

Jung's influence on psychoanalysis and analytic psychotherapy

Jung and his analytical psychology occupy a particular and peculiar place in the world of analysis and psychotherapy. His ideas continue to have an enormous influence on counselling, psychotherapy and psychoanalysis and yet he remains largely ignored within post-Freudian and post-Kleinian thinking. This feels very unfair as many of Jung's ideas predate and inform contemporary analytic practice. I would like to start by looking at some examples of this.

Examples of Jung's influence in psychoanalytic thinking

For example, Jung coined the term '*complex*' to describe 'splinter psyches' or aspects of the mind which behave as if they are independent. These complexes are constellations of images, ideas and feelings clustered around one or more archetypes which influence one's experience of the environment. Here we can see that Jung's complexes such as 'mother complex' and 'father complex' resonate with the concept of 'internal objects' later espoused by British object-relations school theorists such as Fairbairn, Balint and Winnicott.

Freud readily adopted Jung's term and referred to the ego, superego and id as complexes as well as, of course, his Oedipal complex. Jung's discovery of complexes came about as a result of his Word Association test experiments. This test, which he devised, measured the reaction times of subjects to 100 stimulus words (just like we see in old Hollywood movies where the psychiatrist says to the patient: "Say the first thing that comes into your head" and then proceeds to say "mother" and the patient says "father" then the psychiatrist says "cheese" and the patient says "onion" or the psychiatrist says "Belgrade" and the patient says "Heaven" etc) . Jung found that subjects would take longer to respond, and often in atypical ways, to words associated with the subject's emotional problems. For example, in an early case, Jung correctly deduced that a man who gave delayed and unusual responses to the words: knife, lance, beat and bottle had been involved in a drunken brawl. It transpired that the man had been imprisoned for such an incident. This technique was so successful that it was adopted by the Swiss police and is still used today, with the addition of galvanic skin response measurements in the lie detector or polygraph test. More significantly for us, Freud recognised that Jung had discovered the first scientific tool which substantiated his theory of the unconscious. Indeed, this was the first empirical proof that repressed unconscious complexes exercise an influence on the conscious. We can also see that Jung's concept of the complex was also a firm foundation for later theories of split or sub-personalities that we observe in dissociative states and multiple-personality disorders.

Jung's description of unconscious archetypal process resonates with Klein's concept of 'unconscious phantasy' which determines the sense the individual makes of its interaction with the environment. The main difference being that, for Klein, unconscious phantasy is rooted in the body and implies inherited contents (such as the image of the primal scene and the nipple in the mouth) whereas for Jung archetypes have no inherited contents. He considered them as potentials, with inherited form or pattern, but not contents.

From 1912 onwards, Jung used the term 'participation mystique' to describe a relationship where the subject influences the object to such a degree that subject and object become identified with each other: "*(the doctor) becomes affected, and has as much difficulty in distinguishing between the patient and what has taken possession of him as has the patient himself.*" (CW13, p 375)

Later, he also uses terms such as 'unconscious identity' and 'psychic infection' to describe the same phenomenon. It was not until 1946, in 'Notes on some schizoid mechanisms,' that Melanie Klein used the phrase 'projective identification' to describe the same dynamic.

Other examples of Jung's influence on psychoanalytic thinking include Winnicott's concept of the False Self which is an extrapolation of Jung's 'persona'. Bion's concept of 'O' which he describes as 'Ultimate reality, absolute truth or unknowable psychic reality' equates to Jung's understanding of the Self or God-image. Similarly psychoanalysts like Kohut (1971), Khan (1989) and Symington (1993) all talk of the self in similar ways to Jung without acknowledging him.

Antipathy to Jung

So why is there such an antipathy to Jung and Jungians? Well there are some understandable reasons. He had affairs with at least two of his patients, made racist statements and was maverick in his methods. Add to this his often impenetrable writing, fascination with the occult, UFO's and astrology and many 'scientific' thinkers run for the hills! Not surprisingly, Jungians are often looked upon with some suspicion. In a survey of psychoanalysts' views of Jungians, Jan Wiener discovered that with regard to clinical practice many psychoanalysts believe that:

"Jungians pay insufficient attention to destructiveness and resistance in the therapeutic process; they dilute work in the transference; their clinical boundaries are loose and woolly; and they lack an understanding of psychopathology" (Wiener, 2002, p. 201)

Whilst I think that this is an unfair over-generalisation, there may be some truth in it. Jungians come in all shapes and sizes, don't all agree or follow the same practices.

