling them flat. This reserve will enable him to pull back in good time when he encounters the mystery of the patient’s difference from himself, and to avoid the danger—unfortunately only too real—of committing psychic murder in the name of therapy. For the ultimate cause of a neurosis is something *positive* which needs to be safeguarded for the patient; otherwise he suffers a psychic loss, and the result of the treatment is at best a defective cure.

—“The Realities of Practical Psychotherapy” (1937), in *CW: The Practice of Psychotherapy* (vol. 16), 327-338, at 337-338

■ Each new case that requires thorough treatment is pioneer work, and every trace of routine then proves to be a blind alley. Consequently the higher psychotherapy is a most exacting business and sometimes it sets tasks which challenge not only our understanding or our sympathy, but the whole man. The doctor is inclined to demand this total effort from his patients, yet he must realize that this same demand only works if he is aware that it also applies to himself.

—“The Psychology of the Transference” (1946), *CW: The Practice of Psychotherapy* 163-256, at 178