

# JUNG'S APPROACH TO THERAPY WITH MID-LIFE PATIENTS

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Jung's approach to therapy with mid-life patients is an appropriate topic, since the majority of his writings revolve around the psychology of the second half of life. This fact no doubt stems from his own psychological crisis lasting from his late thirties into his early forties. He gave up his formal academic career and withdrew from all but a few significant relationships, while continuing to work with his patients. His later work – and the greater bulk of his work – stems from his inner journey during that period. At age 83, looking back on his life, Jung wrote (Jung, 1961):

All my works, all my creative activity, has come from those initial fantasies and dreams which began in 1912, almost fifty years ago. Everything that I accomplished in later life was already contained in them, although at first only in the form of emotions and images. My science was the only way I had of extricating myself from that chaos. I took great care to try to understand every single image, every item of my psychic inventory, and to classify them scientifically – so far as this was possible – and, above all, to realize them in actual life . . .

Thus, as is clear to anyone who reads his autobiography, Jung made a laboratory of his own psyche. As he entered mid-life, he had experiences which determined the whole future direction of his thinking, as well as his approach to patients. So, much of Jungian psychology is marked by this profound concern with mid-life and older patients, growing out of Jung's own experiences of turmoil and self-cure and the attitudes and activities which enabled him to bring about self-healing.

It is no surprise, therefore, to find that he began to explicitly

formulate a psychology for the second half of life in his more formal writings (Jung, 1929):

... A person in the second half of life ... no longer needs to educate his conscious will ... but ... to understand the meaning of his individual life ... to experience his own inner being.

Jung thus formulated what he called a psychology of life's morning — the first half of life — and a psychology of life's afternoon — the second half. And his clinical experience told him that this distinction was crucial (Jung, 1930):

The very frequent neurotic disturbances of adult years all have one thing in common: they want to carry the psychology of the youthful phase over the threshold of the so-called years of discretion .... As formerly the neurotic could not escape from childhood, so now he cannot part with his youth ....

Jung researched multiple case studies and diaries of spontaneous fantasy which coincided with his own personal experience of healing. The immense problem of understanding all the puzzling imagery of the unconscious led him on a quest through literature, history, mythology and anthropology, as well as into exploration of alchemy and the world's religious systems. He was pushed by the need to help his patients to experience and understand their symbolic imagery. Subsequent "Jungian" psychotherapies thus have tended to emphasize this mythological-anthropological side of understanding, because other disciplines simply failed to give an adequate language and perspective. To speak in more contemporary terms, Jung had to seek a language which spoke to the right brain, which stimulated its development — the left brain still being available for balance when needed.

With this perspective, I would like to go on to describe more specifically some aspects of Jung's approach to mid-life patients. Whenever possible, I will try to illustrate through the use of clinical examples. In the beginning, though, I would like to state that Jung invariably decried any indiscriminate application of "techniques" upon patients, and so what I say is not to be taken as an attempt at formulation of any "Jungian technique" of therapy. Rather, I wish to convey some of his basic ideas, and to give a feeling of how these ideas might relate to clinical situations with mid-life patients in particular.



A central thread of Jung's view of mid-life patients is relative de-emphasis on development of ego or will (Jung, 1935, 1951b). Ego-consciousness as Jung speaks of it, means essentially the core of attitudes, defenses, and values which have been successful in mastery of inner and outer reality. The ego is the center of personality, at least for the first half of life. It embodies goal-oriented behavior and causal thinking.

Jung emphasized the cultural and psychological achievement which the ego represents: breaking free from symbiotic containment in the mother and the painful developmental process of becoming an independent being. Jung felt that individuals in many primitive cultures never developed full ego-consciousness or ego-autonomy, and remained trapped in the whims of their projections and impulses.

On the other hand, development of ego-consciousness, of a distinct personal identity, requires repression of many aspects of the unconscious. Out of all the possibilities for being, certain ones will "work" and are reinforced by the environment. Thus, according to Jung, we inevitably become one-sided as we emerge from infancy to childhood to young adulthood to mature adulthood. This is the price paid for ego-development: the split of Dr. Jekyll and Mr. Hyde. Jung felt that this split was a general problem of western culture.

