

THE PRACTICAL USE OF DREAM-ANALYSIS¹

²⁹⁴ The use of dream-analysis in psychotherapy is still a much debated question. Many practitioners find it indispensable in the treatment of neuroses, and consider that the dream is a function whose psychic importance is equal to that of the conscious mind itself. Others, on the contrary, dispute the value of dream-analysis and regard dreams as a negligible by-product of the psyche. Obviously, if a person holds the view that the unconscious plays a decisive part in the aetiology of neuroses, he will attribute a high practical importance to dreams as direct expressions of the unconscious. Equally obviously, if he denies the unconscious or at least thinks it aetiological insignificant, he will minimize the importance of dream-analysis. It might be considered regrettable that in this year of grace 1931, more than half a century after Carus formulated the concept of the unconscious, more than a century after Kant spoke of the "il-limitable field of obscure ideas," and nearly two hundred years after Leibniz postulated an unconscious psychic activity, not to mention the achievements of Janet, Flournoy, Freud, and many more—that after all this, the actuality of the unconscious should still be a matter for controversy. But, since it is my intention to deal exclusively with practical questions, I will not advance in this place an apology for the unconscious, although our special problem of dream-analysis stands or falls with such an hypothesis. Without it, the dream is a mere freak of nature, a meaningless conglomeration of fragments left over from the day. Were that really so, there would be no excuse for the present discussion. We cannot treat our theme at all unless we recognize the unconscious, for the avowed aim of dream-analysis is not only to exercise our wits, but to uncover and realize those

¹ [• Delivered as a lecture, "Die praktische Verwendbarkeit der Traumanalyse," at the 6th General Medical Congress for Psychotherapy, Dresden, April 1931, and published in the *Bericht* of the Congress; republished in *Wirklichkeit der Seele* (Zurich, 1934), pp. 68–103. Trans. from the *Bericht* by Cary F. Baynes and W. S. Dell in *Modern Man in Search of a Soul* (New York and London, 1933).—EDITORS.]

hitherto unconscious contents which are considered to be of importance in the elucidation or treatment of a neurosis. Anyone who finds this hypothesis unacceptable must simply rule out the question of the applicability of dream-analysis.

²⁹⁵ But since, according to our hypothesis, the unconscious possesses an aetiological significance, and since dreams are the direct expression of unconscious psychic activity, the attempt to analyse and interpret dreams is theoretically justified from a scientific standpoint. If successful, we may expect this attempt to give us scientific insight into the structure of psychic causality, quite apart from any therapeutic results that may be gained. The practitioner, however, tends to consider scientific discoveries as, at most, a gratifying by-product of his therapeutic work, so he is hardly likely to take the bare possibility of theoretical insight into the aetiological background as a sufficient reason for, much less an indication of, the practical use of dream-analysis. He may believe, of course, that the explanatory insight so gained is of therapeutic value, in which case he will elevate dream-analysis to a professional duty. It is well known that the Freudian school is of the firm opinion that very valuable therapeutic results are achieved by throwing light upon the unconscious causal factors—that is, by explaining them to the patient and thus making him fully conscious of the sources of his trouble.

²⁹⁶ Assuming for the moment that this expectation is justified by the facts, then the only question that remains is whether dream-analysis can or cannot be used, alone or in conjunction with other methods, to discover the unconscious aetiology. The Freudian answer to this question is, I may assume, common knowledge. I can confirm this answer inasmuch as dreams, particularly the initial dreams which appear at the very outset of the treatment, often bring to light the essential aetiological factor in the most unmistakable way. The following example may serve as an illustration:

