From Neurosis to a New Cure of Souls: C.G. Jung’s Remaking of the Psychotherapeutic Patient

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Preface

In the twentieth century, one of the main vehicles through which medicine came to redefine the human was through the rise and spread of the practice of psychotherapy. Such practices proposed to transform subjects, and in so doing generated new conceptions of what it means to be human. One critical vector in this development was a shift in the early decades of the twentieth century from conceptions of psychotherapy being solely oriented to the cure of pathology to also being vehicles for facilitating new forms of well-being.¹

A number of psychotherapies came to offer a series of competing ‘optional’ ontologies: conceptions not only of the reasons for one’s maladies and how to be cured of them, but of how to be well and take up one’s place in society and the world.² These were not only illness narratives in Arthur Kleinman’s sense,³ but also what one could call transformation narratives. The psychotherapeutic encounter became a site for the proposal and acceptance of new conceptions of what it is to be human.

One prominent figure in this regard was the Swiss psychiatrist, psychologist and founder of analytical psychology, C.G. Jung. This chapter looks at how this occurred through studying the transformations in his practice from around the time of the First World War onwards on the basis of his own self-experimentation, as a case history within these wider developments. From this time onwards for Jung, psychotherapy was reformulated into a practice to facilitate the higher psychological and spiritual development of the individual, which he termed the process of individuation.
Psychotherapy became a vehicle for formulating and proposing a new notion of humanity. In this view, humanity was still in the making, and psychotherapy could provide a means towards its future evolution.

This chapter studies a series of cases of Jung, demonstrating how he reformulated the ‘offer’ of psychotherapy, how individuals took it up, and how this helped to shape the evolving contours of the social role of the psychotherapeutic patient. Like Hewitson’s contribution in this volume, it looks at patients’ accounts alongside those of their physicians.

The recovery of a religious orientation was central to this offer, and Liebscher’s contribution in this volume opens up this question and goes into further detail regarding Jung’s relation to contemporaneous movements in German Protestantism. Other contributions to this volume, such as those by Coxon, Davies, Ring, Schonfield and Wilks study representations and mediations of dental, medical and psychotherapeutic practices in literary texts. This chapter concentrates on forms of life-writing: in particular, letters and analytic diaries.

In the twentieth century, analytic diaries formed an important subterranean literary genre, as the silent accompaniment of therapeutic practices. In not a few cases, individuals undergoing psychotherapy spent more time writing in analytic diaries than actually seeing their therapists, and this process continued, as a form of self-analytic activity into a lifetime mode of notation and self-reflection.

This chapter also charts the evolution of a social network of patients, and the role this played in the development of Jung’s movement. In the context of this volume, this forms an example of how developments in the German-speaking world were transmitted to and taken up in the English-speaking world.

In 1922, the ethnologist and linguist Jaime de Angulo issued a ‘challenge to all brother-neurotics – go, my brethren, go to the Mecca, I mean to Zürich, and drink from the fountain of life, all ye who are dead in your souls, go and seek new life.’ It was of course, to Jung that de Angulo was exhorting his ‘brother-neurotics’ to go. By 1912, Jung’s fame had spread, and an increasing number of neurotics wound their way to Jung. What de Angulo and his ‘brother-neurotics’ were seeking in Jung’s psychotherapy was no medical cure, but a way out of a widespread cultural and spiritual malaise.

Since its rise in the last quarter of the nineteenth century, in line with general medical practice, the various forms of psychotherapy had maintained a privative concept of health, as being the absence of
nervous and psychological disorder. This was linked with a negative notion of the aim of psychotherapy, as being the removal of pathology and the restoration of normal living. While schools of psychotherapy had different conceptions of mental disorders, as well as of the means for their removal, this was generally one common denominator. From the time of the First World War onwards, Jung began to depart from this and reformulate the practice of psychotherapy as one having as its goal the higher spiritual development of the individual. This reformulation was to have far-reaching consequences on the subsequent development of psychotherapy, as well as on the plethora of humanistic, new age and alternative therapies that rose up. While claiming that his psychotherapy remained part of ‘medical psychology’, this reformulation offered a new definition of the human, which many individuals came to take on. Jung was not alone in proposing more melioristic possibilities for psychotherapy. From the 1930s onwards, a number of other figures in the field also did so. Significantly, these reformulations were coupled with competing conceptions of what it meant to be human. What follows, then, can be considered as a case study within a wider transformation of the field.5

This shift away from a then conventional medical view of the aims of psychotherapy opened the question of the relation of psychotherapy to religious practices. In 1904, the French psychologist Pierre Janet had made the observation that when patients found a friend or someone whom they could obey, their problems ceased. Priests had formerly fulfilled this function, and doctors could now do the same. Priests had done this in a haphazard manner, and no longer had the authority that they once had. He noted that it was ‘une caractéristique de notre temps que ce travail de direction morale soit parfois effectué par un médecin à qui est souvent attribué ce rôle de direction morale lorsque le patient ne trouve plus suffisament de soutien autour de lui.’ / ‘a characteristic of our time that this work of moral direction has sometimes returned to the doctor, who is now often charged with this role of moral direction when the patient does not find enough support around him.’6 In 1912, Jung discussed the parallels between psychoanalysis and the practice of religious confession. He argued that the psychological value of religious confession lay in the fact that it enabled the sufferer to re-enter into human community from isolation and to form a moral bond, which he identified with the psychoanalytic ‘transference’. The moral value that the Church set on confession was justified by the fact that ‘der größte Teil der Menscheit nicht nur der Führung bedürftig ist, sondern auch nichts Besseres sich wünscht, als geführt und bevormundet zu werden.’ / ‘the greater part of humanity not only needs guidance, but wishes for
nothing better than to be guided and held in tutelage. Through confession, the priest stood in for the individual’s parents, and so helped them to free themselves from the family. For fifteen hundred years, this had functioned as an effective means of education. However, for contemporary developed individuals, it had lost this educative value – ‘sobald sich die Kirche als unfähig erwies, ihre Führerschaft auf geistigem Gebeit zu behaupten.’ / ‘as soon as the Church proved incapable of maintaining her leadership in the intellectual sphere.’ Modern individuals wanted understanding, and not the sacrifice of the intellect. Their goal was to achieve moral autonomy and to be able to guide themselves. When faced with this demand, the doctor had to analyse the transference, which the priest did not have to do. Thus, in Jung’s view, the decline of the confessional formed an essential context for the possibility of psychoanalysis, which presented itself as a modernised cure of souls.