In mid-life, Jung found that patients, like himself, felt a pressure from the unconscious to return to these unlived potentials, the repressed possibilities. He called this pressure — experienced through intense moods, emotions, dreams, visions, or whatever — the *compensatory* activity of the unconscious. He saw the unconscious as a self-regulating system aiming toward larger syntheses, as having future direction or a *prospective* function. He stated that the energies of the unconscious were indeed extremely dangerous but contain a core of meaning with which one must maintain or restore contact, or face a sterile old age.

So the compensatory activity of the unconscious tends to act as a balance to the one-sidedness of the ego, and this becomes especially important as the ego achieves full "success" in middle age. When the major battles of the world have been fought and won, careers in full bloom, children raised, position in the community solid, boredom and depression often set in with all the despair, doubt, anguish and self-questioning so typical at this time of life. Jung felt that symptoms were meant to be listened to and not subdued, that the intent of depression on one level is to make one be

still and listen, learn to be receptive, rather than try to will that life go on as before. And so Jung's view of symptoms was quite nonmedical — he looked for the purpose or aim of a symptom as the first level, the initial manifestation of the compensatory activity of the psyche.

Dreams furnish some of the best examples of the compensatory function of the unconscious (Jung, 1916, 1934b). Just prior to analysis, or soon after entering analysis, such dreams may reflect a kind of obvious self-confrontation which is clearly comprehensible to the analyst, or they may be complex and intense quasireligious experiences, heavily affect-laden, whose symbolic content is not exhausted even after years of analytic work.

A couple of examples of the compensatory function of dreams might be:

I am in the aisle of a large variety store. My wife and children are at the far end of the store, and I walk toward them. Suddenly I meet a man dressed in black and wearing dark glasses. I say hello, but he just stares at me intently and shouts: "I think everything you do is dishonest!" I am shocked and enraged and grab him by the lapels and say, "That isn't true!"

This was the dream of a 43 year old professional man, at the height of success, who had tended to blame his wife for all his personal turmoil. His conscious attitude was rather moralistic and self-righteous. The stranger brought in an element of challenge to his ego attitude in a straightforward way, although he seemed resistive to the message. Also, the strongly affective quality of the dream contrasted strongly with his waking facade of stoical control. This is a fairly simple dream, and I merely use it here to illustrate how dreams compensate the ego attitude.

A more dramatic dream was that of a 41 year old scientist who came to therapy with much free-floating anxiety and a recurrence of childhood asthma. This dream was a precipitating factor in his entering analysis:

I was walking with two unknown women on the edge of a village in Arizona. The people were poor. We stopped and looked out at the mountains and saw the sky was dark with clouds but the hills and trees glowed in a strange light. The reds and yellows of the trees glowed with magnificent intensity against the somber skies. I was awe-struck with the beauty of the scene. Then, as we watched, a meteorite flashed down, struck the ground, flared for a moment, and then went out.



I was excited because I thought no one had ever collected a meteorite which had just struck the ground, and I asked one of the villagers, a woman, for a bag in which to collect the fragments.

The meteorite, when I first approached, had left spatters with a coppery glow, but the fragments I collected were glass. At first I worried that my dirty hands might contaminate them, but then I just wiped my fingers and went on collecting. I awoke deeply moved and shaken.

He stated that this dream was one of the most unusual experiences of his life. However, he had few associations. He was the sort of man who had always been able to achieve what he wanted through the power of his intellect and masculine will or through his personal charm. He was rather skeptical about psychology and psychotherapy. This dream and his symptoms alarmed him greatly as something he could not consciously control.

We could say the dream opens up to him the possibility of a whole new world, even a new universe, in the literal sense. All the glowing potentials are near at hand, loaded with energy. He discovers all this in an area which is poor and isolated — regions of himself he has kept in poverty through lack of attention. His companions are women, and he must ask for help from one of the poor women in order to preserve the experience. He is at first reluctant to dirty the precious fragments with human hands but then decides that's the only way — precious potentials are useless without the soiling actuality of life.

One is struck by the beauty and the sense of specialness within the dream. Such a dream comes from the deepest levels of the psyche.

One could see this dream as a compensation for the whole conscious pattern of his life. This very masculine, goal-oriented scientist had a quasimystical dream experience. Away from his laboratory, in the distant and neglected place of his symbolic inner world he had one of the most moving experiences of his adult life. And he must get aid and companionship from the feminine side of himself to preserve the potential which has crashed from outer — or inner — space.

