

Jungian Methodology: some definitions and clarifications

Jungian analysis/psychotherapy maintains a unique space in the field of psychology. It places an emphasis on the maturation of each person, not only to the ends of being a functioning member of society or “symptom free,” but towards wholeness, the full expression of each individual’s lifeforce through the journey of individuation. This is work that often begins with a crisis, when an individual’s former adaptive skills stop functioning, or when the unconscious begins to make itself known through dreams, nightmares, inexplicable synchronicities, physical symptoms, encounters with the shadow, obsessions, or numinous experiences. This symbolic information is key to the Jungian field in as much as it can be read symbolically, and understood.

In Jungian psychotherapy, attention is placed on the complexes of the personal unconscious and the archetypal language of the collective unconscious. For individuals experiencing a loss of meaning and/or an encounter with the unconscious, this work can be lifesaving, life giving, and profoundly orienting. People seeking a clinician to serve as a guide and/or partner in relating to their unconscious material tend to experience relief when they find that support, and feel far less alone. Other clients may have no idea what it is that their unconscious is seeking but will begin to feel vivified by the clinician’s own relationship to the unconscious, symbolic language, and understanding of the numinous, religious function of psyche.

However, even while the influence of the clinician’s personality and their own individuation journey may have an impact, Jungian psychology is not an orientation that will work for every patient. Nor should it be viewed as the single orientation that a clinician can use at any given time. That’s *okay* and does not indicate a failure on the part of the clinician or reflect on the field itself.

As Jung says in *Memories, Dreams, Reflections* (below): “To my mind, in dealing with individuals, only individual understanding will do. We need a different language for every patient. In one analysis I can be heard talking the Adlerian dialect, in another the Freudian.”

Indeed, far more than any particular methods or interventions, it is the “individual understanding” that remains core to Jungian work.

It may feel surprising that Jungian psychology, rather than presenting clearcut methods of treatment, actively eschews a belief in universal solutions or clearly replicable interventions. The very fact that the work orients around what the unconscious has to say to *that* person means that the goal is presence, human reactions, and fluidity versus replicable interventions. The clinician’s own personal development—their relationship with their unconscious and Self, and attention to their individuation journey—is the primary “tool” of the Jungian method.

Having said that, here are some of the other recognizable interventions unique or core to Jungian psychotherapy.

Jungian Interventions / Tools

- Dreamwork
 - Emphasizing archetypal material and guidance from the Self
 - Providing information on the individuation journey
 - Using alchemical symbolism for reference and guidance
- Active Imagination
 - The personal application of active imagination in creative projects and life decisions
- Shadow work and the withdrawal of projections (positive and negative)
- Relationship with the anima and animus, inner feminine and masculine
- The acknowledgement/integration of numinous and symbolic experiences
- Typology
- Divination, like *I Ching*
- Amplification of life themes through myth and fairy tale (in which a client feels themselves mirrored in archetypal patterns, and therefore less alone)
- Transference and countertransference
- Symbolic understanding of obsessions/crushes/addictions etc.

Less utilized by daily practitioners but relevant:

- Projective tests like Rorschach and the Thematic Apperception Test
- Word-association test

Derived from Jungian work

- Projective play/expression like Sand Tray and Sandplay
- Various forms of art and movement therapy
- Work with specific “archetypes” for self understanding

Other tools/methods that could (should) be categorized under depth psychology:

- EMDR, Eye Movement Desensitization and Reprocessing (directly engages with unconscious belief systems).
- IFS, Internal Family Systems (dealing with various unconscious complexes of the personal unconscious and animating them for integration into consciousness, with one core Self)

Outside Interventions

Not all clients are inclined toward Jungian/symbolic work, and even when they are, many clients will benefit from other interventions for symptom management, the resolution of trauma, support with a neurodivergence, etc. Some clients will benefit from medication, behavioral interventions, nutritional support, developmental guidance, etc, to help support symptom management. All of these methods can be viewed as adjuncts to a Jungian orientation—even while they’re not directly emphasized by the field.