²⁹⁷ I was consulted by a man who held a prominent position in the world. He was afflicted with a sense of anxiety and insecurity, and complained of dizziness sometimes resulting in nausea, heaviness in the head, and constriction of breath—a state that might easily be confused with mountain sickness. He had had an extraordinarily successful career, and had risen,

by dint of ambition, industry, and native talent, from his humble origins as the son of a poor peasant. Step by step he had climbed, attaining at last a leading position which held every prospect of further social advancement. He had now in fact reached the spring-board from which he could have commenced his flight into the empyrean, had not his neurosis suddenly intervened. At this point in his story the patient could not refrain from that familiar exclamation which begins with the stereotyped words: "And just now, when. . . ." The fact that he had all the symptoms of mountain sickness seemed highly appropriate as a drastic illustration of his peculiar impasse. He had also brought to the consultation two dreams from the preceding night. The first dream was as follows: "*I am back again in the small village where I was born. Some peasant lads who went to school with me are standing together in the street. I walk past, pretending not to know them. Then I hear one of them say, pointing at me: 'He doesn't often come back to our village.'*"

²⁹⁸ It requires no feat of interpretation to see in this dream a reference to the humble beginnings of the dreamer's career and to understand what this reference means. The dream says quite clearly: "You forgot how far down you began."

²⁹⁹ Here is the second dream: "*I am in a great hurry because I want to go on a journey. I keep on looking for things to pack, but can find nothing. Time flies, and the train will soon be leaving. Having finally succeeded in getting all my things together, I hurry along the street, only to discover that I have forgotten a brief-case containing important papers. I dash back all out of breath, find it at last, then race to the station, but I make hardly any headway. With a final effort I rush on to the platform only to see the train just steaming out of the station yard. It is very long, and it runs in a curious S-shaped curve, and it occurs to me that if the engine-driver does not look out, and puts on steam when he comes into the straight, the rear coaches will still be on the curve and will be thrown off the rails by the gathering speed. And this is just what happens: the engine-driver puts on steam, I try to cry out, the rear coaches give a frightful lurch and are thrown off the rails. There is a terrible catastrophe. I wake up in terror.*"

³⁰⁰ Here again no effort is needed to understand the message of the dream. It describes the patient's frantic haste to advance

himself still further. But since the engine-driver in front steams relentlessly ahead, the neurosis happens at the back: the coaches rock and the train is derailed.

³⁰¹ It is obvious that, at the present phase of his life, the patient has reached the highest point of his career; the strain of the long ascent from his lowly origin has exhausted his strength. He should have rested content with his achievements, but instead of that his ambition drives him on and on, and up and up into an atmosphere that is too thin for him and to which he is not accustomed. Therefore his neurosis comes upon him as a warning.

³⁰² Circumstances prevented me from treating the patient further, nor did my view of the case satisfy him. The upshot was that the fate depicted in the dream ran its course. He tried to exploit the professional openings that tempted his ambition, and ran so violently off the rails that the catastrophe was realized in actual life.

³⁰³ Thus, what could only be inferred from the conscious anamnesis—namely that the mountain sickness was a symbolical representation of the patient's inability to climb any further—was confirmed by the dreams as a fact.

³⁰⁴ Here we come upon something of the utmost importance for the applicability of dream-analysis: the dream describes the inner situation of the dreamer, but the conscious mind denies its truth and reality, or admits it only grudgingly. Consciously the dreamer could not see the slightest reason why he should not go steadily forward; on the contrary, he continued his ambitious climbing and refused to admit his own inability which subsequent events made all too plain. So long as we move in the conscious sphere, we are always unsure in such cases. The anamnesis can be interpreted in various ways. After all, the common soldier carries the marshal's baton in his knapsack, and many a son of poor parents has achieved the highest success. Why should it not be the case here? Since my judgment is fallible, why should my conjecture be better than his? At this point the dream comes in as the expression of an involuntary, unconscious psychic process beyond the control of the conscious mind. It shows the inner truth and reality of the patient as it really is: not as I conjecture it to be, and not as he would like it to be, but *as it is*. I have therefore made it a rule to re-

gard dreams as I regard physiological facts: if sugar appears in the urine, then the urine contains sugar, and not albumen or urobilin or something else that might fit in better with my expectations. That is to say, I take dreams as diagnostically valuable facts.