Jung called the myriad potentials of the unconscious *archetypes*, and the special light and intensity of this dream experience are typical of a deep encounter with the archetype. Archetypes are like the primal seeds, containing all the inherent human potentials — and they represent a kind of *ontology*, or basic structuring elements which make one clearly a human being rather than a cow or

sheep. The archetypes are intrinsic possibilities for being found in the psyche (Jung, 1934a). This archetypal realm is called the *collective unconscious*, since it represents the collective potential of the human race.

Some of the archetypes met with frequently in analysis are the *Shadow*, which embodies the rejects of the ego attitude (recall here the first dream quoted); the *Anima*, which is the feminine component of a man (note the second dream); the *Animus*, which is the masculine component of a woman; the *Great Mother* who is both nourishing and life-giving; the *Spiritual Father* or *Wise Old Man* who gives a sense of higher purpose or meaning to life; the *Hero*; the archetype of *Initiation* from one stage of consciousness or phase of life to another; the *Child*, who is able to play and see things ever afresh; and the *Self*, the deep holistic entity which orients the basic life process. There is no developed culture in which these basic patterns do not exist in their individual forms.

Jung likened the archetype to a dry riverbed, a channel which will surely and predictably conduct water along its course when the rains come, for this is the way the waters have taken since earliest time. He also compared it to the invisible lattice-work latent in a saturated solution, ready to crystallize in recognizable individual form under proper stimulus.

The pertinence of the archetype to therapy with mid-life patients is this: the individual has lived out, or exhausted a certain set of potentials in the first half of life. Mid-life depression pulls one deep inside where one may reconnect with the dormant potential of the psyche. The archetypal symbols are the basic energy source in the Jungian view of the psyche. Unless the individual becomes reconnected to this source, life becomes increasingly barren and impoverished during the second half of life.

The theory of the compensatory function of the unconscious and of archetypes gives the therapist a very optimistic framework for working with patients in the second half of life. One frequently cited reason for pessimism has been the drastic length of time it would take to dredge out all the memories of an older person in a "classical" analysis; by the time analysis was completed, the person would be too old to reap the benefits (Freud, 1898). The Jungian view of the psyche is more present and future-oriented and emphasizes more the creative potential or archetypes. Thus, Jungian analysis in mid-life involves not only the past, but creation of the unique future.

Jung directed his patients to actively associate to specific sym-



bols of their dreams, or to their moods, fantasies and emotions. He called this "guided association," as opposed to "free association." He himself had returned to childhood forms of play in his self-cure, and had used automatic writing, painting, and sculpting as well. He employed all these methods with his patients, particularly in mid-life, as a means of encouraging the expansion of the archetypal potential into consciousness. He would suggest that a person get back into an image or emotion, and see how it would amplify itself in these various media. However, he always started from the patient's own material, as opposed for instance to more structured methods such as psychosynthesis. He often contributed his own fantasies, the analogies at his disposal from life experience, literature, fairy tales, and religion (Jung, 1929). He called this approach to the symbol *amplification*, as opposed to reductive interpretation.

Also, Jung felt the patient could do a great deal of work on his own, and analytic sessions could be as infrequent as once or twice a week when the individual had a knack for creative inner dialogue.

Often, an important part of therapy with mid-life patients involved the rediscovery of a childlike ability to take a new look at everything, apart from the habits of half a lifetime. Most middle aged people must rediscover the ability to play — not in the hedonistic sense, but in the sense of playing with new ways of relating to oneself and others, playing with new possibilities of awareness, with ideas and images.

Jung felt that an almost literal partial return to childhood was crucial in his own evolution. During the worst period of his mid-life crisis he found dream analysis and early memories of little use in assuaging his inner turmoil. Then he made an even more determined effort to submit himself to the ferment of the unconscious and to do spontaneously whatever occurred to him. To quote Jung (1961):

The first thing that came to the surface was a childhood memory from perhaps my tenth or eleventh year. At that time I had had a spell of playing passionately with building blocks. I distinctly recalled how I had built little houses and castles, using bottles to form the sides and gates of vaults . . . . To my astonishment, this memory was accompanied by a good deal of emotion . . . . The small boy is still around; and possesses a creative life which I lack . . . . If I wanted to re-establish contact with that period I had no other choice but to return to it and

take up once more the child's life with his childish games. This moment was a turning point in my fate.

