

Academic Article

A Simulated Interview with Carl Jung: Part 3 – General Views About Psychotherapy

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Introduction

Throughout his career, Carl Jung remained active in both scholarly writing and the provision of psychotherapy sessions. Jung broke with Freud's style of therapy, and instead recommended face-to-face discussions. Jung also confronted important issues related to the therapeutic relationship and relying on an idiographic approach to therapy. Laced throughout his writings, Jung explained the value of treating each client as a unique individual, and the importance of an equal relationship between therapist and client.

Jung was the first to recommend that every psychotherapist should first receive their own psychoanalysis, in order to cleanse their psyche and better prepare them for managing the struggles of their clients. Finally, Jung's writings retain relevance for several current issues including evidence-based treatments, published therapy manuals, and psychotropic medications. Assorted issues about psychotherapy process and psychotherapy training are addressed using a simulated interview between Carl Gustav Jung (CGJ) and James C. Overholser (JCO).

JCO: Nice to see you again. Where should we get started?–

CGJ: “I hardly know what to say to you tonight. I have talked so much” (Jung in McGuire & Hull, 1977, p. 95).

JCO: Can we begin with your view that all psychotherapists should undergo their own analysis?

CGJ: “Yes, certainly” (Jung in Evans, 1964, p. 82). “Every doctor should submit to a training analysis before interesting himself in the unconscious of his patients” (Jung, 1954, p. 115). “Anybody who intends to practice psychotherapy should first submit to a training analysis” (Jung, 1954, p. 177).

JCO: Why is this training analysis so important?

CGJ: “Even analysts are not absolutely perfect, and it can happen that they are occasionally unconscious in certain respects. Therefore long ago I stipulated that analysts ought to be analyzed themselves” (Jung, 1968b, p. 157).

JCO: How does a training analysis help someone to become a better therapist?

CGJ: “Who can enlighten others if he is still in the dark about himself?” (Jung, 1954, p. 73). “It is something like a surgical operation on the psyche” (Jung, 1954, p. 62). “Surgery and obstetrics have long been aware that it is not enough simply to wash the patient - the doctor himself must have clean hands” (Jung, 1954, p. 18). “What the doctor fails to see in himself he either will not see at all, or will see grossly exaggerated, in his patient ... Just as one rightly expects the surgeon's hands to be free from infection, so one ought to insist with special emphasis that the

psychotherapist be prepared at all times to exercise adequate self-criticism” (Jung, 1954, p. 115).

JCO: Aside from their own analysis, how can we best train the next generation of therapists?

CGJ: “Experience, not books, is what leads to understanding” (Jung, 1968a, p. 483). “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” (Jung, 1954, pp. 82-83). “The analyst must go on learning endlessly, and never forget that each new case brings new problems to light” (Jung, 1954, p. 116).

JCO: Most graduate programs today place a heavy reliance on coursework.

CGJ: “Yes, they are exceedingly didactic” (Jung, in Evans, 1964, p. 89). “Well, that’s a very great problem” (Jung in McGuire & Hull, 1977, p. 267).

JCO: Graduate coursework provides strong training in psychological theories.

CGJ: “Theories are to be avoided, except as mere auxiliaries” (Jung, 1954, p. 88). “I say to the young psychotherapist: Learn the best, know the best - and then forget everything when you face the patient. Nobody becomes a good surgeon merely by learning the textbooks off by heart. The danger today is that the whole of reality is simply replaced by words. This will lead to a terrible lack of instinct” (Jung, 1960, p. 98). “Even the most experienced psychotherapist

will ... come to realize that there are very many things indeed of which his academic knowledge never dreamed. Each new case that requires thorough treatment is pioneer work” (Jung, 1954, p. 178).

JCO: So, to be effective, the psychotherapist remains active in the field?

CGJ: “Oh, yes, most definitely” (Jung in McGuire & Hull, 1977, p. 206). “I have learned much from my own practice” (Jung, 1954, p. 255). “In my therapeutic practice of nearly thirty years, I have met with a fair number of failures which made a far deeper impression on me than my success ... The psychotherapist learns little of nothing from his successes ... but failures are priceless experiences because they not only open the way to a better truth but force us to modify our views and methods” (Jung, 1954, p. 38). “I always learn the most from difficult cases” (Jung, 1939, p. 1011).