Why become a Jungian?

So why would anyone want to become a Jungian analyst? Well, I can only speak for myself. I found myself interested in many of Jung's ideas, his curiosity, openness, aversion to dogmatism and the value he gives to **uncertainty**. As he says, in an interview with John Freeman in 1959, "... when he (Freud) had thought something then it was settled, while I was doubting all along the line.." (Jung, 1959, p 431)

Mutual transformation

However, the main reason for my wish to become a Jungian analyst was my excitement with his conviction that therapeutic work at depth is an opportunity for a mutual process of transformation and personal development for both patient and therapist. As he says in his often quoted statement:

"For two personalities to meet is like mixing two different chemical substances; if there is any combination at all, both are transformed...You can exert no influence if you are not susceptible to influence". (Jung, C/G. 1929, para 163)

It was this invitation to enter into what Anne Ashley earlier called "*the joint endeavour of two people to reach an understanding of the meaning of our journey through life, the discovery of our potential as human beings and the development of our capacity for joy*" which appealed to me. However, I feel the need to qualify this. My experience of psychotherapeutic and analytic work is not always mutually transformative. Work with some patients can feel relatively superficial, symptom focussed and treatment orientated particularly where the patient is merely seeking relief from pain rather than self knowledge. This is fair enough. I think that it is very important to respect the wishes and defences of the patient and to understand what type of encounter we are being invited to enter. However, I also feel privileged to experience the challenges, insights and wonder of mutually transformative work which is a consequence of in depth therapy. This, of course, is not the sole preserve of Jungian analysis, much psychotherapy of all kinds has a mutually transformative aspect, but for me Jung's concept of the self and its process of individuation provide a language which speaks to the heart of my own understanding of this experience.

The self

It is Jung's concept of the Self that distinguishes Jung's analytical psychology from all other psychoanalytic disciplines. In fact, you could argue that is not possible to find oneself in Freudian or Kleinian psychoanalysis as there is no self, as Jung meant it, to be found. In the psychoanalytic tradition, self is a by-product of ego development. By contrast, for Jung the self is primary and it is the ego that develops from it. Freud places the ego at the centre of his psychology, whereas for Jung it is the self. Jung saw the ego as a vital centre of consciousness but inferior to the self.

The self retains its mystery. We can never fully know or embrace it because we are dependent upon the relatively inferior ego to perceive it. Perhaps this struggle in apprehension has led to very different understandings of the self's qualities. Jung sees the self as many things, including psychic structure, developmental process, transcendental postulate, affective experience and archetype. It has been depicted as the totality of body and mind, the God image, the experience of overpowering feelings, the union of opposites and a dynamic force which pilots the individual on his/her journey through life. This latter idea is quintessentially Jungian, for even though some psychoanalysts now talk about the self in a similar way, psychoanalysis still largely sees the self as a structure within the mind, similar to an object representation, rather than an agency (Schmidt, 2005).

Individuation

The concept of individuation is the cornerstone of Jung's psychology. He used this term to describe how the self as agency works. Individuation is the process of self realization, the discovery and experience of meaning and purpose in life; the means by which one finds oneself and becomes who one really is. Psychotherapy can be seen as an individuation process. He claimed that it depends upon the interplay and synthesis of opposites, e.g., conscious and unconscious, personal and collective, psyche and soma, divine and human, masculine and feminine, life and death. It involves the development of personality and begins with the integration of what he called the 'shadow'. This refers to a coming to terms with all that we don't wish to recognise in ourselves - not only our negative attributes e.g. our envy, narcissism and hatred (which equates to Freud's repressed personal unconscious) but also our undeveloped qualities e.g. the extravert hidden in the introvert or the feminine side of a man.