He then began to assemble stones and build a miniature village. During the process he remembered a childhood dream of his fourth or fifth year which he saw as the earliest ground of his intellectual life. He experienced a deep feeling of satisfaction during his play, and he went on building every day after his noon meal and in the evenings after he was through seeing patients. And, he later stated (1961):

... The building game was only a beginning. It released a stream of fantasies which I carefully wrote down. This sort of thing has been consistent with me, and at any time in my later life when I came up against a blank wall I painted a picture or hewed stone. Each such experience proved to be a *rite d'entrée* for the ideas and works that followed hard upon it.

So, for Jung, a return to the child is not only a return to childhood memories, but to renewed contact with the child archetype, or the primordial experience of childlike freshness and spontaneity (Jung, 1940). This is reflected in Jungian therapy by a general openness to playing with images and ideas, by emphasis on translating emotions into expression in various art media, and in the development of symbolic play for adults using a small tray of sand and multiple symbolic figures.

The child motif is often crucial in mid-life patients, as a sign of deeper connection to the growth process.

A couple of dream examples may illustrate this:

I saw a huge snake lying on the ground by a road. There was an old car nearby. As I watched, a dog began to push the snake with its muzzle. Then the dog turned into a little boy. He kept pushing and picking up the snake. I was very frightened for him. Then the snake began to rattle loudly and I woke up in great fear.

This dream was that of a successful 43 year old professional man, a controlled person with little of the child apparent in him. The dream frankly worried me — I wondered about the danger of a latent psychosis. But his spontaneous reaction to the dream reassured me. He said firmly that he felt the little boy was him — and the car reminded him of the old family car. He had a deep



conviction the boy did know what he was doing, despite his apparent foolhardiness (that is, from the standpoint of the ego). He felt strongly that the boy would come out all right. Also, he associated to the boy a strong nostalgia for his own lost little boy, the spontaneous, eternally curious little fellow whom he had more or less consciously repressed in order to become a "strong man."

Subsequent developments confirmed the positive connection he made at this time. His fantasy life picked up as did the analytic process, and he took up oil painting on his own without any suggestion on my part.

Another dream is that of a 48 year old housewife who was severely depressed, and felt unable to see any possibility for change in her inner or outer life:

I have decided to adopt three Honduran orphans. One is a mulatto with delightful frizzy hair. Everyone tells me I am crazy to do it; but I feel a deep urgency about it, almost a sense of religious duty.

Again, this dream was connected with a renewed commitment and openness to the process of change. Interestingly enough, this fairly proper middle class woman impulsively cut off much of her hair with her artificial permanent soon thereafter, and came to the session bearing a startling resemblance to the frizzy-haired orphan child. She also began to paint — I had suggested it before, along with other things to try to get her mobilized out of her state of passive, tormented depression. It was only after the child dream that she actually took it up.

I would like to add that these examples of the appearance of the child archetype are a further illustration of the compensatory activity of the psyche. The dreams and accompanying affects and fantasies strongly compensated the prevailing ego-attitude.

A significant — some would say the most significant — aspect of Jung's approach to therapy with mid-life patients revolves about the concepts of the anima and animus. These concepts reflect an innate tendency to see the other sex as in many ways opposite from one's own. There are no cultures without two sexes.

The anima is the feminine part of a man (Jung, 1936). I would like to note that Jung used "feminine" and "masculine" in this context to describe broad categories of human experience, rather than the sexual gender or anatomy of men and women.

To continue: The anima originally is much influenced by the maternal imago, the father's image of the feminine, and experience

with sisters. During adolescence and early adulthood, the growing man achieves, with greater or lesser success, an image of the feminine independent of mother or father. In our culture, the male ego identifies with values and attitudes which are objective, highly focused and goal-oriented, extroverted and concrete. This is the "norm," of course with infinite variations. A man's image of the feminine — the anima — tends to carry the opposite qualities, such as emotion, relationship, intuition, holistic thinking, creative spontaneity and fantasy, and inner reflectiveness. Also, the feminine is generally experienced as more receptive and subtle.

In the average case, these "feminine" qualities are lived out in projection on a mate for the first decades of life. This is the traditional family, in which the man makes the living in a largely male subculture, exploiting the aforementioned "masculine" virtues of causal thinking, goal-orientation, etc. The woman tends to carry the load of feeling-relationship, and is generally more prone to introspection and psychological thinking, proceeding more holistically and intuitively.