JCO: But I have seen many novice therapists do a fine job. What’s the danger?

CGJ: “The danger for the beginner is great, as he will be inclined to suggest or to give advice” (Jung, 1961, p. 200). “Advice may occasionally do some good, but advice is about as characteristic of modern psychotherapy as bandaging of modern surgery” (Jung, 1954, p. 21).

JCO: Why is a bit of advice so bad; the therapist is *the expert* in the room?

CGJ: “If I wish to treat another individual psychologically at all, I must for better or worse give up all pretensions to superior knowledge, all authority and desire

to influence” (Jung, 1954, p. 5). “When one begins as a young doctor, one’s head is still full of clinical pictures and diagnoses. In the course of the years ... one is struck by the enormous diversity of human individuals ... squeezed into the straightjacket of a diagnosis only by force” (Jung in Stein, 1982, p. 157). “Diagnosis is a highly irrelevant affair, ... nothing is gained by it” (Jung, 1954, p. 86). “Much too often people have a pathetic cock-sureness, which then leads them into nothing but foolishness. It is better to be uncertain because one thereby becomes more humble and more modest” (Jung in Jakobi, 1943, p. 379). “I do not know which is more difficult: to accumulate a wide knowledge or to renounce one’s professional authority and anonymity” (Jung, 1954, p. 18).

JCO: Would you say your style of therapy is aligned with Freud’s psychoanalysis?

CGJ: “Not at all” (Jung in Evans, 1964, p. 106). “I prefer to call my own approach ‘analytical psychology’” (Jung, 1954, p. 53). “I reject the idea of putting the patient upon a sofa and sitting behind him. I put my patients in front of me and I talk to them as one natural human being to another” (Jung, 1968b, p. 155). “Analysis is a dialogue demanding two partners. Analyst and patient sit facing one another, eye to eye; the doctor has something to say, but so has the patient” (Jung, 1963, p. 134). “The relation between doctor and patient remains a personal one within the impersonal framework of professional treatment” (Jung, 1954, p. 71).

JCO: Do you think the Socratic method provides a useful exploratory framework for psychotherapy?

CGJ: “In more than one respect it may be compared with the Socratic method, though it must be said that analysis penetrates to far greater depths” (Jung, 1953, p. 24). “Any complicated treatment is an individual dialectical process, in which the doctor, as a person, participates just as much as the patient ... particularly in regard to the ‘rapport’ or relationship of mutual confidence, on which the therapeutic success ultimately depends” (Jung, 1954, p. 116).

JCO: Some of my clients directly ask for my advice about what they should do.

CGJ: “I do not know what to say to the patient when he asks me ‘What do you advise? What shall I do?’” (Jung, 1954, p. 42). “Nothing is achieved by telling, persuading, admonishing, giving good advice” (Jung, 1958, p. 55). “Things are not quite so simple as that” (Jung, 1953, p. 27).

JCO: So, you prohibit all advice?

CGJ: “Of course not” (Jung in Evans, 1964, p. 104). “There are of course innumerable obstacles that can be overcome with good advice and a little moral support” (Jung, 1953, p. 159). “Good advice’ is often a doubtful remedy, but generally not dangerous because it has so little effect” (Jung, 1954, p. 173 footnote 20). “The simplest cases are those who just want sound common sense and good advice. With luck they can be disposed of in a single consultation” (Jung, 1954, p. 19).

JCO: Instead of advice, you try to avoid directing the client?

CGJ: “Oh, yes; most definitely” (Jung in McGuire & Hull, 1977, p. 206). “I gave up hypnotic treatment ...

because I did not want to impose my will on others” (Jung, 1964b, p. 58).

JCO: Why is it a problem to direct the client?

CGJ: “The doctor should ... avoid influencing the patient in the direction of his own philosophical, social, and political bent” (Jung, 1954, p. 26). “No one develops his personality because somebody tells him that it would be useful or advisable to do so” (Jung in Storr, 1983, p. 197).

JCO: If you avoid imposing your view, how do you help clients to change?