If the doctor was now to take up the role being increasingly vacated by the priest, this reopened the question of the role of suggestion in psychotherapy. In the first decade of the twentieth century, a reaction set in against the use of suggestion and hypnosis in psychotherapy. ‘Catharsis’, ‘interpretation’, ‘persuasion’ and ‘analysis’ became the new buzzwords. Jacqueline Carroy has noted that in the hypnotic literature, suggestion functioned as a heterodox, umbrella term, which, as well as imperative suggestion, included paradoxical injunctions and interpretations. In a similar manner, if one studies psychoanalytic and psychotherapeutic cases in the twentieth century, one finds that ‘interpretation’ functioned in a similar catch-all manner. While the theoretical account of practices changed considerably, the same was not the case in the practices themselves, and under the rubric of interpretation in the psychoanalytic literature, it is not hard to find some of the best examples of authoritarian directives. Freud had claimed that the practice of psychoanalysis was free from suggestion. In 1913, Jung argued that this was simply an impossibility:

Wie bie der kathartische Methode Suggestibilität und Suggestion vermieden werden könnten, ist dem kritischen Verstand undenkbar. Die sind überall vorhanden ... selbst bei Dubois und den Psychoanalytikern, die alle rein rational zu verfahren glauben. Da hilft keine Technik und kein Sichverbergen – der Arzt wirkt nolens volem, vielleicht in erster Linie, durch seine Persönlichkeit, das heißt suggestiv.

It is unthinkable to critical understanding that suggestibility and suggestion can be avoided in the cathartic method. They are
present everywhere ... even with Dubois and the psychoanalysts, who all believe they are working purely rationally. No technique and no self-effacement help here; the doctor works nolens volens, and perhaps most of all, through his personality, that means suggestively.  

The therapist’s conduct ineluctably became an exemplary paragon for the patient. Being impossible to escape, the only solution lay in attaining sufficient self-knowledge. Jung wrote: ‘Ich habe viele Male die Gelegenheit gehabt, zu sehen, daß der Analytiker mit seiner Behandlung immer gerade so weit kommt, als er in seiner eigenen moralischen Entwicklung gelangt ist.’ / ‘I have had the opportunity of seeing many times that the analyst always gets just as far with his treatment as he has succeeded in his moral development.’ The goal, however, lay not in directing the patient, but in assisting the patient in attaining self-governance and self-knowledge. We will shortly see how these issues were played out in Jung’s practice.

From 1913 onwards, Jung commenced in a process of self-experimentation that he termed his ‘confrontation with the unconscious’ and his ‘confrontation with the soul’. At the heart of this project was his attempt to get to know his own ‘myth’ as a solution to the mythless predicament of secular modernity. This took the form of provoking an extended series of waking fantasies in himself. He elaborated, illustrated and commented on these fantasies in a work that he called Liber Novus, or The Red Book, which was at the centre of his later work. This depicted the process through which he regained his soul and overcame the contemporary malaise of spiritual alienation, which was achieved through enabling the rebirth of a new image of God in his soul and developing a new world view in the form of a psychological and theological cosmology. Liber Novus presented the prototype of Jung’s conception of the individuation process, which he held to be the universal form of individual psychological development.

However, there has been little study of what was taking place in Jung’s practice during this critical period, or how he attempted to develop a replicable form of psychotherapy from his own self-experimentation. In what follows, I intend to explore this through utilising unpublished letters and accounts of some of his patients. As Jung did not publish his case material, or write about his practice other than in general terms, these documents allow us to fill this lacuna.

In retrospect, Jung stated that after his break with Freud, he found it necessary to develop a new attitude towards his patients:
So beschloß ich, zunächst einmal vorraussetzungslos abzuwarten, was sie von sich aus erzählen würden. Ich stellte also darauf ab, was der Zufall brachte. Bald zeigte es sich, daß sie spontan ihre Träume und Phantasien berichteten, und ich stellte lediglich ein paar Fragen: ‘Was fällt Ihnen dazu ein?’ Oder ‘Wie verstehen Sie das?’ ‘Woher kommt das?’ Aus den Antworten und Assoziationen ergaben sich die Deutungen wie von selber. Theoretische Gesichtspunkte ließ ich beiseite und war den Patienten nur behilflich, die Bilder aus sich heraus zu verstehen.

I decided for the present to wait presuppositionless for what they would tell by themselves. I also took account of what chance brought. It soon appeared that they spontaneously reported their dreams and phantasies and I only asked a few questions, ‘What occurs to you in connection with that?’ ‘How do you understand that?’ ‘Where does that come from?’ The interpretations rose by themselves from the answers and associations. I left all theoretical viewpoints by the side, and only helped the patients to understand the dream-images by themselves.  