Some Perspectives on the Work and the Methods

On the Analytic Method:

From Jung, *Memories, Dreams, Reflections*

“I am often asked about my psychotherapeutic or analytic method. I cannot reply unequivocally to the question. Therapy is different in every case. When a doctor tells me that he adheres strictly to this or that method, I have my doubts about his therapeutic effect. So much is said in the literature about the resistance of the patient that it would almost seem as if the doctor were trying to put something over on him, whereas the cure ought to grow naturally out of the patient himself. Psychotherapy and analysis are as varied as are human individuals. I treat every patient as individually as possible, because the solution of the problem is always an individual one. Universal rules can be postulated only with a grain of salt. A psychological truth is valid only if it can be reversed. A solution which would be out of the question for me may be just the right one for someone else.

Naturally, a doctor must be familiar with the so-called "methods." But he must guard against falling into any specific, routine approach. In general one must guard against theoretical assumptions. Today they may be valid, tomorrow it may be the turn of other assumptions. In my analyses they play no part. I am unsystematic very much by intention. To my mind, in dealing with individuals, only individual understanding will do. We need a different language for every patient. In one analysis I can be heard talking the Adlerian dialect, in another the Freudian.

The crucial point is that I confront the patient as one human being to another. 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.”

On the work of analytical psychotherapy

From: Mario Jacoby, *Supervision and the Interactive Field*

“In the classical Jungian tradition one shared Jung’s own skepticism about any kind of ‘technique.’ It is not what the analyst ‘says’ that is important, but what he or she lives and emanates as a personality. The main emphasis is therefore placed on the personality of the analyst and his or her maturation in terms of the individuation process. There is something else that Jung was adamant about: Analysts must, to the best of their ability, learn to understand the language of the unconscious. ...Foremost importance in training was therefore given to the personal analysis of the analysts and also to the studies of amplification.

...for many analysts, there has been a shift in emphasis. The focus on the so-called ‘contents’ of the unconscious has been enlarged to also include a more sensitive awareness of the unconscious dynamics as they express themselves in the here and now of the ‘therapeutic space’ – or of ‘the interactive field,’ as Nathan Schwartz aptly puts it. I personally do not think that there is an ‘either/or’: either focus on dream content or transference/counter-transference, either symbolic or clinical approach. It is well known that the effectiveness of dream-

interpretation depends as much on the person who interprets as on what the contents coming up from the unconscious.

...An essential aim of analysis or analytical psychotherapy is to further consciousness and understanding of self and world. How does a [training analyst] learn to acquire a more differentiated understanding of psychological interconnections and an ability to convey these to his or her patient? Is this at all possible without theoretical concepts and without any methods — not to mention techniques — of how to implement these? I think it is an illusion to conceive of oneself as working without theories, concepts or methods, because our mind cannot function without them. On the contrary, we have to study many different theoretical ideas in order to be more or less conscious of which ones we wish to apply. Only by being aware can we handle such ideas flexibly and individually enough to get a sense of those models which suit our way of proceeding. I therefore feel that discussion of theories and methods in addition to eventual recommendations for further reading, are part and parcel of supervision.

Analysts have, by necessity, their own ideas of what analysis is all about. I remember seeing a woman for supervision, quite a strong personality, who firmly seemed to know what she wanted. She handled the issues of her analysands in a very directive way, gave much advice and took a lot of initiative. She felt sure that this was the right way to act and she could always tell me of some progress her clients had made. I was terribly frustrated about her insensitivity in analytic matters — but what could I say in view of her clients' progress? Of course many roads lead to Rome. Some patients may need a more directive approach, it does not really matter to me whether we call this analysis or not. What was so frustrating in this particular case was my impression that this woman was too well defended against her unconscious power issues and that there was no flexibility, and not even an antenna to grasp what I wanted to convey to her.

Another trainee was just the opposite. She tried her best by reflecting on her procedures in terms of Jung, Kohut, Winnicott etc. Yet it seemed all too theoretical and was not related to the spontaneity of her 'true' feelings. I also suspect that she did this to fulfill what she fantasized as my expectations. But it became obvious that she tended to be absorbed by theories in the situation with analysands as well. This basically had to do with lack of trust in her own subjective reactions, identifying instead with the teachings of an authority figure.

I sometimes wonder whether we are not asking too much of our candidates. Such processes of finding oneself, of trusting one's subjective reactions and being critical at the same time, of getting personally involved yet remaining simultaneously a figure of the patient's fantasy — all this takes time and much experience. Yet I am often amazed when some gifted trainees can use the slightest hints they get from supervision to develop their own ways of proceeding. They develop their flair for symbolic understanding in addition to their skill in verbalizing and their feeling for the right timing and even the right tone for certain interventions."