The collective (impersonal) unconscious and the archetypes

Jung (1934) reacted against Freud's purely personal view of the unconscious – an empty vessel which becomes filled with repressed contents. Instead, he proposed that the unconscious is millions of years old and, as well as having a personal aspect, also has an impersonal or collective aspect. He suggests that our myths, legends and fairy tales are carriers of a projected unconscious psyche. The Gods can be seen as symbolic metaphors of archetypal behaviours and myths describe archetypal enactments. He saw this collective or impersonal unconscious not as a dead record of our ancestry but rather a living system of our history. It consists of archetypes which can never be known but can only be glimpsed by the images that emerge when they come into contact with the external personal environment.

Collective and personal

Jung (1935) stressed that individuation requires the integration of both collective and personal elements. He described the neurotic condition as one where the collective is denied and the psychotic condition as one where the personal is denied. If someone is over concerned with his own personal affairs and status he is in danger of becoming too identified with his persona, e.g., the school teacher who is didactic at home, or the analyst who never stops analysing. Living such a blinkered life, focused on short-sighted and egocentric goals, denies the value of the collective. This can lead to a narcissistic alienation from a deeper sense of oneself and one's place in society.

By contrast, in psychosis, there is an absorption by the collective, where the fascination with the internal world and its processes can lead to archetypal inflation and subsequent loss of interest in the external personal world of relationships and work. I have worked with many psychotic patients who have identified with archetypal figures from the collective unconscious such as Jesus, Satan, John the Baptist, the Madonna or more modern iconic figures such as John Lennon and Elvis to safeguard their psychotic defence. It is as if these archetypal personas protect the self when the ego has been shattered (see my article on Psychic Skin to be published in JAP Feb, 2012).

Two halves of life

Michael Fordham, perhaps more than any other post Jungian, has contributed to our understanding of individuation as a process that starts in infancy and not just in the latter half of life. Fordham's field theory of the self (1946), which describes how the self as a primary integrate develops through the process of deintegration and reintegration throughout the whole of life is very useful for our comprehension of the normal process of maturation. He claims that this basic underlying process of individuation is identical in childhood, adolescence and adulthood (Fordham 1985).

Individuation requires the development of ego, but it is not synonymous with it. Although the process of deintegration and reintegration occurs throughout life, Jung states that there is a functional difference in the underlying process of individuation in later life as opposed to childhood. He emphasized the difference between early development, which is mainly concerned with the establishment of ego, and later individuation which involves a surrendering of the ego's dominion. He felt that it is our task to strengthen the ego so that it can enter into service of the self. Here a strong ego is not a big or inflated one but one that knows it needs to know its vulnerability to truly serve the self.

Self and ego

I have found it useful in my clinical practice to think in this Jungian way of psychotherapy as an individuation process and a dynamic relationship between the Self and ego. The ego, of both therapist and patient, acts as if it wants to remain in control, to expand and promote itself at the expense of other aspects of the personality. It has a quality which seems manufactured or man-made. The Self, by contrast, feels like a force of nature; it seems to have a wider view, a perspective that the ego cannot understand and is in the service of a greater truth.

Clinical illustration

A while ago, a young man came to me because he wanted me to help him get rid of anxiety, panic attacks and insomnia which were stopping him from executing his intended plan of action. He described how he had recently discovered that difficulties he was experiencing with his vision were due to the early onset of multiple sclerosis. The doctors had explained to him that this may stay stable for years or may deteriorate unexpectedly leading to paralysis and early death, but could not tell him how long this might take. He was engaged to be married and had a good career but had ended the engagement and was intending to leave his job and travel the world for a year before committing suicide. However, his anxiety and insomnia, which were not responding to medication, were preventing him from carrying out this course of action. It was as if his ego had panicked and taken over. He wanted to be God to dictate when he lived and died, ignoring the advice of the doctors and the feelings of his fiancé. I pointed out to him that the only healthy aspects I could see of what he was presenting to me were the symptoms he was complaining about. The anxiety and insomnia seemed to be an expression of his own internal wise counsel (or self) which was reacting violently against a tyrannical ego. Over time he was able to see how narcissistic he was being in wishing to kill himself and in imagining that his fiancé would not be interested in him if he were to become ill. Although we went on to explore his early relationships and his relationship to me, I felt that it has been Jung's concept of a dynamic relation between ego and self which has proved most helpful in understanding his situation.