³⁰⁵ As is the way of all dreams, my little dream example gives us rather more than we expected. It gives us not only the aetiology of the neurosis but a prognosis as well. What is more, we even know exactly where the treatment should begin: we must prevent the patient from going full steam ahead. This is just what he tells himself in the dream.

³⁰⁶ Let us for the time being content ourselves with this hint and return to our consideration of whether dreams enable us to throw light on the aetiology of a neurosis. The dreams I have cited actually do this. But I could equally well cite any number of initial dreams where there is no trace of an aetiological factor, although they are perfectly transparent. I do not wish for the present to consider dreams which call for searching analysis and interpretation.

³⁰⁷ The point is this: there are neuroses whose real aetiology becomes clear only right at the end of an analysis, and other neuroses whose aetiology is relatively unimportant. This brings me back to the hypothesis from which we started, that for the purposes of therapy it is absolutely necessary to make the patient conscious of the aetiological factor. This hypothesis is little more than a hang-over from the old trauma theory. I do not of course deny that many neuroses are traumatic in origin; I simply contest the notion that all neuroses are of this nature and arise without exception from some crucial experience in childhood. Such a view necessarily results in the causalistic approach. The doctor must give his whole attention to the patient's past; he must always ask "Why?" and ignore the equally pertinent question "What for?" Often this has a most deleterious effect on the patient, who is thereby compelled to go searching about in his memory—perhaps for years—for some hypothetical event in his childhood, while things of immediate importance are grossly neglected. The purely causalistic approach is too narrow and fails to do justice to the true significance either of the dream or of the neurosis. Hence an approach that uses dreams for the sole purpose of discovering the aetio-

logical factor is biased and overlooks the main point of the dream. Our example indeed shows the aetiology clearly enough, but it also offers a prognosis or anticipation of the future as well as a suggestion about the treatment. There are in addition large numbers of initial dreams which do not touch the aetiology at all, but deal with quite other matters, such as the patient's attitude to the doctor. As an example of this I would like to tell you three dreams, all from the same patient, and each dreamt at the beginning of a course of treatment under three different analysts. Here is the first: "*I have to cross the frontier into another country, but cannot find the frontier and nobody can tell me where it is.*"

³⁰⁸ The ensuing treatment proved unsuccessful and was broken off after a short time. The second dream is as follows: "*I have to cross the frontier, but the night is pitch-black and I cannot find the customs-house. After a long search I see a tiny light far off in the distance, and assume that the frontier is over there. But in order to get there, I have to pass through a valley and a dark wood in which I lose my way. Then I notice that someone is near me. Suddenly he clings to me like a madman and I awake in terror.*"

³⁰⁹ This treatment, too, was broken off after a few weeks because the analyst unconsciously identified himself with the patient and the result was complete loss of orientation on both sides.

³¹⁰ The third dream took place under my treatment: "*I have to cross a frontier, or rather, I have already crossed it and find myself in a Swiss customs-house. I have only a handbag with me and think I have nothing to declare. But the customs official dives into my bag and, to my astonishment, pulls out a pair of twin beds.*"

³¹¹ The patient had got married while under my treatment, and at first she developed the most violent resistance to her marriage. The aetiology of the neurotic resistance came to light only many months afterwards and there is not a word about it in the dreams. They are without exception anticipations of the difficulties she is to have with the doctors concerned.

³¹² These examples, like many others of the kind, may suffice to show that dreams are often anticipatory and would lose their specific meaning completely on a purely causalistic view.

They afford unmistakable information about the analytical situation, the correct understanding of which is of the greatest therapeutic importance. Doctor A understood the situation correctly and handed the patient over to Doctor B. Under him she drew her own conclusions from the dream and decided to leave. My interpretation of the third dream was a disappointment to her, but the fact that the dream showed the frontier as already crossed encouraged her to go on in spite of all difficulties.

