

ethnological parallels to these seemingly universal psychic events. In the above-mentioned essay, "La Structure de l'inconscient," I attempted for the first time to give a comprehensive account of the whole process. It was a mere attempt, of whose inadequacy I was painfully aware. The difficulties presented by the material were so great that I could not hope to do them anything like justice in a single essay. I therefore let it rest at the stage of an "interim report," with the firm intention of returning to this theme at a later opportunity. Twelve years of further experience enabled me, in 1928, to undertake a thorough revision of my formulations of 1916, and the result of these labors was the little book *Die Beziehungen zwischen dem Ich und dem Unbewussten*.¹ This time I tried to describe chiefly the relation of the ego-consciousness to the unconscious process. Following this intention, I concerned myself more particularly with those phenomena which are to be regarded as the reactive symptoms of the conscious personality to the influences of the unconscious. In this way I tried to effect an indirect approach to the unconscious process itself. These investigations have not yet come to a satisfactory conclusion, for the answer to the crucial problem of the nature and essence of the unconscious process has still to be found. I would not have ventured upon this exceedingly difficult task without the fullest possible experience. Its solution is reserved for the future.

I trust the reader of this book will bear with me if I beg him to regard it—should he persevere—as an earnest attempt on my part to form an intellectual conception of a new and hitherto unexplored field of experience. It is not concerned with a clever system of thought, but with the formulation of complex psychic experiences which have never yet been the subject of scientific study. Since the psyche is an irrational datum and cannot, in accordance with the old picture, be equated with a more or less divine Reason, it should not surprise us if in the course of psychological experience we come across, with extreme frequency, processes and happenings which run counter to our rational expectations and are therefore rejected by the ration-

¹ Trans. by H. G. and C. F. Baynes as *The Relations Between the Ego and the Unconscious in Two Essays on Analytical Psychology* (London and New York, 1928).

alistic attitude of our conscious mind. Such an attitude is naturally not very skilled at psychological observation, because it is in the highest degree unscientific. We must not attempt to tell nature what to do, if we want to observe her operations undisturbed.

It is twenty-eight years of psychological and psychiatric experience that I am trying to sum up here, so perhaps my little book may lay some claim to serious consideration. Naturally I could not say everything in this single exposition. The reader will find a continuation of the last chapter in *The Secret of the Golden Flower*,² the book I brought out in collaboration with my friend Richard Wilhelm. I did not wish to omit reference to this publication, because Oriental philosophy has been concerned with these interior psychic processes for many hundreds of years and is therefore, in view of the great need for comparative material, of inestimable value in psychological research.

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PART ONE The Effects of the Unconscious upon Consciousness

I The Personal and the Collective Unconscious

In Freud's view, as most people know, the contents of the unconscious are limited to infantile tendencies which are repressed because of their incompatible character. Repression is a process that begins in early childhood under the moral influence of the environment and lasts throughout life. Through analysis the repressions are removed and the repressed wishes made conscious.

According to this theory, the unconscious contains only those parts of the personality which could just as well be conscious and are in fact suppressed only through upbringing. Although from one point of view the infantile tendencies of the unconscious are the most conspicuous, it would nonetheless be incorrect

² Trans. by Cary F. Baynes (London and New York, 1931), republished in *Psyche and Symbol* (New York, 1958).

testines; or the vagus (and consequently the heart) is stimulated; or fantasies and memories, uninteresting enough in themselves, become overvalued and prey on the conscious mind (mountains out of molehills). In this state a new motive is needed to put an end to the morbid suspension. Nature herself paves the way for this, unconsciously and indirectly, through the phenomenon of the transference (Freud). In the course of treatment the patient transfers the father imago to the doctor, thus making him, in a sense, the father, and in the sense that he is *not* the father, also making him a substitute for the man she cannot reach. The doctor therefore becomes both a father and a kind of lover—in other words, the object of conflict. In him the opposites are united, and for this reason he stands for a quasi-ideal solution of the conflict. Without in the least wishing it, he draws upon himself an overvaluation that is almost incredible to the outsider, for to the patient he seems like a savior or a god. This way of speaking is not altogether so laughable as it sounds. It is indeed a bit much to be a father and lover at once. Nobody could possibly stand up to it in the long run, precisely because it is too much of a good thing. One would have to be a demigod at least to sustain such a role without a break, for all the time one would have to be the giver. To the patient in the state of transference, this provisional solution naturally seems ideal, but only at first; in the end she comes to a standstill that is just as bad as the neurotic conflict was. Fundamentally, nothing has yet happened that might lead to a real solution. The conflict has merely been transferred. Nevertheless a successful transference can—at least temporarily—cause the whole neurosis to disappear, and for this reason it has been very rightly recognized by Freud as a healing factor of first-rate importance, but, at the same time, as a provisional state only, for although it holds out the possibility of a cure, it is far from being the cure itself.