Pioneer in integrating religious thought

Jung was a true pioneer, the first psychoanalyst to attempt to integrate the wisdom of thousands of years of mythology and religious thought, both Eastern and Western, into his theory and practice. Unlike Freud, he did not dismiss spiritual insight, but valued it as vital in man's search for meaning. His theories drew upon his expansive range of interests including anthropology, alchemy, theology, philosophy, sociology, physics, biology and comparative religion. He is also very generous in his appreciation of the value of the ideas and practices of other analytic tradition, such as Freud and Adler, which he incorporated into his method. Jung was very integrative and advocated using whichever method worked best for each individual.

My own experience

When I was thinking about becoming an analyst, I wanted a training which integrated Jung's ideas with the psychoanalytic discoveries of great thinkers like Freud, Klein, Winnicott and Bion. I had initially trained as a psychologist and wanted an analytic training that was rigorous and in depth (four or five times per week) but allowed me the freedom to be myself and not subscribe to any particular creed. I mention this because, depending upon which vertex you adopt, either chance, fate, coincidence, unconscious process, or what Jung would call '*synchronicity*', played a part in my destiny. As I wondered where to train, I discovered that I had been given a new clinical supervisor, Dr Brian Snowdon, consultant psychiatrist at University College Hospital and a Jungian training analyst. I was very impressed by his warmth, intelligence and human approach to patients. He encouraged me to be myself and explore a number of different trainings. I was disappointed to find that most psychoanalytic trainings did not even have Jung on their reading lists. After much soul searching, I decided to apply for the Jungian analytic training at the SAP and feel that I made the right choice for me.

The Synthetic method

Jung's approach, sometimes referred to as the "*synthetic method*", is founded on the premise that there is a purposive element at work in all of us. It is this purposive phenomenon that Jung referred to as the self. Jungian analysis attempts to create the conditions where this can be experienced and related to which often includes working on the defences and resistances that hinder this.

Rather than focussing on reductive questions such as "what are the infantile roots of the patient's problem?", Jung's approach is more interested in what the patient will do, or not do, next. His synthetic method implicitly values Freud's reductive analysis but is more interested in what symptoms are saying about the present and indeed the future of the patient. Like all analysts, he would follow the patient's lead and listen to what they needed to say, which would often include their early history, but he would value the quest for meaning, purpose and a sense of self over causality.

Jung and psychosis

Jung teaches us much about psychosis. Much of Jung's early work was with psychotic patients. He considered psychoses archetypal phenomena, the result of collective unconscious forces overwhelming the ego. As well as agents of creativity, protection and transformation, he depicted archetypes as harbingers of death and destruction. He warns (1934/54) that these archetypal identifications can escape from conscious control altogether and become completely independent producing the phenomena of possession where the collective unconscious takes the place of reality. Split off parts of the personality or what Jung called 'complexes' develop: "*the schizophrenic complex...takes possession of*

the conscious mind so completely that it alienates and destroys the personality” (Jung 1958, para 579)

Jung was speaking from experience. In 1913, at the age of 38, he felt tortured by visual and auditory hallucinations that, in his own words, made him feel “*menaced by a psychosis*” (Jung, 1963).

Although there was indeed a rupture in his psychic skin, perhaps re-visiting the scar of what Winnicott (1964) called Jung’s childhood schizophrenia, he discovered creative ways of holding it together. Jung found that yoga, active imagination, painting and drawing all helped him maintain his sanity. As a result of this, he became the first analyst to practice art therapy advocating the use of painting and drawing in analysis in the 1920’s.

Jung was able to avert a catastrophic collapse in his own psyche owing to his remarkable strength and creativity. His ego was very well developed and he was blessed with an extraordinary ability to conceptualise. As a result, he found that he was able to avoid identifying with archetypal figures, such as Philemon and Elijah (split off parts of his personality whom he spent hours in conversation with), but instead related to them. This relating brought him insight allowing him to manage this borderline liminal state, whereas identification with them would have led to inflation and psychosis.