This suggests that Jung’s practice with his patients followed the same procedure with which he attempted to understand his own dreams and visions at this time: setting aside theoretical presuppositions to allow the images and figures to explain themselves. He maintained that it was for the sake of his patients that he undertook his self-exploration, as he thought that he could not expect them to do something that he did not dare to do himself. He made one other comment about his clinical work at this time:


I have a medical diploma, I must help my patients, I have a wife and five children, I live at 228 Seestasse in Küsnacht – these were actualities which made demands upon me. They proved to me day by day that I really existed … So my family and my profession always remained a joyful reality and a guarantee that I was normal and really existed.
Here, he states what his patients did for him: convince him of his normality. The general impression this gives is that his clinical practice was not seriously affected by the turmoil of his self-experimentation during this period.

In the autumn of 1911, the American psychoanalyst and neurologist James Jackson Putnam sent his cousin Fanny Bowditch Katz to be analysed by Jung. After the death of her father, Henry Bowditch, she had fallen into a prolonged depression. Katz wrote letters to Putnam detailing the development of the analysis, and Putnam replied back with advice. It is widespread today for therapists to be supervised, but it seems that Katz was one of the first supervised patients. Jung approved of this, and Katz would often read Jung her letters to Putnam for his approval. When Jung met Putnam, he discussed her situation with him. Katz’s family seemed to be rather suspicious of Jung. On 10 December 1912 Putnam wrote to Katz: ‘I suppose it is not to be wondered that your nice aunt … should think Dr. Jung’s ideas strange & reprehensible. You know, I imagine, that even the majority of the doctors are very much down on the whole business.’ At the same time, Putnam relayed advice to Jung via Katz: ‘Tell Dr. Jung you will get well & strong & he must find means to help you.’ Putnam provided his own analysis of Jung to Katz:

It is a fault in Dr. Jung [entre nous] that he is too self-assertive & I suspect that he is lacking in some needful kinds of imagination & that he is, indeed, a strong but vain person, who might & does do much good but might also tend to crush a patient. He is to be learned from but not followed too implicitly.

I suspect that Dr. Jung’s very masterful ways may affect some of his patients more strongly than he realizes himself & you must not get dependent on him or hesitate to form critical judgements of him in your mind.

I cannot but suspect that you are suffering in part from the influence of Dr. Jung’s personality & tendency to excessive too personal way of taking things. Perhaps I am wrong, but there will be no harm in realizing that he also is no God but a blind man trying to lead the blind, & that you are as much at liberty to criticize him as he is to criticize you.

Putnam relayed Katz’s account of her analysis with Jung to Ernest Jones, who was highly critical of Jung’s procedures. As ever, indiscretion was the fundamental rule of psychoanalytic politics.

Jung did not seem to be concerned with keeping strict confidentiality. At the Burghölzli hospital, it had been common procedure for
psychiatrists to correspond with the families of patients. In the case of Katz, Jung continued in this vein, writing letters to Katz’s mother reporting on her progress. In 1915, he informed her that her daughter needed to undergo a maturational process to reach the full independence necessary for health. He added that he could not describe this process to her, as it would require writing a large book.  

Jung was also not bound by the 50-minute hour. On one occasion while he was on military service in 1915, he arranged to meet Katz to have a two-and-a-half hour session at the train station. James Kirsch, who had analysis with Jung at the end of the 1920s recalled that some of his interviews with Jung took place walking in the hills around Küsnacht. In the summer months, Jung would sometimes practice in his garden.  

While he was analysing Katz, Jung sent her to be concurrently analysed by his assistant, Maria Moltzer. At the beginning of 1913, Moltzer and Toni Wolff had been admitted as members of the Zürich Psychoanalytical Society as lay members. When Moltzer started to practice, she was supervised by Jung. He described his supervision to the American psychiatrist Smith Ely Jeliffe:

> I trusted the cases entirely to her with the only condition, that in cases of difficulties she would consult me or send the patient to me in order to be controlled by myself. But this arrangement existed in the beginning only. Later on Miss M. worked quite independently and quite efficiently. Financially she is quite independent being paid directly by her patients … I arranged weekly meetings with my assistant, where everything was settled carefully and on an analytical basis.

The practice of analysis in tandem subsequently became a standard feature of classical Jungian technique, it being held to be desirable for an individual to be analysed by a man and a woman.  

Jung’s self-exploration took the form of inducing and entering into waking fantasies, dialoguing with the characters that appeared, and drawing and painting the images that appeared. He suggested these same practices to his patients. In 1916, he described his procedure in an unpublished paper, ‘The Transcendent Function’. This paper in effect charts how Jung was attempting to develop a generalisable psychotherapeutic method from his self-experimentation. He later termed this ‘active imagination’. He noted that one commenced by concentrating on a particular mood, and attempting to become as conscious as possible of all fantasies and associations which came up in connection with it. The aim was to allow fantasy free play, but without departing from the initial affect in a free associative
This led to a concrete or symbolic expression of the mood, which had the result of bringing the affect nearer to consciousness, hence making it more understandable. The mere process of doing this could have a vitalising effect. Individuals could write, draw, paint or sculpt, depending on their propensities. Once these fantasies had been produced and embodied, two approaches were possible: creative formulation and understanding. Each needed the other, and both were necessary to produce the transcendent function, which arose out of the union of conscious and unconscious contents, and resulted in a widening of consciousness.