This somewhat lengthy discussion seemed to me essential if my example was to be understood, for my patient had arrived at the state of transference and had already reached the upper limit where the standstill begins to make itself disagreeable. The question now arose: what next? I had of course become the complete savior, and the thought of having to give me up was

not only exceedingly distasteful to the patient, but positively terrifying. In such a situation "sound common sense" generally comes out with a whole repertory of admonitions: "you simply must," "you really ought," "you just cannot," etc. So far as sound common sense is, happily, not too rare and not entirely without effect (pessimists, I know, exist), a rational motive can, in the exuberant feeling of health you get from transference, release so much enthusiasm that a painful sacrifice can be risked with a mighty effort of will. If successful—and these things sometimes are—the sacrifice bears blessed fruit, and the erstwhile patient leaps at one bound into the state of being practically cured. The doctor is generally so delighted that he fails to tackle the theoretical difficulties connected with this little miracle.

If the leap does not succeed—and it did not succeed with my patient—one is then faced with the problem of severing the transference. Here "psychoanalytic" theory shrouds itself in a thick darkness. Apparently we are to fall back on some nebulous trust in fate: somehow or other the matter will settle itself. "The transference stops automatically when the patient runs out of money," as a slightly cynical colleague once remarked to me. Or the ineluctable demands of life make it impossible for the patient to linger on in the transference—demands which compel the involuntary sacrifice, sometimes with a more or less complete relapse as a result. (One may look in vain for accounts of such cases in the books that sing the praises of psychoanalysis!)

To be sure, there are hopeless cases where nothing helps; but there are also cases that do not get stuck and do not inevitably leave the transference situation with bitter hearts and sore heads. I told myself, at this juncture with my patient, that there must be a clear and respectable way out of the impasse. My patient had long since run out of money—if indeed she ever possessed any—but I was curious to know what means nature would devise for a satisfactory way out of the transference deadlock. Since I never imagined that I was blessed with that "sound common sense" which always knows exactly what to do in every tangled situation, and since my patient knew as little as I, I suggested to her that we could at least keep an eye open for any movements coming from a sphere of the psyche uncontaminated by

our superior wisdom and our conscious plannings. That meant first and foremost her dreams.

Dreams contain images and thought associations which we do not create with conscious intent. They arise spontaneously without our assistance and are representatives of a psychic activity withdrawn from our arbitrary will. Therefore the dream is, properly speaking, a highly objective, natural product of the psyche, from which we might expect indications, or at least hints, about certain basic trends in the psychic process. Now, since the psychic process, like any other life process, is not just a causal sequence, but is also a process with a teleological orientation, we might expect dreams to give us certain indicia about the objective causality as well as about the objective tendencies, because they are nothing less than self-portraits of the psychic life process.

On the basis of these reflections, then, we subjected the dreams to a careful examination. It would lead too far to quote word for word all the dreams that now followed. Let it suffice to sketch their main character: the majority referred to the person of the doctor, that is to say, the actors were unmistakably the dreamer herself and her doctor. The latter, however, seldom appeared in his natural shape, but was generally distorted in a remarkable way. Sometimes his figure was of supernatural size, sometimes he seemed to be extremely aged, then again he resembled her father, but was at the same time curiously woven into nature, as in the following dream: *Her father (who in reality was of small stature) was standing with her on a hill that was covered with wheat fields. She was quite tiny beside him, and he seemed to her like a giant. He lifted her up from the ground and held her in his arms like a little child. The wind swept over the wheat fields, and as the wheat swayed in the wind, he rocked her in his arms.*