Archetypal transference and the wounded healer

Whereas, for Freud, transference was a purely personal affair, Jung (1936) proposed that the transference is often characterised by archetypal projection. Although he accepted the importance of working with the personal (or infantile) transference, he also stressed the importance of the consideration of archetypal transference. This refers to transference based not primarily on the patient’s personal history but on unconscious fantasies, projections and identifications with the collective unconscious. A personal neurotic transference is illusional in that it is a form of playing with reality where the patient relates to the therapist ‘as if’ they are a figure or object-representation which derive from previous personal relationships. By contrast, an archetypal transference can be psychotic or delusional where there is no play. Instead, the therapist is experienced as the actual figure from the unconscious e.g. magical healer, saint, slave or devil. I have experienced this in analytic work with psychotic patients where I have been perceived both as the devil and Christ. Jung has contributed enormously to our understanding of analytic work with psychotic patients who Freud felt were not suitable for psychoanalysis.

Another important aspect of archetypal transference is that which refers to the particular constellation of the therapist-patient relationship itself. Jung saw the psychotherapist as the latest link in an archetypal chain of healers which originated in ancient history with witch doctors, medicine men and shamen. He even argued that psychology itself is an archetypal construct which has evolved to compensate for the failures of religious practices

which for thousands of years have successfully contained the primitive anxieties and fears of the people.

Jung could see that whenever one person calling themselves analyst and another calling themselves patient come together then a complex set of unconscious expectations and projections come into play. Many Jungians refer to the archetype of the wounded healer and the myth of Chiron to shed light on this state of affairs. It proposes that all therapists/healers are wounded and that in trying to heal themselves they can become able to help others: *"Only the wounded healer heals"* (Jung 1963, p134)

The myth of Chiron

In Greek mythology, Chiron was a centaur (half man, half horse), abandoned by his mother at birth and adopted by Apollo who taught him the healing arts. Chiron grew up to be a kind, wise and respected teacher and was mentor to many including Heracles, Achilles and Asclepius (son of Apollo) to whom he taught medicine and who later, himself, became the god of medicine.

The first half of Chiron's life brought him success but then tragedy occurred. During a wedding banquet, he was accidentally shot by one of Heracles' poisoned arrows which inflicted an agonizing and incurable wound. Chiron's wound can be seen to represent many splits e.g. between the body and the mind; between our unruly animal passions and our spiritual aspirations; between the conscious and unconscious.

After his wounding, Chiron withdrew and became a recluse desperately searching in vain for a cure for his ailment and, in the process, finding remedies for many others' illnesses. Now those who visited him were not the rich and famous but the poor and sick who called him the 'wounded healer'.

The application of the archetype of the wounded healer to the analytic relationship

Guggenbuhl-Craig (in Groesbeck, 1975, p127) suggests that a 'healer-patient' archetype is activated each time a person becomes sick and enters therapy. The patient coming to see a therapist has usually tried many ways to heal himself and failed. As a result of the archetypal power invested throughout history in the doctor/patient dyad, the patient coming to see the therapist is likely to identify with being wounded – feeling more passive, dependent, weak, confused and unwell than the analyst. Similarly, owing to this split in the wounded healer archetype and their years of experience and training, the therapist is more likely to identify with being a healer – feeling more active, independent, strong, knowledgeable and healthy than the patient *in the area of wounding presented by the patient*. This is an important point, because one of the rewards of life as a therapist is not only feeling good about being able to help someone who is suffering from a wound that we don't feel overwhelmed by but also how much we learn from our patients in relation to areas of life where we are more wounded than them. I am often impressed and admire

how my patients manage situations in ways that I could not or in ways that hadn't occurred to me.

The patient consciously identifies with being ill and his/her inner healer is projected on to the therapist. The therapist in turn, projects his wounded part on to the patient and in so doing is able to be empathic, understanding and disposed to help. The work of the therapy is for both patient and therapist to enter into the crucible of this archetypal transference and to work through its individual personal dimensions. This can happen owing to the wounding of the healer who, through staying in touch with his wound, can now access the power to heal.

In the course of the therapy, if the archetypal and personal transference can be contained and integrated, the patient becomes able to reintroject his own inner healer and the therapist is able to take back, albeit modified, his wounded part. In this process, the archetypal power balance of the therapist/patient relationship shifts and both are able to see each other as more mutual. What this means is that it becomes possible to think about ending therapy. The patient is now able, as much as we are, to be their own healer i.e. to manage life's problems and inherent suffering by their own means (on their own and with the help of others).