³¹³ Initial dreams are often amazingly lucid and clear-cut. But as the work of analysis progresses, the dreams tend to lose their clarity. If, by way of exception, they keep it we can be sure that the analysis has not yet touched on some important layer of the personality. As a rule, dreams get more and more opaque and blurred soon after the beginning of the treatment, and this makes the interpretation increasingly difficult. A further difficulty is that a point may soon be reached where, if the truth be told, the doctor no longer understands the situation as a whole. That he does not understand is proved by the fact that the dreams become increasingly obscure, for we all know that their "obscurity" is a purely subjective opinion of the doctor. To the understanding nothing is obscure; it is only when we do not understand that things appear unintelligible and muddled. In themselves dreams are naturally clear; that is, they are just what they must be under the given circumstances. If, from a later stage of treatment or from a distance of some years, we look back at these unintelligible dreams, we are often astounded at our own blindness. Thus when, as the analysis proceeds, we come upon dreams that are strikingly obscure in comparison with the illuminating initial dreams, the doctor should not be too ready to accuse the dreams of confusion or the patient of deliberate resistance; he would do better to take these findings as a sign of his own growing inability to understand—just as the psychiatrist who calls his patient "confused" should recognize that this is a projection and should rather call himself confused, because in reality it is he whose wits are confused by the patient's peculiar behaviour. Moreover it is therapeutically very important for the doctor to admit his lack of understanding in time, for nothing is more unbearable to the patient than to be always understood. He relies far too much anyway on the mysterious powers of the doctor and, by appealing to

his professional vanity, lays a dangerous trap for him. By taking refuge in the doctor's self-confidence and "profound" understanding, the patient loses all sense of reality, falls into a stubborn transference, and retards the cure.

³¹⁴ Understanding is clearly a very subjective process. It can be extremely one-sided, in that the doctor understands but not the patient. In such a case the doctor conceives it to be his duty to convince the patient, and if the latter will not allow himself to be convinced, the doctor accuses him of resistance. When the understanding is all on my side, I say quite calmly that I do not understand, for in the end it makes very little difference, whether the doctor understands or not, but it makes all the difference whether the patient understands. Understanding should therefore be understanding in the sense of an agreement which is the fruit of joint reflection. The danger of a one-sided understanding is that the doctor may judge the dream from the standpoint of a preconceived opinion. His judgment may be in line with orthodox theory, it may even be fundamentally correct, but it will not win the patient's assent, he will not come to an understanding with him, and that is in the practical sense incorrect—incorrect because it anticipates and thus cripples the patient's development. The patient, that is to say, does not need to have a truth inculcated into him—if we do that, we only reach his head; he needs far more to grow up to this truth, and in that way we reach his heart, and the appeal goes deeper and works more powerfully.

³¹⁵ When the doctor's one-sided interpretation is based on mere agreement as to theory or on some other preconceived opinion, his chances of convincing the patient or of achieving any therapeutic results depend chiefly upon *suggestion*. Let no one deceive himself about this. In itself, suggestion is not to be despised, but it has serious limitations, not to speak of the subsidiary effects upon the patient's independence of character which, in the long run, we could very well do without. (A practising analyst may be supposed to believe implicitly in the significance and value of conscious realization, whereby hitherto unconscious parts of the personality are brought to light and subjected to conscious discrimination and criticism. It is a process that requires the patient to face his problems and that taxes his powers of conscious judgment and decision. It is nothing less

than a direct challenge to his ethical sense, a call to arms that must be answered by the whole personality. As regards the maturation of personality, therefore, the analytical approach is of a higher order than suggestion, which is a species of magic that works in the dark and makes no ethical demands upon the personality. Methods of treatment based on suggestion are deceptive makeshifts; they are incompatible with the principles of analytical therapy and should be avoided if at all possible. Naturally suggestion can only be avoided if the doctor is conscious of its possibility. There is at the best of times always enough—and more than enough—unconscious suggestion.

³¹⁶ The analyst who wishes to rule out conscious suggestion must therefore consider every dream interpretation invalid until such time as a formula is found which wins the assent of the patient.