CGJ: “Psychoanalysis ... is a catharsis of a special kind, something like the maieutics of Socrates, the ‘art of the midwife’” (Jung, 1953, p. 260). “Just as a mother awaits her child with longing and yet brings it into the world only with effort and pain, so a new creative content, despite the willingness of the conscious mind, can remain for a long time in the unconscious” (Jung, 1969, p. 11 footnote 19).

JCO: This sounds like Socrates’ metaphor of himself serving as something of a midwife to help deliver the ideas from another person’s mind.

CGJ: “In general I can see that you are right” (Jung in McGuire, 1974, p. 25). “The analyst must observe carefully what the patient says ... without attempting to force his own opinions upon the patient” (Jung, 1915a, p. 245). “We must renounce all preconceived opinions ... and try to discover what things mean to the patient” (Jung, 1954, p. 157). “The psychotherapist will therefore take pains to ask questions about matters that seem to have nothing to do with the

actual illness ... the more he widely casts his net of questions the more likely he is to succeed in catching the complex nature of the case” (Jung, 1954, p. 85). “One has to be exceedingly careful not to impose one’s own will and conviction on the patient. We have to give him a certain amount of freedom” (Jung, 1955, p. 131).

JCO: So, you view psychotherapy as a collaborative process?

CGJ: “Of course” (Jung, 1955, p. 84). “The therapist is no longer the agent of treatment but a fellow participant in a process of individual development ... No longer is he the superior wise man, judge, and counsellor; he is a fellow participant who finds himself involved in the dialectical process just as deeply as the so-called patient” (Jung, 1954, p. 8).

JCO: What if a client makes mistakes and poor decisions?

CGJ: “We have to let the patient and his impulses take the lead, even if the path seems a wrong one. Error is just as important a condition of life’s progress as truth” (Jung, 1961, p. 200). “The patient should reach his own view of things” (Jung, 1963, p. 138). “He discovers that his own unique personality has value, that he has been accepted for what he is, and that he has it in him to adapt himself to the demands of life” (Jung, 1954, p. 137).

JCO: And therapy is based on the supportive relationship between therapist and client?

CGJ: “Oh, yes; absolutely” (Jung, in McGuire & Hull, 1977, p. 259). “The greatest healing factor in psychotherapy is the doctor’s personality” (Jung in Stein, 1982,

p. 49). “The touchstone of every analysis ... is always the person-to-person relationship” (Jung, 1954, p. 137). “The important thing is not the neurosis, but the man who has the neurosis” (Jung, 1954, p. 83).

JCO: Is it important for the therapist to avoid personal self-disclosures?

CGJ: “I don’t think so” (Jung in McGuire & Hull, 1977, p. 425). “The relation between doctor and patient remains a personal one within the impersonal framework of professional treatment ... The personalities of doctor and patient are often infinitely more important for the outcome of the treatment than what the doctor says and thinks ... for two personalities to meet is like mixing two different chemical substances; if there is any combination at all, both are transformed ... the patient has a reciprocal influence on the doctor” (Jung, 1954, p. 71).

JCO: Do you agree with the value of providing unconditional acceptance to clients?

CGJ: “Yes, certainly” (Jung in Evans, 1964, p. 82). “We cannot change anything until we accept it ... If the doctor wishes to help a human being he must be able to accept him as he is” (Jung, 1970, p. 339).

JCO: It seems like your approach would take many sessions.

CGJ: “I content myself with a maximum of four consultations a week ... I then generally reduce them to one or two hours a week, for the patient must learn to go his own way” (Jung, 1954, p. 20).

JCO: Today most clients are only seen once a week for a few months.

CGJ: “This is a mistake” (Jung, in McGuire & Hull, 1977, p. 302). “Most neuroses are misdevelopments that have been built up over many years, and these cannot be remedied by a short and intensive process” (Jung, 1954, p. 24).

JCO: What are your thoughts on the current push for evidence-based practice?

CGJ: “In what way? The question is a bit vague” (Jung in McGuire & Hull, 1977, p. 263).

JCO: Let me try again. Does the scientific research support your treatment?

CGJ: “While science opened the door to enormous quantities of knowledge, it provided genuine insights very sparingly” (Jung, 1963, p. 99).

JCO: But research helps to document what works and what doesn’t work.