From this dream and from others like it I could discern various things. Above all I got the impression that her unconscious was holding unshakably to the idea of my being the father-lover, so that the fatal tie we were trying to undo appeared to be doubly strengthened. Moreover one could hardly avoid seeing that the unconscious placed a special emphasis on the supernatural, almost "divine" nature of the father-lover, thus accentuating still further the overvaluation occasioned by the transference. I therefore asked myself whether the patient had still not understood the

wholly fantastic character of her transference, or whether perhaps the unconscious could never be reached by understanding at all, but must blindly and idiotically pursue some nonsensical chimera. Freud's idea that the unconscious can "do nothing but wish," Schopenhauer's blind and aimless Will, the gnostic demiurge who in his vanity deems himself perfect and then in the blindness of his limitation creates something lamentably imperfect—all these pessimistic suspicions of an essentially negative background to the world and the soul came threateningly near. And indeed there would be nothing to set against this except a well-meaning "you ought," reinforced by a stroke of the ax that would cut down the whole phantasmagoria for good and all.

But as I turned the dreams over and over in my mind, there dawned on me another possibility. I said to myself: it cannot be denied that the dreams continue to speak in the same old metaphors with which our conversations have made both doctor and patient sickeningly familiar. But the patient has an undoubted understanding of her transference fantasy. She knows that I appear to her as a semidivine father-lover, and she can, at least intellectually, distinguish this from my factual reality. Therefore the dreams are obviously reiterating the conscious standpoint minus the conscious criticism, which they completely ignore. They reiterate the conscious contents, not *in toto*, but insist on the fantastic standpoint as opposed to "sound common sense."

I naturally asked myself what was the source of this obstinacy and what was its purpose? That it must have some purposive meaning I was convinced, for there is no truly living thing that does not have a final meaning, that can in other words be explained as a mere leftover from antecedent facts. But the energy of the transference is so strong that it gives one the impression of a vital instinct. That being so, what is the purpose of such fantasies? A careful examination and analysis of the dreams, especially of the one just quoted, revealed a very marked tendency—in contrast to conscious criticism, which always seeks to reduce things to human proportions—to endow the person of the doctor with superhuman attributes. He had to be gigantic, primordial, huger than the father, like the wind that sweeps over the earth—was he then to be made into a god? Or, I said to

myself, was it rather the case that the unconscious was trying to *create* a god out of the person of the doctor, as it were to free a vision of God from the veils of the personal, so that the transference to the person of the doctor was no more than a misunderstanding on the part of the conscious mind, a stupid trick played by "sound common sense"? Was the urge of the unconscious perhaps only apparently reaching out towards the person, but in a deeper sense towards a god? Could the longing for a god be a *passion* welling up from our darkest, instinctual nature, a passion unswayed by any outside influences, deeper and stronger perhaps than the love for a human person? Or was it perhaps the highest and truest meaning of that inappropriate love we call transference, a little bit of real *Gottesminne*, that has been lost to consciousness ever since the fifteenth century?

No one will doubt the reality of a passionate longing for a human person; but that a fragment of religious psychology, an historical anachronism, indeed something of a medieval curiosity—we are reminded of Mechtild of Magdeburg—should come to light as an immediate living reality in the middle of the consulting room, and be expressed in the prosaic figure of the doctor, seems almost too fantastic to be taken seriously.

A genuinely scientific attitude must be unprejudiced. The sole criterion for the validity of an hypothesis is whether or not it possesses an heuristic—i.e., explanatory—value. The question now is, can we regard the possibilities set forth above as a valid hypothesis? There is no *a priori* reason why it should not be just as possible that the unconscious tendencies have a goal beyond the human person, as that the unconscious can "do nothing but wish." Experience alone can decide which is the more suitable hypothesis.

This new hypothesis was not entirely plausible to my very critical patient. The earlier view that I was the father-lover, and as such presented an ideal solution of the conflict, was incomparably more attractive to her way of feeling. Nevertheless her intellect was sufficiently clear to appreciate the theoretical possibility of the new hypothesis. Meanwhile the dreams continued to disintegrate the person of the doctor and swell them to ever vaster proportions. Concurrently with this there now occurred something which at first I alone perceived, and with the utmost

astonishment, namely a kind of subterranean undermining of the transference. Her relations with a certain friend deepened perceptibly, notwithstanding the fact that consciously she still clung to the transference. So that when the time came for leaving me, it was no catastrophe, but a perfectly reasonable parting. I had the privilege of being the only witness during the process of severance. I saw how the transpersonal control point developed—I cannot call it anything else—a *guiding function* and step by step gathered to itself all the former personal overvaluations; how, with this afflux of energy, it gained influence over the resisting conscious mind without the patient's consciously noticing what was happening. From this I realized that the dreams were not just fantasies, but self-representations of unconscious developments which allowed the psyche of the patient gradually to grow out of the pointless personal tie.