Over the years of a marriage the person behind the projections slowly starts to become more visible. However, for most couples, the man is so busy establishing his career and the woman with caring for young children and running the household, that there is insufficient time or energy for decisive changes from living in this state of projection.

However, in mid-life, as careers are solidly established and children grow toward independence, this shifts (Jung, 1925). The ego goals of the first half of life are no longer all-consuming. Psychic energy is no longer creatively bound to the old symbolic tasks. As a consequence one or both partners may develop symptoms of the coming end of the projective containment. For the man, the change is often manifested by an increasing moodiness and irritability, perhaps depression with strange ideas and preoccupations. Sometimes he seeks a love affair or affairs to try to revive himself. Usually after multiple failed attempts at self-cure, the man in desperation seeks psychological help.

In Jung's view a major task of therapy with such a man in mid-life is cultivating a conscious relationship to the anima, the inner feminine potential. To become a whole person he must win back the feminine part of himself from projection. And he must get to know this archetypal being in himself before he can have a fully human nonprojective relationship with a woman.

Jung and Jungians view the anima as a living entity in the



psyche, and the approach to therapy is centered around making this an experienced inner reality to the man. In *Two Essays on Analytical Psychology*, Jung quotes the example of a middle aged man plagued by recurring fits of anger at his wife and family, with interspersed periods of guilt and reconciliation. These angry outbursts were without apparent outer cause (Jung, 1935).

A causal-reductive approach to therapy in this case would emphasize the past as it relates to the present. For instance, one might wonder if signs of physical decay and mortality, and the growing awareness that life would never provide *all* the pleasures for which the patient had worked so long, had ignited a primitive oral rage. Or perhaps competition from younger colleagues and/or male children had revived an old identification with the aggressive, punitive father.

Jungians do discuss such dynamics, but the uniqueness of Jung's approach is the emphasis upon the prospective or purposive element in psychological life. From this viewpoint, symptoms have a prospective function, an overall function in the process of change. One must ask what is the "intent" of the angry, moody fits. In this case, Jung felt the anger had the *purpose* of enforcing separation from wife and family, of forcing the patient to turn inwards, and thus opening the door to psychological development. The moody fits were an expression of the anima, forcing him to turn inward, and to face the problem of his undeveloped feeling-life in particular.

Such a viewpoint strongly affects the interpretations of the Jungian analyst, especially with mid-life patients. The task of becoming a whole person is archetypally the task of mid-life, according to Jung. The first part of life is taken up with mastery of world, the second half is development of self and creative contribution to culture. A man's major task in mid-life, then, is to heal the sick woman in himself.

As analysis progresses, the anima becomes more and more an inner figure, an emotion-laden image. She may become a nagging, warty hag if the patient regresses to the apparent safety of the old ways. She seduces or leads him into mysterious new aspects of the unconscious as the analysis unfolds. The man, however, must also learn to resist her destructive side, which is most often manifested by self-indulgent moodiness and irrelevant preoccupations.

Relationship to the anima can take on all the excitement and vitality which outer relationships with women engendered earlier in life. Psychological development becomes an adventure, though

fraught with peril at times, when a man accepts the challenge of embracing anima as inner potential. In our culture, this generally involves development of the neglected emotional intuitive and inward side. He may thus become a more whole person in whom "masculine" and "feminine" both have their places.

The animus is the "masculine" counterpart in the psyche of a woman (Jung, 1951a). This masculine image is conditioned by a woman's experience with father, by the mother's image of men, by experience with brothers and other loved or feared male figures. Our cultural norm has been for women to identify with values of relatedness, intuition, feeling, emotions, and receptivity. The animus image tends to carry all the qualities opposite to the ego-identity, as does the anima of a man. For a woman, the animus qualities tend to include aggressiveness, goal-oriented behavior, and objective thinking.