³¹⁷ The observance of this rule seems to me imperative when dealing with those dreams whose obscurity is evidence of the lack of understanding of both doctor and patient. The doctor should regard every such dream as something new, as a source of information about conditions whose nature is unknown to him, concerning which he has as much to learn as the patient. It goes without saying that he should give up all his theoretical assumptions and should in every single case be ready to construct a totally new theory of dreams. There are still boundless opportunities for pioneer work in this field. The view that dreams are merely the imaginary fulfilments of repressed wishes is hopelessly out of date. There are, it is true, dreams which manifestly represent wishes or fears, but what about all the other things? Dreams may contain ineluctable truths, philosophical pronouncements, illusions, wild fantasies, memories, plans, anticipations, irrational experiences, even telepathic visions, and heaven knows what besides. One thing we ought never to forget: almost half our life is passed in a more or less unconscious state. The dream is specifically the utterance of the unconscious. Just as the psyche has a diurnal side which we call consciousness, so also it has a nocturnal side: the unconscious psychic activity which we apprehend as dreamlike fantasy. It is certain that the conscious mind consists not only of wishes and fears, but of vastly more besides; and it is highly probable that our dream psyche possesses a wealth of contents and living forms

equal to or even greater than those of the conscious mind, which is characterized by concentration, limitation, and exclusion.

³¹⁸ This being so, it is imperative that we should not pare down the meaning of the dream to fit some narrow doctrine. We must remember that there are not a few patients who imitate the technical or theoretical jargon of the doctor, and do this even in their dreams, in accordance with the old tag, *Canis panem somniat, piscator pisces*. This is not to say that the fishes of which the fisherman dreams are fishes and nothing more. There is no language that cannot be misused. As may easily be imagined, the misuse often turns the tables on us; it even seems as if the unconscious had a way of strangling the doctor in the coils of his own theory. Therefore I leave theory aside as much as possible when analysing dreams—not entirely, of course, for we always need some theory to make things intelligible. It is on the basis of theory, for instance, that I expect dreams to have a meaning. I cannot prove in every case that this is so, for there are dreams which the doctor and the patient simply do not understand. But I have to make such an hypothesis in order to find courage to deal with dreams at all. To say that dreams add something important to our conscious knowledge, and that a dream which fails to do so has not been properly interpreted—that, too, is a theory. But I must make this hypothesis as well in order to explain to myself why I analyse dreams in the first place. All other hypotheses, however, about the function and the structure of dreams are merely rules of thumb and must be subjected to constant modification. In dream-analysis we must never forget, even for a moment, that we move on treacherous ground where nothing is certain but uncertainty. If it were not so paradoxical, one would almost like to call out to the dream interpreter: “Do anything you like, only don’t try to understand!”

³¹⁹ When we take up an obscure dream, our first task is not to understand and interpret, but to establish the context with minute care. By this I do *not* mean unlimited “free association” starting from any and every image in the dream, but a careful and conscious illumination of the interconnected associations objectively grouped round particular images. Many patients have first to be educated to this, for they resemble the

doctor in their insuperable desire to understand and interpret offhand, especially when they have been primed by ill-digested reading or by a previous analysis that went wrong. They begin by associating in accordance with a theory, that is, they try to understand and interpret, and they nearly always get stuck. Like the doctor, they want to get behind the dream at once in the false belief that the dream is a mere façade concealing the true meaning. But the so-called façade of most houses is by no means a fake or a deceptive distortion; on the contrary, it follows the plan of the building and often betrays the interior arrangement. The “manifest” dream-picture is the dream itself and contains the whole meaning of the dream. When I find sugar in the urine, it is sugar and not just a façade for albumen. What Freud calls the “dream-façade” is the dream’s obscurity, and this is really only a projection of our own lack of understanding. We say that the dream has a false front only because we fail to see into it. We would do better to say that we are dealing with something like a text that is unintelligible not because it has a façade—a text has no façade—but simply because we cannot read it. We do not have to get behind such a text, but must first learn to read it.