In his practice at this time, Jung encouraged his patients to undertake similar forms of self-investigation. In her sessions with Katz, Moltzer talked openly about her own experiences, and taught Katz about Jung’s new conceptions. In one session, Katz noted in her diary that:

In speaking of God, [Moltzer] spoke of Dr. Jung’s conception of ‘Abraxas’ the Urlibido, which she also accepts; using the word Libido and Horme alike for the individual force. The Abraxas is the great cosmic force behind each God (the God embracing the devil is dualistic – Abraxas a monotheistic conception – the one power. Very difficult to understand and have remembered little.

It is not surprising that Katz found this difficult to understand, for it appears that in this session Moltzer was giving her a digest of the first of Jung’s Septem Sermones ad Mortuos. Like Jung, Moltzer had a book in which she wrote and painted. She called this her Bible, and also encouraged Katz to do the same. Katz noted in her diary: ‘Everyone must write his Bible and in working out mine I shall find my adaptation to R. [Rudolf Katz, her husband].’ Moltzer thought that it was only through art that one could constellate the unconscious. Katz eventually returned to America, living till the age of 93. In 1956, she informed Jung that she owed her unusually good health and the originality of her silver jewellery to her years in Zürich.

In 1912, Tina Keller had been sent for analysis by her husband, Adolf Keller, one of the first pastors to become interested in psychoanalysis, and a member of Jung’s circle. Adolf Keller was the pastor of St Peter’s Church in Zürich, and had found psychoanalysis to be a valuable tool in pastoral counselling. In her childhood, Tina Keller had suffered from anxious fears, and these re-emerged in her marriage, despite it being a happy one. Adolf Keller asked Jung for advice, and he recommended analysis. Tina Keller began her analysis with Maria Moltzer. As a result of a dream, Moltzer sent her to Jung.
are very fortunate that you come to analysis after the Freudian ideas have been enlarged,” and I was quite sure that I would not have stayed in a Freudian analysis.  

She described her situation in the following way:

My husband’s concern was that I should be freed from fear, but Dr. Jung knew he could not take my fears away. He said so to me and added that fear and anxiety were only symptoms, that I was in an ‘individuation process’ and the symptoms would only diminish as the individuation proceeded … Dr. Jung challenged my faith and tried to expose my unconscious doubts … He was sure that modern persons must come to a personal religious experience and such an experience can only come, when one has nothing to hold onto.  

From this it is clear that Jung conceived of the task of analysis as being more than just symptom removal: it was the higher development of the personality. For this to be possible, individuals needed direct religious experience. Nothing could be further from Freud’s virulently atheistic attitude.

Jung not only encouraged his patients to talk spontaneously about their experiences, he spontaneously told them of his own. Patients appeared to have been quite aware of what Jung was undergoing. Keller recalled:

At the time I was in analysis with Dr. Jung, he was still strongly under the impression of that period of irruption from the unconscious … It was during the First World War and Dr. Jung would occasionally allude to his overwhelming experiences. Once he mentioned that they had caused his hair to begin to turn grey … He often spoke of himself and his own experiences.

Jung did not conceal the creative work of his ongoing self-experimentation from his patients:

In those early days, when one arrived for the analytic hour, the so-called ‘red book’ often stood open on an easel. In it Dr. Jung had been painting or had just finished a picture. Sometimes he would show me what he had done and comment upon it. The careful and precise work he put into these pictures and into the illuminated text that accompanied them were a testimony to the importance of this undertaking. The master thus demonstrated to the student that psychic development is worth time and effort.
On one such occasion, Jung showed her a painting in the *Red Book* and related it to his relations with his wife and Toni Wolff. Keller recalled:

[Jung] said, ‘see these three snakes that are intertwined. This is how we three struggle with this problem.’ I can only say that it seemed to me very important that, even as a passing phenomenon, here three people were accepting a destiny which was not gone into just for their personal satisfaction.\(^{38}\)

If the psychic process of the therapist affected the patient, Jung had no reluctance in openly sharing his. Keller noted:

One felt accepted into the very special atmosphere of the discovery of the inner world and of its mystery ... Whenever Dr. Jung spoke of these experience I could feel his emotion. Coming to analysis at that time one entered a very special atmosphere. One felt that Dr. Jung stood in awe before fragments that ‘were coming to him,’ and that he must try to understand, but that were quite beyond what the human brain can grasp. Everything was fluid, what he said was tentative, paradoxical and full of seeming contradictions.\(^{39}\)

Jung developed a set of specific principles that he urged upon his patients. Keller noted:

Dr. Jung insisted on preparation. We were taught to write out our dreams and association to each of its elements ... The most important technique I learned in the sessions with Dr. Jung was writing ‘from the unconscious.’ Early in my analysis Dr. Jung said, ‘You must at once begin to prepare for the time you will no more be coming to me. Each time, as you are leaving, even as you are going downstairs, you have more questions. Write these down as if they were letters to me. You do not need to send these letters. When you ask a question, in the measure that you really want an answer, and you are not afraid of that answer, there is an answer deep inside you. Let it come up.’ I tried and nothing came, and I told Dr. Jung. But he insisted. He even said, ‘Surely you know how to pray!’\(^{40}\)

The role of prayer as one of the sources for Jung’s analytic technique has not been commented upon. It is important to realise that the psychology of prayer was an important subject in the psychology of religion and in psychical research. The new psychology of suggestion, autosuggestion and
telepathy was invoked to explain prayer. Frederic Myers attempted to put forward a spiritual but non-theological definition of prayer or supplication, broadly defined as the appeal to the unseen. It was ‘an attempt to obtain benefits from unseen beings by an inward disposition of our own minds.’

Judging by Keller’s description of Jung’s counsel, what seems to have been at issue here is a nondenominational form of prayer. The unconscious was the unseen, the higher power to which one appealed for instruction and healing.