CGJ: “There is no doubt that causalism and empiricism are prevailing powers in the scientific culture of today” (Jung, 1915b, p. 397). “I am an empiricist and adhere to the phenomenological standpoint. I trust that it does not collide with the principles of scientific empiricism if one occasionally makes certain reflections which go beyond a mere accumulation and classification of experience” (Jung, 1938, pp. 1-2). “Science is not, indeed, a perfect instrument ... Scientific method must serve; it errs when it supplies a throne” (Jung, 1962, p. 82).

JCO: Psychology research at most universities relies on college students as subjects.

CGJ: “The findings of laboratory psychology are, for all practical purposes, often so remarkably unenlightening and devoid of interest” (Jung, 1958, p. 35).

JCO: So, you feel that much of psychology research is junk?

CGJ: “You are right, but you should not say such things” (Jung, 1968b, p. 65).

JCO: But shouldn’t we aim for an integration of research and clinical practice?

CGJ: “You are quite right” (Jung in McGuire, 1974, p. 170). “My time has always been divided. Either I dealt with patients, or I did research work” (Jung in McGuire & Hull, 1977, p. 166). “A psychology that satisfies the intellect alone can never be practical” (Jung, 1953, p. 117).

JCO: I know many academics who have published important studies from research conducted on college campuses.

CGJ: “My point of view is ... that of a practicing psychologist whose task it is to find the quickest road through the chaotic muddle of complicated psychic states. This view must be very different from that of the psychologist who can study an isolated psychic process at his leisure, in the quiet of his laboratory. The difference is roughly that between a surgeon and an histologist” (Jung, 1969, p. 140). “Academic psychology is scared of this risk and prefers to avoid complex situations by asking ever simpler questions” (Jung, in Storr, 1983, p. 372). “The experimental psychology of today ... tries to isolate the very simplest and most elementary processes which border on physiology, and studies them in

isolation ... Therefore anyone who wants to know the human psyche will learn next to nothing from experimental psychology” (Jung, 1953, p. 244).

JCO: But there have been many rigorous studies conducted on college students.

CGJ: “I must warn against all such frivolous undertakings ... It is really high time academic psychologists came down to earth and wanted to hear about the human psyche as it really is and not merely about laboratory experiments” (Jung, 1969, p. 279). “Psychology ceases to be a tranquil pursuit for the scientist in his laboratory and becomes an active part of the adventure of real life. Target practice on a shooting range is far from the battlefield; ... this is why no textbook can teach psychology; one learns only by actual experience” (Jung, 1964b, p. 91).

JCO: Today, there is a heavy emphasis on the structure provided by published treatment manuals.

CGJ: “Is it becoming a problem today?” (Jung, 1940, p. 62).

JCO: Well, it has become common practice.

CGJ: “Therapy is different in every case.... I treat every patient as individually as possible” (Jung, 1963, p. 130). “Each patient is a new problem for the doctor, and he will only be cured of his neurosis if you help him to find his individual way to the solution of his conflicts” (Jung, 1968b, p. 204). “I learned to adapt my methods to the needs of the individual patient, rather than to commit myself to general theoretical considerations ... 60 years of practical experience has taught me to consider each case

as a new one” (Jung, 1964b, pp. 65-66). “I may allow myself only one criterion for the result of my labours: Does it work?” (Jung, 1954, p. 43).

JCO: But don't you rely on general principles to guide your therapy?

CGJ: “On no, not at all” (Jung in McGuire & Hull, 1977, p. 426). “The patient is there to be treated and not to verify a theory” (Jung, 1954, p. 115). “In practical psychology there are no universally valid recipes and rules. There are only individual cases with the most heterogeneous needs and demands” (Jung, 1954, p. 71). “The deeper his understanding penetrates, the more the general principles lose their meaning” (Jung, 1958, p. 36). “Psychology does not consist of medical rules of thumb” (Jung, 1939, p. 1011). “In psychotherapy it seems to me positively advisable for the doctor not to have too fixed an aim ... The shoe that fits one person pinches another” (Jung, 1954, p. 41).

JCO: Do you believe that treatment requires a change of attitude?