This change took place, as I showed, through the unconscious development of a transpersonal control point; a virtual goal, as it were, that expressed itself symbolically in a form which can only be described as a vision of God. The dreams swelled the human person of the doctor to superhuman proportions, making him a gigantic primordial father who is at the same time the wind, and in whose protecting arms the dreamer rests like an infant. If we try to make the patient's conscious, and traditionally Christian, idea of God responsible for the divine image in the dreams, we would still have to lay stress on the distortion. In religious matters the patient had a critical and agnostic attitude, and her idea of a possible deity had long since passed into the realm of the inconceivable, i.e., had dwindled into a complete abstraction. In contrast to this, the god-image of the dreams corresponded to the archaic conception of a nature demon, something like Wotan. *Theos to pneûma*, "God is spirit," is here translated back into its original form where *pneûma* means "wind": God is the wind, stronger and mightier than man, an invisible breath-spirit. As in the Hebrew *ruach*, so in Arabic *ruh* means breath and spirit. Out of the purely personal form the dreams developed an archaic god-image that is infinitely far from the conscious idea of God. It might be objected that this is simply an infantile image, a childhood memory. I would have no quarrel with this assumption if we were dealing with an old

man sitting on a golden throne in heaven. But there is no trace of any sentimentality of that kind; instead, we have a primitive conception that can correspond only to an archaic mentality. These primitive conceptions, of which I have given a large number of examples in my *Symbols of Transformation*, tempt one to make, in regard to unconscious material, a distinction very different from that between "preconscious" and "unconscious" or "subconscious" and "unconscious." The justification for these distinctions need not be discussed here. They have a definite value and are worth refining further as points of view. The fundamental distinction which experience has forced upon me merely claims the value of a further point of view. From what has been said it is clear that we have to distinguish in the unconscious a layer which we may call the *personal unconscious*. The materials contained in this layer are of a personal nature in so far as they have the character partly of acquisitions derived from the individual's life and partly of psychological factors which could just as well be conscious. It is readily understandable that incompatible psychological elements are liable to repression and therefore become unconscious; but on the other hand we also have the possibility of making and keeping the repressed contents conscious, once they have been recognized. We recognize them as personal contents because we can discover their effects, or their partial manifestation, or their specific origin in our personal past. They are the integral components of the personality, they belong to its inventory, and their loss to consciousness produces an inferiority in one or the other respect—an inferiority, moreover, that has the psychological character not so much of an organic mutilation or an inborn defect as of a want which gives rise to a feeling of moral resentment. The sense of moral inferiority always indicates that the missing element is something which, one feels, should not be missing, or which could be made conscious if only one took enough trouble. The feeling of moral inferiority does not come from a collision with the generally accepted and, in a sense, arbitrary moral law, but from the conflict with one's own self which, for reasons of psychic equilibrium, demands that the deficit be redressed. Whenever a sense of moral inferiority appears, it shows that there is not only the demand to assimilate an unconscious component,

but also the possibility of assimilating it. In the last resort it is a man's moral qualities which force him, either through direct recognition of the necessity to do so, or indirectly through a painful neurosis, to assimilate his unconscious self and to keep himself fully conscious. Whoever progresses along this road of realizing the unconscious self must inevitably bring into consciousness the contents of the personal unconscious, thus widening the scope of his personality. I should add at once that this "widening" primarily concerns the moral consciousness, one's self-knowledge, for the unconscious contents that are released and brought into consciousness by analysis are usually unpleasant—which is precisely why these wishes, memories, tendencies, plans, etc., were repressed. These are the contents that are brought to light in much the same way by a thorough confession, though to a much more limited extent. The rest comes out as a rule in dream analysis. It is often very interesting to watch how the dreams fetch up the essential points, bit by bit and with the nicest choice. The total material that is added to consciousness causes a considerable widening of the horizon, a deepened self-knowledge which, more than anything else, is calculated to humanize a man and make him modest. But even self-knowledge, assumed by all wise men to be the best and most efficacious, has different effects on different characters. We make very remarkable discoveries in this respect in practical analysis, but I shall deal with this question in the next chapter.