Indications of Jung’s interest in prayer may be found in his fantasies at the beginning of 1914. In a fantasy on 1 January 1914, Jung’s ‘I’ found himself in a desert valley, where he met an anchorite called Ammonius. The latter told him that he should not forget his morning prayer. Jung’s ‘I’ realised that we had lost our prayers. In a fantasy of 14 January 1914, Jung’s ‘I’ wanted to borrow a copy of The Imitation of Christ, with the ‘aim of prayer, or something similar’, as there were moments when science left us sick.

At the same time, Jung held back from advocating traditional prayer in sessions. One of his students, Kurt Binswanger recalled: ‘[Alphonse] Maeder believed it to be good to pray with his patients during the (analytical) hour. And that was for Jung something he couldn’t go on with.

During the course of the analysis, Tina Keller felt love and hatred towards Jung:

Dr. Jung never spoke of ‘transference’ but obliged me to face the fact that I was ‘in love.’ It would have been easier to use a technical term. Dr. Jung’s theory was that I was ‘in love’ with some quality (or archetype) which he represented, and had touched in my psyche. If and in measure that I would be able to realize this quality or this unknown element in myself, then I would be free of him as a person.

Not only did Jung dispense with technical language to describe his patient’s relation to him, he appears to have done the same with respect to his relations to his patients, and been quite open to speak of what he felt:

He was convinced of the meaning of such a manifestation, and he said that what I brought was such an openness that he owed me some spiritual value that would fertilize my psyche and my ‘individuation’ would be a ‘spiritual child.’ This sounded good. He sincerely meant it, but it did not prove true.

Here, Jung openly avows the active agency of the therapist in the therapeutic encounter, fertilising the patient’s psyche, giving rise to the
patient’s individuation. After her analysis with Jung, Keller had analysis with Toni Wolff.

Far from being a solitary endeavour, Jung’s confrontation with the unconscious was a collective endeavour, in which he took his patients along with him. Those around Jung formed an avant-garde group engaged in a social experiment that they hoped would transform their lives, and the lives of those around them. Keller noted:

During the First World War, in the midst of the feeling of catastrophe, when cultural values were breaking down, when there was general consternation and disillusionment, a small group around Dr. Jung participated in his vision of an inner world unfolding. Many of us were later disappointed. The vision was too vast and leads into the future.

Tina Keller subsequently became a psychotherapist. For decades, she was Jung’s main representative in Geneva. She would turn to Jung for supervision. On one occasion, she discussed a borderline case she had taken on. Jung told her, ‘You have not the right to experiment in the same way as I have because I have now my name. If something happens to me, you see, it is different than if something happens to you.’ Jung was quite aware of the experimental nature of his practice, and the protection accorded by his status and medical qualification. Another of Jung’s patients during this period, Emil Medtner claimed that were it not for Jung, he would have shared Friedrich Nietzsche’s fate and ‘gone mad’. Medtner likened analysis to what Goethe had once referred to as a ‘psychic cure in which insanity is let in to heal insanity’.

In 1913, Edith Rockefeller McCormick went to Zürich to have analysis with Jung, together with her husband. The McCormicks wrote letters home to Edith’s father, John D. Rockefeller, apprising him of their progress, and expressing their deep admiration for Jung. On 15 June 1915, Harold McCormick wrote to him:

This is not a tabernacle of joy, but a shrine to which seekers only address themselves, and it was in this spirit that I have postponed again my sailing and Edith still finds herself held. With both of us, every day counts. This is not a place (the School of Zurich) which encourages remaining here beyond the right or normal time but the whole question is one of degree at best, for no one who is really interested in analytical psychology and finds it of help ever drops it, because if it is one thing, – it is to be lived, and the more one
studies the more one is prepared to live on its basis. So one must strike out again in life else it (analytical psychology) defeats its own purpose. The fundamental idea of it is to teach one, one’s self – and this is not always easy, and still more difficult, owing to conscious resistances, to follow one’s path when it has been laid out by one’s own self. But there is a natural tendency, which one must guard against, of preferring the ease of this life here to the hardships and difficulties of life and living in general, but neither Edith nor I have reached this point yet, and when it is reached I have no doubt it will be effectively met.51

This letter conveys that for the McCormicks, as for many others during this period, Jung’s analysis was becoming not only a form of therapy but also the basis for a new way of life grounded in psychology.

The first phase of Jung’s self-experimentation had consisted in a ‘return’ to himself, a reconnection with his soul. From Harold McCormick’s letters, it appears that he was successful in aiding some of his patients to do likewise. On 1 September 1915, Harold McCormick wrote to John D. Rockefeller:

We are doing our best and are deeply appreciating the opportunity of the work under the beautiful inspiration and guidance – only as to showing us ourselves and enabling us to better know ourselves – of Dr. Jung. It seems a trite thing to say, but I do most sincerely say that I am surprised how little I have known myself heretofore or how little I have cared for the society & acquaintance and intimacy of myself. I am told there is a wealth of opportunity in this direction, without in any way meaning self-adulation.52

Their son, Fowler McCormick, also had analysis with Jung in the winter of 1916–7. He recalled that in many of the sessions he had, ‘Jung would occupy himself by carving in wood while we talked.’53