Individuation and alchemical transformation

Chiron's story resonates with the stages of alchemical transformation in Jung's psychology of the transference and with his concept of the process of individuation. Jung and archetypal psychologists propose that we begin life on a spirited heroic ego-driven quest to reach the heights and make our place in the world. If we are fortunate and successful, we are able to leave our parents and establish a life of our own with our own home, friends, family and career. Even if we have, more or less, successfully managed these Herculean tasks, in every life, crisis happens. This can take many forms e.g. an illness, an accident, a trauma, a breakdown, a broken heart or bereavement - some huge disappointment or loss that reminds us that we are ageing and approaching the inevitability of death. This puts us back in touch with our original wounds and helplessness. Some crises, with the help of loved ones, we are able to negotiate...others knock us for six and ensuing neuroses (or psychoses) emerge. We are no longer able to do things in the way we used to. Either they no longer work or we have lost energy and the will to carry on doing them - the ego fails and lets us down. Our lives become coloured by anxiety, depression, compulsive addictive patterns and fear (or a mixture of some/all of these). We can find ourselves forced to descend into the depths of our suffering. This struggle leads us to accept the fact that we are not omnipotent but need help, are powerless and vulnerable. Our ego, which thought it was master, is no longer able to go it alone to make life meaningful and worth living.

It is at this point that we may feel able to submit to a therapeutic process, to take the dark journey of the descent into soul and allow something of our ego to die. This allows for the

possibility of transformation to take place and, when we return, the hope of a qualitative change in whom we are - together with a deeper sense of self.

Soul and spirit

Archetypal psychologist James Hillman (1976) roughly equates Jung's self to the concept of soul and ego to spirit. He talks about psychotherapy as 'soul-making': "*the deepening of events into experience*". For him soul generates meaning, is communicated in love and has a religious concern. It is a perspective rather than a substance, a view towards something rather than a thing in itself. Soul is the 'patient' in us, is vulnerable, passive, deep, slow, close and remembers. By contrast, spirit is a dimension of ego and is fast, fire, wind, masculine, vertical and ascending. It is powder dry, knife sharp, phallic, active, and certain. Like ego, it thinks it knows what to do and makes clear distinctions. Soul keeps close to death and depth, in contrast to spirit's reaching for the heights, and lives in dreams, imagination, and fantasy.

Many seek therapy because they want a spirited reaction from us: an instruction, advice on what to do and how to get rid of pain. Usually, they have already asked others for an answer which has failed to satisfy. So they are often disappointed when they discover we too have no answer. We often don't know what will help but we are able to offer a soulful response. Sometimes we are able to offer an understanding, something calm and containing, born out of our experience of our own wounding and the profound value of staying with uncertainty and the healing power of the self.

As Hillman puts it, soul is water to spirit's fire: "*like a mermaid who beckons the heroic spirit into the depth of passion to extinguish its certainty*". (Hillman 1990, p 122)

There is danger here. Jung has been criticized for an over optimistic view of the self and of individuation. Some, like Guggenbühl-Craig (1980), have protested that Jung's view is too wholesome and positive, not recognizing the self's failings. There remains the prejudice, perhaps justified, that Jungians tend towards optimism in their approach to clinical work and Kleinians towards pessimism. This is summed up by Salman, a New York analyst's view: "*In Jungian work, fantasies, dreams, symptomology, defences and resistance are all viewed in terms of their creative function and teleology. The assumption is that they reflect the psyche's attempt to overcome obstacles, make meaning, and provide potential options for the future, rather than existing only as maladaptive responses to past history.*" (Salman 1997, p.64)

Anti-individuation

Our clinical work reminds us that the Self is not always experienced as benign and positive. It can be self-regulating, but can also be experienced as very destructive. David Hewison (2003) reminds us that there are anti-individuation forces and Lucy Huskinson (2002) talks of how destructive the self can be e.g. in psychosis. William Meredith-Owen (2008) argues

that there is much to gain from incorporating Kleinian ideas particularly in relation to understanding destructive forces like envy (Klein, 1957) at work in the psyche. He believes that it is the dawning awareness of the patient's (and analyst's) own agency in their ongoing dismay (the Kleinian position) together with a receptivity towards spontaneous Self-generated creativity (the Jungian position) that allows maturation/individuation to occur. Meredith-Owen tries to synthesis both Jungian and Kleinian positions when he describes how he felt when he first read Money-Kyrle's (1971) seminal Kleinian paper as a 'recognition', a response to something innate but also an instance of meaning encountered as emergence (Cambray 2006, Knox 1999) or what he eloquently calls an 'archetypal intimation'.