These animus qualities are lived out in a projective relationship with a man, in most cases, while the woman is busy mastering her culturally assigned tasks, such as the immensely complicated business of raising children. As with men, this projection on the opposite sex is largely maintained until mid-life, when the ego-task is complete, or completion is in sight. When this freed energy re-activates the animus in a woman, it often takes the form of fits of negative thinking and aggressive judgement: her husband has never really understood her, is cold and unfeeling; her whole life has been a waste; she is nothing but a passive blob, an aging housewife with no future. Often there are fits of crying and rage, punctuated by guilt and depression, as the woman is torn between her old values of maintaining right feeling and relationship at all cost, and the obsessive doubts of this inner animus-demon which plagues her. She may seek temporary solutions in a man who "really understands," or may try to shut the lid on her emotions and force herself to go on in the old way. But in a person with vitality these attempts at suppression aren't successful for long.

Like the anima, the animus is regarded by the Jungian analyst as an archetypal structure, a propensity for experience which is culturally conditioned but ultimately innate. And so, even though past experience and relationships with men may occupy a good amount of time in the early part of analysis of women in mid-life, the ultimate goal is development of a relationship with the animus as an inner, creative entity. Often this also involves the development of focused objective thinking and more independence and assertiveness in the world.



A woman experiences the animus in her obsessive thoughts and judgements, and in fantasies and dream images such as father or brother, an old lover, or a mysterious stranger who may be fascinating but dangerous. The animus may be a priestly or wise man, representing the woman's potential for new meaning through inner development. He may be an aggressive man of the world if that is pertinent to the woman's psychological needs.

All these animus figures bring new possibilities to the fore. The woman must struggle to own these qualities as her own. Developing a dialogue with the animus is a major task to be faced in analysis. As a man must learn to resist his "anima moods," the woman must listen to the potential of the animus while not abandoning her feminine values. If she allows herself to become possessed by this mysterious inner stranger, she may end up as an opinionated, masculinized woman as one-sided as before.

The problem of remaining feminine, while developing the animus and using its strength and guidance to find renewed purpose and meaning in life, is a problem with obvious cultural ramifications. In a society such as ours, where masculine values are so predominant, there is a danger of women becoming obsessed by the masculine element, getting caught up in slogans about male chauvinism and sexual repression rather than evaluating whether their actions are really in keeping with their basic goals and feelings as women. This can become a destructive diversion from deeper personal development.

Jung's views on transference reflect his different approaches to patients in the first and second halves of life (Jung, 1946). He felt that younger patients' problems generally concerned adjustment to collective reality, discovering a vocation, finding one's niche in the world. In his opinion, successful therapy in these patients usually emphasized a reductive analysis to remove blocks stemming from childhood problems with power and aggression or erotic conflict. He saw blocks in adaptation in younger patients as having roots in the past to which they could be traced or reduced, and in this way the neurosis resolved. The past history is paramount in such cases, and Jung utilized both Freud's theories of infantile sexuality and Adler's will to power and inferiority complex. The transference in younger patients closely follows from this: the projection on the therapist generally consists of the figure or figures from the personal past which have been involved in formation of the childhood complexes.

On the other hand, in keeping with his overall approach to mid-

life patients, Jung felt that the transference in such cases took on a symbolic aspect which did not relate just to the past history, but to the deeper archetypal currents of the present and future. He found that a person who had fully and successfully embraced life for four or more decades would have learned much about himself, and that the childhood complexes contained relatively less charge. This apparent lack of intensity, however, can lead the therapist to doubt whether mid-life patients can form an adequate transference; this leads to pessimistic speculation about the "inelasticity of their mental processes" or the decreased libidinal drive (Freud, 1905).

Early transference dreams in mid-life patients often involve such symbolic themes as preparing to embark on a journey or walking down a long road or climbing a mountain. To a Jungian, this represents the archetype of the Way, or quest, and signifies the beginnings of therapeutic process even though the analyst is present in the dream neither personally nor in surrogate form. The transference is thus to the overall *process* of search for new meaning. It is independent of the *person* of the analyst, and continues outside the actual analytic situation.

Most often transference in mid-life patients manifests a mixture of the personal, and the transpersonal or archetypal elements. To give a dream example from early treatment of a 40 year old woman:

I am in the analyst's office, sitting as we actually do. But he is and is not himself. As I watch he gets larger and larger. Then I see that he has on dark clerical garb and has a long black beard. As I stare in fascination, his image partially dissolves and I glimpse a beautiful, mature-looking woman, as if in the distance or through a mist. I wake up with a feeling of both awe and excitement.