We have seen that Jung recommended that his patients write letters to him without sending them. I have come across others who did just this.54 The following is from such a letter by Cary de Angulo, which gives further indication of Jung’s handling of the rapport. Cary de Angulo (née Fink) was of the first generation of women to take a medical degree in the United States, although she never practised. After the collapse of her marriage to the brilliant linguist and ethnologist, Jaime de Angulo, she went to Zürich to work with Jung in 1921. In 1923 she described their therapeutic relationship in the following way:
The essential fact is that wandering about the universe completely detached, I have met you and entered into an indissoluble union with you. It took place automatically without any willing or not-willing on my part just on account of your being what you are. To this ‘you’ I can write because this ‘you’ gives me a place in your life – a unique place of great intimacy and yet extreme aloofness. That is the way I define a symbolical relationship. I am at one and the same time inside your being and forever and completely separated from you.... Every hour I spend with you has holiness in it for me, not because I am worshipping you, but because I am reaching toward certain values which you express more patently than anyone else.\(^55\)

Cary de Angulo was more receptive than Tina Keller to what Jung was proposing, and sensitively describes the sincerity of the endeavour, and the manner in which the aim was for her to recover her sense of religious values, rather than to worship Jung. Appreciating her intelligence and judgement, Jung turned to her for advice concerning the Red Book. She noted:

You had the night before had a dream in which I appeared in a disguise and was to do work on the Red Book and you had been thinking about it all that day and during Dr. Wharton’s hour preceding mine especially (pleasant for her I must say) ... As you had said you had made up your mind to turn over to me all of your unconscious material represented by the Red Book etc. to see what I as a stranger and impartial observer would say about it. You thought I had a good critique and an impartial one ... For yourself, you said you had always known what to do with your ideas, but here you were baffled. When you approached them you became enmeshed as it were and could no longer be sure of anything. You were certain some of them had great importance, but you could not find the appropriate form – as they were now you said they might come out of a mad-house.\(^56\)

Jung asked her to transcribe the Red Book. He saw this task as also having a pedagogical value. She noted that he said he ‘would explain things to me as I went along ... In this way we could come to discuss many things which never came up in my analysis and I could understand your ideas from the foundation.’\(^57\)

Jung also conducted analyses by correspondence. Jaime de Angulo sent his ex-wife his dreams. She discussed these in her sessions with Jung, and sent Jaime back Jung’s interpretations. In a session on 14 February
1924, she presented Jung with notes which Jaime de Angulo had written about himself and some dreams that he had sent. On the following day, she wrote to him Jung’s general comments:

He said that he would indeed want to ‘moderate’ you were you with him, and that the way he would do it would be to see that you understood thoroughly the concepts before you rushed ahead into the processes … In as much as he is not in a position to put the brakes on you personally, he suggested that you read the ‘Psychology of the Unconscious’ again very carefully, and also the ‘Types’ making notes and discussions on the parts you do not understand, and sending these notes to me for criticism.58

She continued to give Jung’s interpretations of four of his dreams. While Jung directed Jaime de Angulo to closely study his writings, this was not a general procedure. In the same letter, she conveyed Jung’s advice concerning a case which Jaime de Angulo had taken on:

he said you should not by any means have tried to explain any theory to him, but if you were going to handle him as a case, the transference should have been made to do the ploughing of the ground, and the theory only administered with great caution and attention to his capacity to take it in.59

Patients in analysis with Jung quite naturally wrote to their friends about their experiences in Zürich. In the mid-1920s, the American theatre set designer Robert Edmond Jones came to Jung for analysis. He wrote about his experiences to Mabel Dodge:

I have been working with this man for two weeks and I have already begun to move in a world of the most ancient and magical visions of soul-states and the beginnings of Time. This is no psychoanalysis or any of those things. This man is a wise man possessed of the secrets … This work is not merely curative. It is serene and austere and disciplinary. There is a good deal of Gurdjieff in it. I wish I could describe this experience to you but it is of no use. It is really more esoteric than anything else, an initiation into manhood. There is no trace of medicine or (therapeutics)? in it. A subtle deep terrible mystical journey, torments, vigils, illuminations. I think we have a very good working combination. I got in right at the start by not hanging back the way lots of patients do; and it was such a blessed relief to me to find that I
wasn’t a homosexual and didn’t have to be one of those. Jung says that I have the most remarkable gift for animating other people that he has ever seen. His nickname for me is Burster of Shells because I have yanked about half a dozen of his patients right out of their [shells] and made them admit. And he sometimes called me a Giver of Life.60

Dodge also received accounts from Mary Foote of her analysis with Jung. Drawn into the magic circle, she sent Foote her own dreams to take to be analysed by Jung.61 These correspondence networks played a critical role in the dissemination of analysis, and shaped the expectations of prospective patients. As Foote informed Dodge, ‘Jung doesn’t remove your complexes & he thinks all progress comes from conflict so I suppose one will go on conflicting for the rest of one’s life.’62 ‘Letters home’ from Zürich did much to promote analysis in America and England, and helped it gain social acceptance. Through such trade routes, developments in the German-speaking world spread throughout the English-speaking world.

Jung’s instructions to his patients on how to conduct active imagination were quite specific. To explain it, he would recount his own experiences. In 1926, Christiana Morgan came to Jung for analysis. She had been drawn to Jung’s ideas on reading *Psychological Types*, and turned to Jung for assistance with her problems with relationships and her depressions. In a session in 1926, Christiana Morgan noted Jung’s advice to her about how to produce visions:

Well, you see these are too vague for me to be able to say much about them. They are only the beginning. You only use the retina of the eye at first in order to objectify. Then instead of keeping on trying to force the image out you just want to look in. Now when you see these images you want to hold them and see where they take you – how they change. And you want to try to get into the picture yourself – to become one of the actors. When I first began to do this I saw landscapes. Then I learned how to put myself into the landscape, and the figures would talk to me and I would answer them.63

Jung described his own experiments in detail to his patients, and instructed them to follow suit. His role was one of supervising them in experimenting with their own stream of images. Morgan noted Jung saying:

Now I feel as though I ought to say something to you about these phantasies.... The phantasies now seem to be rather thin and full of
repetitions of the same motives. There isn’t enough fire and heat in
them. They ought to be more burning … You must be in them more,
that is you must be your own conscious critical self in them – impos-
ing your own judgements and criticisms.  