Jung states that the ego needs to be sufficiently strong to withstand the coming into awareness of aspects of the unconscious, which is the greater part of the self. We often work with patients whose ego has been unable to successfully manage self development. In these cases, individuation has become distorted or stuck. It is then necessary for the analytic work to be focused on creating conditions whereby the ego can be supported and facilitated in its development which means helping to strengthen it but not inflate it.

Symbols and dreams

Jung's theoretical break with Freud was in large part to do with the issue of symbolism - what symbols are, what they mean and which functions they serve.

Freud's (1915-17) psychology is embedded in biological determinism where the body and its sexual drive are considered the basis of all symbolic imagery. Freudians originally saw dreams as hallucinatory wish fulfillments. Although psychoanalysis has now evolved, Jung always felt that dreams expressed a much wide spectrum of meaning in that they can communicate inspirational creative ideas, premonitions, warnings and guidance.

Klein's theory of unconscious phantasy resonates with Jung's thinking about the dynamics of innate metaphorical structures of meaning – the archetypes. Later, both Freud and Klein acknowledged the existence of 'inherited schemata' or innate psychic organizers of experience. However, they continued to see them as rooted in the sexual body. For Jung, symbolism is not just about sex and bodies.

"Assuredly sex plays no small role among human motives, but in many cases it is secondary to hunger, the power drive, ambition, fanaticism, envy, revenge, or the devouring passion of the creative impulse and the religious spirit." (Jung 1961, CW18, para 493).

Jung saw dreams as predominantly compensatory in nature. He proposed that the mind is governed by a homeostatic self regulating mechanism as is the body. Dream and symptoms often express the compensatory aspect of the unconscious at work, where there is an attempt to balance the one-sidedness that occurs in consciousness.

Conclusion

One of the ways of measuring someone's influence on our thinking is to look at their impact on our language. Before Freud, we didn't speak of repression, superegos, anal traits and Oedipal triangulation. Before Jung, we didn't talk of complexes, extraversion, anima and synchronicity.

There is much here that I haven't had time to cover. With his word association test (which later developed into the lie detector or polygraph test), Jung was the first to introduce empirical experimental methods into psychoanalysis. He was the first, somewhat ironically, to recommend training analysis for all those who wish to practice psychotherapy.

Post-Jungian thinking is continually evolving. It still informs psychoanalytic thinking and psychotherapy even if it remains largely unacknowledged. Much of the thinking of current relational psychoanalysis and those who talk of the self as agency owe a debt of gratitude to Jung. In the same year that Klein (1946) coined the term 'projective identification', Jung independently spoke of 'psychic infection' and 'unconscious communication' to describe the same phenomenon. Archetypal process and imagery speaks of similar mechanisms to those of unconscious phantasy and internal object relations. Jung put the understanding of transference at the heart of his psychology.

It is not just in analysis Jung's influence is felt. There is ongoing collaboration between Jungian analysts and neuroscientists who are charting the emotional behaviour of the brain. He also played a vital role in the eventual formation of what people now recognize as Alcoholics Anonymous. Jung successfully treated an addict called 'Roland' who informed Bill Wilson, one of the founders of AA, about Jungian psychology who then incorporated some of Jung's ideas into the 12 steps. The Myers-Biggs Personality Inventory still used today in recruitment is based on Jung's personality types.

Jungians celebrate 'not being certain', avoiding articles of faith, and respecting the uniqueness of the individual/analytic relationship and the mystery that is the human psyche. However, they realise that we need to know a lot and keep learning to manage the anxieties of not knowing. Most Jungians are curious and open to new ideas, have learnt from and incorporated much from developmental psychology and psychoanalysis, but maintain their own separate identity. Jung's analytical psychology remains primarily concerned with finding meaning by whichever way presents itself.

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