CGJ: “Yes, you can put it like that” (Jung, 1955, p. 28). “When you think in a certain way you may feel considerably better” (Jung in McGuire & Hull, 1977, p. 438). “We know well enough that an imaginary pain is often far more painful than a so-called real one” (Jung, 1964a, p. 15). “If a neurosis should have no other cause at all than imagination, it would none the less, be a very real thing” (Jung, 1938, p. 11).

JCO: So, neurosis derives from a person's imagination and attitudes?

CGJ: “A neurosis or any other mental conflict depends far more upon the personal attitude of the

patient, than upon his infantile history. No matter what the influences are that disturbed your youth, you have to put up with them and you do it by means of a certain attitude. It is the attitude that is of decisive importance” (Jung, 1930, p. 350). “There is hardly any neurotic case that does not like to dwell upon the evils of the past and to wallow in self-commiserating memories” (Jung, 1930, p. 350). “There are no insoluble problems ... Through this widening of his view the insoluble problem lost its urgency ... What, on a lower level, had led to the wildest conflicts and to panicky outbursts of emotion, viewed from the higher level of personality, now seemed like a storm in the valley seen from a high mountain-top” (Jung, 1962, p. 91). “It is not that something different is seen, but that one sees differently” (Jung, 1964a, p. 17). “Riches never brought supreme happiness to anybody, nor is poverty a reason for melancholia” (Jung, 1954, p. 18).

JCO: These ideas seem aligned with Cognitive Therapy.

CGJ: “I do not understand” (Jung in Storr, 1983, p. 174).

JCO: Sorry. These ideas sound like most emotional problems derive from bad attitudes.

CGJ: “That is true” (Jung, 1955, p. 48). “Neurosis is made every day by the wrong attitude the individual has, but that wrong attitude is a historical fact and needs to be explained historically by things that have happened in the past ... The wrong attitude can have originated ... long ago, but it wouldn't exist today any more if there were not immediate causes and immediate purposes to keep it alive” (Jung in McGuire & Hull, 1977, p. 317). “There are, indeed, not a few

people who are well aware that they possess a sort of inner critic or judge who immediately comments on everything they say or do?" (Jung, 1969, p. 83).

JCO: As a psychotherapist with medical training, what do you think about biological factors and the importance of brain functions?

CGJ: "This is a profound and very ticklish question" (Jung in McGuire & Hull, 1977, p. 108). "The connection with the brain does not in itself prove that the psyche is an epiphenomenon, a secondary function causally dependent on biochemical processes ... The structure and physiology of the brain furnish no explanation of the psychic process. The psyche has a peculiar nature which cannot be reduced to anything else" (Jung, 1958, pp. 32-33). "Free psychology ... from the prejudice that the psyche is ... a mere epiphenomenon of a biochemical process in the brain" (Jung in Storr, 1983, p. 370). "The treatment of neurosis ... goes far beyond purely medical considerations ... medical knowledge alone cannot hope to

do justice" (Jung in Storr, 1983, p. 255).

JCO: But many researchers today focus on biological factors in mental illness.

CGJ: "The distinction between mind and body is an artificial dichotomy" (Jung, 1933, p. 85). "This overrating of the somatic factor in psychiatry is one of the basic reasons why psychopathology has made no advances ... The dogma that 'mental diseases are diseases of the brain' is a hangover from the materialism of the 1870's" (Jung, 1969, p. 279). "We cannot allow a psychology based on biology simply to cut the throat of a psychology of the ego" (Jung in Meier, 2001, p. 189). "Unfortunately, my time doesn't allow me to go here into more details" (Jung, 1915b, p. 397).

JCO: But psychotropic medications have become a huge business today.

CGJ: "This is not surprising" (Jung, 1958, p. 45). "Modern psychotherapy ... assumes

somewhat the humble role of individual charity work versus the big organizations and institutions" (Jung, 1930, p. 348). "The real causes of neuroses are psychological" (Jung, 1938, p. 10).

JCO: I see our time is up. Thank you for your time, and the useful ideas you have shared throughout your career.

CGJ: "Many thanks for your ever wonderfully stimulating conversation" (Jung in Meier, 2001, p. 83). "I hope I have managed to make myself clear" (Jung in Meier, 2001, p. 63). ☺

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