Jung went so far as to suggest that his patients prepare their own Red
Books. Morgan noted him saying:

I should advise you to put it all down as beautifully as you can – in
some beautifully bound book. It will seem as if you were making the
visions banal – but then you need to do that – then you are freed
from the power of them. If you do that with these eyes for instance
they will cease to draw you. You should never try to make the visions
come again. Think of it in your imagination and try to paint it. Then
when these things are in some precious book you can go to the book &
turn over the pages & for you it will be your church – your cathe-
dral – the silent places of your spirit where you will find renewal. If
anyone tells you that it is morbid or neurotic and you listen to them –
then you will lose your soul – for in that book is your soul.  

With Morgan’s permission, Jung used her material in an extended sem-
inar, which ran from 1930 to 1934. Morgan found Jung’s treatment of
her material inspiring:

The seminar notes have arrived for which I thank you. I have read
them – and I closed the book with a prayer – (a hymn) of grate-
fulness to you for not having detracted from – indeed for having
enhanced – the august quality of those visions. I wish it were pos-
sible to convey how completely such an experience can change a
life – how in fact, it works in actuality. How the meaning of life is the
necesssity to embody forth those very visions (or perhaps one should
say to act under their sign). / I particularly liked all that you said
about the animal face. I lost connection with it this winter.  

While patients such as these responded wholeheartedly to Jung’s sug-
gestions, others were more critical. In 1919, the English psychologist
William McDougall went to have analysis with Jung. During the course
of the analysis, McDougall, Jung and his assistant Peter Baynes went
sailing together and had dinner together. Amy Allenby, a student of
Jung’s, later recalled:
Baynes and Jung noticed that McDougall was firmly entrenched behind his persona, and that one could never get to the real person underneath. So Jung suggested that they should invite McDougall to an evening by the lake and ply him with wine until he would get a little drunk; they did, and it happened.\(^{68}\)

By contemporary standards of psychotherapy, such practices would be seen as unprofessional ‘boundary breaking’. Such a judgement is anachronistic. Jung never held such a conception of boundaries. In his view, there was no strict division between analysis and life. Analysis was conceived as leading to the psychological reformulation of society through fostering new attitudes and values in the individual. Foremost among these were freedom from hypocrisy, coupled with openness and honesty in personal relations.

McDougall was not convinced by his analysis. Shortly after, he wrote in one of his books:

> I have put myself into the hands of Doctor Jung and asked him to explore the depths of my mind, my ‘collective unconscious’ … And the result is – I ‘evermore came out by that same door wherein I went.’ … I seem to find in myself traces or indications of Doctor Jung’s ‘archetypes’, but faint and doubtful traces. Perhaps it is that I am too mongrel-bred to have clear-cut archetypes; perhaps my ‘collective unconscious’ – if I have one – is mixed and confused and blurred.\(^{69}\)

In 1926, he published *An Outline of Abnormal Psychology*.\(^{70}\) In his chapter on Jung’s theories, he reproduced some of his dreams, Jung’s analysis of them, and his own interpretations. Intrigued by this account, Smith Ely Jeliffe asked Jung for more information concerning his treatment of McDougall. Jung replied:

> I don’t know whether I am bound to medical discretion in McDougall’s case, as he designates himself as a hopelessly normal personality. I probably had no right to consider his case as one that would fall under the concept of medical discretion. There isn’t much to be indiscreet about anyway. It was really as he states it: a very few dreams taken to Dr. Jung in order to have an argument about it, and withholding if possible all reactions which could be disagreeable. It was, as you suspect, a very modest number of conversations and anything else but a submission to the actual procedure of analysis of which, I’m afraid, Prof. McDougall has not the faintest idea. I like
however his experiments with rats and wouldn’t argue that point with him, but people who are absolutely innocent of psychology, I find, are usually profoundly convinced of their psychological competence.\(^{71}\)

Jung’s insistence that his patients prepare themselves for analysis also took the form of requiring patients to undergo analysis with one of his followers prior to seeing him, and also of being tutored in analytical psychology. In the 1920s, Jung turned to Cary de Angulo to tutor some of his patients. On one occasion, he asked her to take on one of his patients, Dr Bond, for tutoring during his absence. As she was an ‘introvert of the nth degree’, she needed much general preparatory knowledge.\(^{72}\)

In addition to tutoring, preparation took the form of prior analyses with one of Jung’s pupils. To the American writer, Leonard Bacon, he wrote that patients had first to begin their analysis with one of them so as to get a ‘decent preparation’ before seeing him.\(^{73}\)

The significance of preparation was that it enabled Jung to concentrate on fostering the higher development or individuation of his patients. From the 1920s, individuals did not come to Jung not knowing what to expect: they were selected and primed. The social role of the analytic patient – in this context, of a patient of Jung – had to be created. If they had extensive personal problems to sort out, Jung would generally leave this to his assistants. This indicates that what ensued was the result of quite unusual procedures. Of his practice, Jung noted that he had very few new cases, and that most of them had had prior experience of psychotherapy. In 1954, he wrote that just as with surgery, there was minor and major psychotherapy, and that his concern here was with the latter: ‘Es handelt sich um eine Minderzahl von Patienten mit gewissen geistigen Ansprüchen, und nur solche durchlaufen eine Entwicklung, welche dem Arzt Probleme von der hier geschilderten Art aufgeben.’ / ‘It is a question of a minority of patients with certain spiritual demands, and only these patients undergo a development which presents the doctor with problems of the nature described here.’\(^{74}\)