³²⁰ The best way to do this, as I have already remarked, is to establish the context. Free association will get me nowhere, any more than it would help me to decipher a Hittite inscription. It will of course help me to uncover all my own complexes, but for this purpose I have no need of a dream—I could just as well take a public notice or a sentence in a newspaper. Free association will bring out all my complexes, but hardly ever the meaning of a dream. To understand the dream’s meaning I must stick as close as possible to the dream images. When somebody dreams of a “deal table,” it is not enough for him to associate it with his writing-desk which does not happen to be made of deal. Supposing that nothing more occurs to the dreamer, this blocking has an objective meaning, for it indicates that a particular darkness reigns in the immediate neighbourhood of the dream-image, and that is suspicious. We would expect him to have dozens of associations to a deal table, and the fact that there is apparently nothing is itself significant. In such cases I keep on returning to the image, and I usually say to my patient, “Suppose I had no idea what the words ‘deal table’ mean. De-

scribe this object and give me its history in such a way that I cannot fail to understand what sort of a thing it is."

³²¹ In this way we manage to establish almost the whole context of the dream-image. When we have done this for all the images in the dream we are ready for the venture of interpretation.

³²² Every interpretation is an hypothesis, an attempt to read an unknown text. An obscure dream, taken in isolation, can hardly ever be interpreted with any certainty. For this reason I attach little importance to the interpretation of single dreams. A relative degree of certainty is reached only in the interpretation of a series of dreams, where the later dreams correct the mistakes we have made in handling those that went before. Also, the basic ideas and themes can be recognized much better in a dream-series, and I therefore urge my patients to keep a careful record of their dreams and of the interpretations given. I also show them how to work out their dreams in the manner described, so that they can bring the dream and its context with them in writing to the consultation. At a later stage I get them to work out the interpretation as well. In this way the patient learns how to deal correctly with his unconscious without the doctor's help.

³²³ Were dreams nothing more than sources of information about factors of aetiological importance; the whole work of dream-interpretation could safely be left to the doctor. Again, if their only use was to provide the doctor with a collection of useful hints and psychological tips, my own procedure would be entirely superfluous. But since, as my examples have shown, dreams contain something more than practical helps for the doctor, dream-analysis deserves very special attention. Sometimes, indeed, it is a matter of life and death. Among many instances of this sort, there is one that has remained particularly impressive. It concerns a colleague of mine, a man somewhat older than myself, whom I used to see from time to time and who always teased me about my dream-interpretations. Well, I met him one day in the street and he called out to me, "How are things going? Still interpreting dreams? By the way, I've had another idiotic dream. Does that mean something too?" This is what he had dreamed: "*I am climbing a high mountain, over steep snow-covered slopes. I climb higher and higher, and it is marvellous weather. The higher I climb the better I*

feel. I think, 'If only I could go on climbing like this for ever!' When I reach the summit my happiness and elation are so great that I feel I could mount right up into space. And I discover that I can actually do so: I mount upwards on empty air, and awake in sheer ecstasy."

³²⁴ After some discussion, I said, "My dear fellow, I know you can't give up mountaineering, but let me implore you not to go alone from now on. When you go, take two guides, and promise on your word of honour to follow them absolutely." "Incorrigible!" he replied, laughing, and waved good-bye. I never saw him again. Two months later the first blow fell. When out alone, he was buried by an avalanche, but was dug out in the nick of time by a military patrol that happened to be passing. Three months afterwards the end came. He went on a climb with a younger friend, but without guides. A guide standing below saw him literally step out into the air while descending a rock face. He fell on the head of his friend, who was waiting lower down, and both were dashed to pieces far below. That was *ecstasis* with a vengeance! ²

³²⁵ No amount of scepticism and criticism has yet enabled me to regard dreams as negligible occurrences. Often enough they appear senseless, but it is obviously we who lack the sense and ingenuity to read the enigmatic message from the nocturnal realm of the psyche. Seeing that at least half our psychic existence is passed in that realm, and that consciousness acts upon our nightly life just as much as the unconscious overshadows our daily life, it would seem all the more incumbent on medical psychology to sharpen its senses by a systematic study of dreams. Nobody doubts the importance of conscious experience; why then should we doubt the significance of unconscious happenings? They also are part of our life, and sometimes more truly a part of it for weal or woe than any happenings of the day.