As my example of the archaic idea of God shows, the unconscious seems to contain other things besides personal acquisitions and belongings. My patient was quite unconscious of the derivation of "spirit" from "wind," or of the parallelism between the two. This content was not the product of her thinking, nor had she ever been taught it. The critical passage in the New Testament was inaccessible to her—to *pneûma pneî hopou thelei*—since she knew no Greek. If we must take it as a wholly personal acquisition, it might be a case of so-called cryptomnesia,¹ the unconscious recollection of a thought which the

¹ Cf. Théodore Flournoy, *Des Indes à la planète Mars: Étude sur un cas de somnambulisme avec glossolalie* (Paris and Geneva, 1900; trans. by D. B. Vermilye as *From India to the Planet Mars*, New York,

dreamer had once read somewhere. I have nothing against such a possibility in this particular case; but I have seen a sufficient number of other cases—many of them are to be found in the book mentioned above—where cryptomnesia can be excluded with certainty. Even if it were a case of cryptomnesia, which seems to me very improbable, we should still have to explain what the predisposition was that caused just this image to be retained and later, as Semon puts it, “ecphorated” (*ekphoreîn*, Latin *efferre*, “to produce”). In any case, cryptomnesia or no cryptomnesia, we are dealing with a genuine and thoroughly primitive god image that grew up in the unconscious of a civilized person and produced a living effect—an effect which might well give the psychologist of religion food for reflection. There is nothing about this image that could be called personal: it is a wholly collective image, the ethnic origin of which has long been known to us. Here is an historical image of world-wide distribution that has come into existence again through a natural psychic function. This is not so very surprising, since my patient was born into the world with a human brain which presumably still functions today much as it did of old. We are dealing with a reactivated archetype, as I have elsewhere called these primordial images.² These ancient images are restored to life by the primitive, analogical mode of thinking peculiar to dreams. It is not a question of inherited ideas, but of inherited thought patterns.³

In view of these facts we must assume that the unconscious contains not only personal, but also impersonal, collective components in the form of inherited categories⁴ or archetypes. I have therefore advanced the hypothesis that at its deeper levels the unconscious possesses collective contents in a relatively active state. That is why I speak of the collective unconscious.

1900), and Jung, “Psychology and Pathology of So-called Occult Phenomena,” *Coll. Works*, Vol. 1, pp. 81ff.

² Cf. *Psychological Types*, *Coll. Works*, Vol. 6, Def. 26 [also see p. 256 of this book].

³ Consequently, the accusation of “fanciful mysticism” leveled at my ideas is lacking in foundation.

⁴ Henry Hubert and Marcel Mauss, *Mélanges d'histoire des religions* (Paris, 1909), p. xxix.

II Phenomena Resulting from the Assimilation of the Unconscious

The process of assimilating the unconscious yields some very remarkable phenomena. In some patients it leads to an unmistakable, and often unpleasant, accentuation of ego-consciousness, a heightened self-confidence; they know everything, they are completely *au fait* with their unconscious, and they believe themselves to be fully acquainted with everything that comes out of it. At any rate with every interview the doctor sees them getting more and more above themselves. Others, on the contrary, are depressed, even crushed by the contents of the unconscious. Their self-confidence dwindles, and they look on with resignation at all the extraordinary things the unconscious produces. Patients of the former sort, in the exuberance of their self-confidence, assume a responsibility for the unconscious that goes much too far, beyond all reasonable bounds; whereas the latter sort finally give up all sense of responsibility in an overwhelming realization of the powerlessness of the ego against the fate that rules it from the unconscious.

If we submit these two extreme modes of reaction to closer analytical scrutiny, we discover that behind the optimistic self-confidence of the first there lurks an equally deep, or rather far deeper, helplessness, for which the conscious optimism acts as an unsuccessful compensation. And behind the pessimistic resignation of the second there is a defiant will to power, far surpassing in cocksureness the conscious optimism of the first.

With these two modes of reaction I have sketched only the two rough extremes. A finer shading would have been truer to reality. As I have said elsewhere, every analysand starts by unconsciously misusing his newly won knowledge in the interests of his abnormal, neurotic attitude, unless he is sufficiently freed from his symptoms in the early stages to be able to dispense with further treatment altogether. A very important contributory factor is that in the early stages everything is still understood on the objective level, i.e., without distinction between imago and object, so that everything is directly related to the object. Hence the man for whom “other people” are the objects of prime im-