In his subsequent published writings, Jung insisted that his patients’ individuation was not a product of suggestion, but a natural spontaneous process, which was simply quickened by the analysis. Some saw it otherwise. Tina Keller recalled:

I believe it was a kind of contagion because of the dynamic process that Dr. Jung was still involved in, and that those close to him were identifying with. This poses the question, whether a pioneer in an
‘exceptional’ state can safely work as a therapist? Or is there perhaps a special quality in such a man, so stimulating to the privileged persons, that the advantages outweigh the dangers?75

In her analysis with Jung, she, and others around her, were drawn into the process that Jung himself was undergoing. His experiment with himself was at the same time an experiment on them. In 1929, Jung explicitly described his aim as being one of bringing about ‘eines seelischen Zustandes, in welchem mein Patient anfängt, mit seinem Wesen zu experimentieren.’ / ‘a psychic state in which my patient begins to experiment with his own being’.76 Their interactions with him played a critical role in establishing analytical psychology as a social movement. Through this, the results of Jung’s self-experimentation began to have a transformative effect on an ever-growing number of people, as they took on his conceptions, and let him change their lives. The willingness of a number of individuals to accept the invitation to experiment with their lives in such a manner and embrace his new conceptions convinced Jung that the latter were not merely idiosyncratic, but were replicable, and had general significance.

The consequence of this expansion of the remit of psychotherapy beyond the cure of pathology was that what was formerly a ‘medical method of treatment’ had become a ‘method of self-education’, no longer bound to the consulting room.77 This brought it into proximity with Eastern esoteric traditions on the one hand, and European spiritual practices on the other. Consequently, Jung spent much time from the 1930s onwards engaged in the comparative study of these practices.78 He maintained that his fantasies, and those of his patients, stemmed from the mythopoetic imagination, which was missing in the present rational age. Reconnecting with this could form the basis for cultural renewal. The task of moderns was one of establishing a dialogue with the contents of the collective unconscious and integrating them into consciousness. This was to play an important part in the popular ‘mythic revival’. He held that cultural renewal could only come about through self-regeneration of the individual, in other words, through the individuation process. What he was proposing was a new ‘image of man’. As he saw it, the task with which his patients were confronted was one of recovering a sense of meaning in their life, made more pressing with the secularisation and rationalisation of contemporary culture. Consequently, he held that individuals who managed to recover a sense of meaning in their lives were healing not only themselves but also the culture. Thus, the aim of the therapeutic cure
was not one of helping the patient adapt to existing social norms, but to foster a process of self-realisation that would ultimately contribute to reshaping society. The psychotherapeutic patient had become the doctor of society.

Notes

4. Jaime de Angulo to Chauncey Goodrich, 28 August 1922, Goodrich papers, Bancroft Library, University of California at San Francisco.
5. On this wider context, see Shamdasani, ‘Psychotherapy in Society’.
17. Putnam to Bowditch Katz, 7 January 1912.
27. On the evolution of the techniques of Jung’s self-experimentation, see Shamdasani, ‘Jung’s Practice of the Image’.
29. Bowditch Katz, entry for August 1917, Diary, Katz papers.
30. 17 August 1917, Diary.
31. 7 May 1917, Diary.
38. Tina Keller interview with Gene Nameche, 1969, R.D. Laing papers, University of Glasgow, 27.
44. Kurt Binswanger, interview with Gene Nameche, Jung Biographical Archive, Countway Library of Medicine, 14.
45. Tina Keller, ‘Recollections of my encounter with Dr. Jung’, B19.
46. Tina Keller, ‘Recollections of my encounter with Dr. Jung’, B19.
47. For a study of another important case at this time, see De Moura, ‘Learning from the Patient’.
49. Tina Keller interview with Gene Nameche, 18.
52. Harold McCormick to John D. Rockefeller, 1 September 1915, Rockefeller Archive Centre.
53. Fowler McCormick interview with Gene Nameche, Jung Biographical Archive, Countway Library of Medicine, 8.
54. One example being Rivkah Scharf (I thank Nomi Kluger Nash for enabling access to her papers).
56. 26 January 1924, letter drafts.
57. 26 January 1924, letter drafts.
58. Cary de Angulo to Jaime de Angulo, 15 February 1924, Cary Baynes papers.
59. Cary de Angulo to Jaime de Angulo, 15 February 1924.
60. Robert Edmond Jones to Mabel Dodge, 1926, Dodge papers, Beinecke library, Yale University.
62. Mary Foote to Mabel Dodge, 1929.
63. Christiana Morgan, 8 July 1926, analysis notebooks, Countway Library of Medicine.
64. Analysis notebooks, 12 October 1926.
65. Analysis notebooks, 12 July 1926.
68. Amy Allenby, interview with Gene Nameche, Jung Biographical Archive, Countway Library of Medicine, 3.
72. Jung to Cary de Angulo, 17 August 1925, Baynes papers.
73. Jung to Leonard Bacon, 26 July 1926, Bacon papers, Beinecke Library, Yale University.
75. Tina Keller, ‘Recollections of my encounter with Dr. Jung’, B17-8.
78. For the former, see Jung, *The Psychology of Kundalini Yoga*; for the latter see Martin Liebscher’s contribution to this volume.
Bibliography