³²⁶ Since dreams provide information about the hidden inner life and reveal to the patient those components of his personality which, in his daily behaviour, appear merely as neurotic symptoms, it follows that we cannot effectively treat him from the side of consciousness alone, but must bring about a change in and through the unconscious. In the light of our

² [This dream is discussed at greater length in "Child Development and Education," pars. 117ff.—EDITORS.]

present knowledge this can be achieved only by the thorough and conscious assimilation of unconscious contents.

327 "Assimilation" in this sense means mutual penetration of conscious and unconscious, and not—as is commonly thought and practised—a one-sided evaluation, interpretation, and deformation of unconscious contents by the conscious mind. As to the value and significance of unconscious contents in general, very mistaken views are current. It is well known that the Freudian school presents the unconscious in a thoroughly negative light, much as it regards primitive man as little better than a monster. Its nursery-tales about the terrible old man of the tribe and its teachings about the "infantile-perverse-criminal" unconscious have led people to make a dangerous ogre out of something perfectly natural. As if all that is good, reasonable, worth while, and beautiful had taken up its abode in the conscious mind! Have the horrors of the World War done nothing to open our eyes, so that we still cannot see that the conscious mind is even more devilish and perverse than the naturalness of the unconscious?

328 The charge has recently been laid at my door that my teaching about the assimilation of the unconscious would undermine civilization and deliver up our highest values to sheer primitivity. Such an opinion can only be based on the totally erroneous supposition that the unconscious is a monster. It is a view that springs from fear of nature and the realities of life. Freud invented the idea of sublimation to save us from the imaginary claws of the unconscious. But what is real, what actually exists, cannot be alchemically sublimated, and if anything is apparently sublimated it never was what a false interpretation took it to be.

329 The unconscious is not a demoniacal monster, but a natural entity which, as far as moral sense, aesthetic taste, and intellectual judgment go, is completely neutral. It only becomes dangerous when our conscious attitude to it is hopelessly wrong. To the degree that we repress it, its danger increases. But the moment the patient begins to assimilate contents that were previously unconscious, its danger diminishes. The dissociation of personality, the anxious division of the day-time and the night-time sides of the psyche, cease with progressive assimilation. What my critic feared—the overwhelming of the conscious mind

by the unconscious—is far more likely to ensue when the unconscious is excluded from life by being repressed, falsely interpreted, and depreciated.

330 The fundamental mistake regarding the nature of the unconscious is probably this: it is commonly supposed that its contents have only one meaning and are marked with an unalterable plus or minus sign. In my humble opinion, this view is too naïve. The psyche is a self-regulating system that maintains its equilibrium just as the body does. Every process that goes too far immediately and inevitably calls forth compensations, and without these there would be neither a normal metabolism nor a normal psyche. In this sense we can take the theory of compensation as a basic law of psychic behaviour. Too little on one side results in too much on the other. Similarly, the relation between conscious and unconscious is compensatory. This is one of the best-proven rules of dream interpretation. When we set out to interpret a dream, it is always helpful to ask: What conscious attitude does it compensate?

331 Compensation is not as a rule merely an illusory wish-fulfilment, but an actual fact that becomes still more actual the more we repress it. We do not stop feeling thirsty by repressing our thirst. In the same way, the dream-content is to be regarded with due seriousness as an actuality that has to be fitted into the conscious attitude as a codetermining factor. If we fail to do this, we merely persist in that eccentric frame of mind which evoked the unconscious compensation in the first place. It is then difficult to see how we can ever arrive at a sane judgment of ourselves or at a balanced way of living.