One could of course examine multiple aspects of such a dream. For instance, her relationship to her father had been poor, and she had formed a deep longing for an ideal father — which of course she had never found in any man, leading to a chronic lack of satisfaction in her life. Perhaps she is seeing this ideal father in the analyst.

Another symbolic and more prospective aspect of the dream would emphasize the problem of the animus throwing itself to the fore: that she had great need for the strength and wisdom from her masculine side, and that through animus development the



process of change can progress. The end result of developing this masculine potential will be a more whole, mature woman: a possibility glimpsed through the mist. Interpretation from this standpoint would emphasize such future potential as the main task of analysis.

In fact, both the personal-historical and the archetypal-futuristic aspects of the dream were discussed.

Jung saw the analytic process as dialectical — and most especially with mid-life patients. He thought that the issues and dilemmas of mid-life raised such profound and unanswerable questions about the meaning of life, that the deeper subjectivity of the analyst inevitably became engaged (Jung, 1946). Indeed, he felt that successful outcome in such cases was ultimately dependent on full engagement of the personalities of *both* analyst and patient. This is in accord with his view of the creative aspects of the unconscious as well as of the conscious psyche. He also warned of the dangers inherent in such an intensely dialectical process, and always insisted on the doctor's need for a thorough personal analysis.

The entire process of change is guided and regulated by an entity which Jung called the Self (Jung, 1916, 1933, 1951c). The Self embodies both an evolutionary drive toward higher levels of adaptation and a patterning-balancing aspect. Therefore, it is the deep unconscious movement which disrupts outworn levels of integration, fomenting symptoms and crises; and it is also manifested in the synthesis of new forms and patterns of wholeness. The Self is most active during periods of change and initiation into a new stage of life, especially in mid-life and later.

The analyst and the analytic situation often carry this image of a deeper or more mature Self. The analyst may be seen as a stern initiator into a new world, or as the ideal person whom the analysand would like to emulate, or as containing infinite knowledge and wisdom. In dreams and fantasy, the Self may be represented by an admired person of the same sex, a king or queen, hero or heroine, a loving couple, or a beautifully balanced geometric pattern, such as the rose windows of medieval cathedrals. Such images generally carry much positive affect and tend to become clearer and more individual as analysis progresses and the potential of the person comes closer to actualization.

The ego is the embodiment of the Self for the first half of life; i.e., it represents the best level of integration of which the individual is capable at that stage. This is a considerable achievement

amidst all the biological and environmental vicissitudes of life. However, when the ego has completed its task of mastery of collective reality, the drive toward wholeness is renewed in mid-life. Thus, individuation for the first half of life consists mainly of ego development and mastery of age-specific life tasks, whereas individuation in the second half of life is a basic deepening of person-ality through dialogue between the ego and the archetypal images which reflect the activity of the Self.

The examples I have briefly discussed here — any one of which might be the subject for an entire volume — serve to illustrate that Jung had a specific psychology of mid-life and beyond, and that his approach to therapy with these patients has, as a consequence, a distinctive flavor. In particular, his therapeutic emphasis was upon allowing emotions and symptoms to speak for themselves through elaboration in spontaneous imagery and concrete art forms. The libido for change comes from the archetypes, and the archetypal symbols are to be translated into individual expression through the active dialogue with the ego. In this manner there can be basic expansion and transformation of personality.

For Jung and Jungians, mid-life is truly the beginning of the prime of life. Jung's theories of individuation in the second half of life lend an air of optimism and challenge to therapy with these patients. His view of the transference gives perspective on therapeutic issues which could easily be overlooked or misunderstood.

The view of the psyche as a self-regulating homeostatic system strongly influenced Jung's approach to patients. Thus, he tended to encourage the spontaneous activity of the unconscious where there was a strong, adapted ego. This trust in the natural movement of the unconscious is typical of Jung's approach. Again, this lends a specific tone and attitude to therapy.

Optimism about the possibilities in mid-life, willingness to seek the thread of purposive movement in any symptom, fantasy, dream, or other creative image, typified Jung's approach with mid-life patients. Ego must be understood and analyzed, but it is amplification of emotional imagery that is at the heart of personality development in mid-life.

One could summarize all that has gone before by saying that the basic task of the therapist is to help the patient find his individual way to the renewing potentials of the unconscious. I hope my brief discussion has given a glimpse of how Jung approached this basic therapeutic task.



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