332 If it should occur to anyone to replace the conscious content by an unconscious one—and this is the prospect which my critics find so alarming—he would only succeed in repressing it, and it would then reappear as an unconscious compensation. The unconscious would thus have changed its face completely: it would now be timidly reasonable, in striking contrast to its former tone. It is not generally believed that the unconscious operates in this way, yet such reversals constantly take place and constitute its proper function. That is why every dream is an organ of information and control, and why dreams are our most effective aid in building up the personality.

333 The unconscious does not harbour in itself any explosive materials unless an overweening or cowardly conscious attitude has secretly laid up stores of explosives there. All the more reason, then, for watching our step.

334 From all this it should now be clear why I make it an heuristic rule, in interpreting a dream, to ask myself: What conscious attitude does it compensate? By so doing, I relate the dream as closely as possible to the conscious situation; indeed, I would even assert that without knowledge of the conscious situation the dream can never be interpreted with any degree of certainty. Only in the light of this knowledge is it possible to make out whether the unconscious content carries a plus or a minus sign. The dream is not an isolated event completely cut off from daily life and lacking its character. If it seems so to us, that is only the result of our lack of understanding, a subjective illusion. In reality the relation between the conscious mind and the dream is strictly causal, and they interact in the subtlest of ways.

335 I should like to show by means of an example how important it is to evaluate the unconscious contents correctly. A young man brought me the following dream: "*My father is driving away from the house in his new car. He drives very clumsily, and I get very annoyed over his apparent stupidity. He goes this way and that, forwards and backwards, and manoeuvres the car into a dangerous position. Finally he runs into a wall and damages the car badly. I shout at him in a perfect fury that he ought to behave himself. My father only laughs, and then I see that he is dead drunk.*" This dream has no foundation in fact. The dreamer is convinced that his father would never behave like that, even when drunk. As a motorist he himself is very careful and extremely moderate in the use of alcohol, especially when he has to drive. Bad driving, and even slight damage to the car, irritate him greatly. His relation to his father is positive. He admires him for being an unusually successful man. We can say, without any great feat of interpretation, that the dream presents a most unfavourable picture of the father. What, then, should we take its meaning to be for the son? Is his relation to his father good only on the surface, and does it really consist in over-compensated resistances? If so, we should have to give the dream-content a positive sign; we should have to tell the young man:

"That is your real relation to your father." But since I could find nothing neurotically ambivalent in the son's real relation to his father, I had no warrant for upsetting the young man's feelings with such a destructive pronouncement. To do so would have been a bad therapeutic blunder.

336 But, if his relation to his father is in fact good, why must the dream manufacture such an improbable story in order to discredit the father? In the dreamer's unconscious there must be some tendency to produce such a dream. Is that because he has resistances after all, perhaps fed by envy or some other inferior motive? Before we go out of our way to burden his conscience—and with sensitive young people this is always rather a dangerous proceeding—we would do better to inquire not *why* he had this dream, but what its purpose is. The answer in this case would be that his unconscious is obviously trying to take the father down a peg. If we regard this as a compensation, we are forced to the conclusion that his relation to his father is not only good, but actually too good. In fact he deserves the French soubriquet of *fil à papa*. His father is still too much the guarantor of his existence, and the dreamer is still living what I would call a provisional life. His particular danger is that he cannot see his own reality on account of his father; therefore the unconscious resorts to a kind of artificial blasphemy so as to lower the father and elevate the son. "An immoral business," we may be tempted to say. An unintelligent father would probably take umbrage, but the compensation is entirely to the point, since it forces the son to contrast himself with his father, which is the only way he could become conscious of himself.

337 The interpretation just outlined was apparently the correct one, for it struck home. It won the spontaneous assent of the dreamer, and no real values were damaged, either for the father or for the son. But this interpretation was only possible when the whole conscious phenomenology of the father-son relationship had been carefully studied. Without a knowledge of the conscious situation the real meaning of the dream would have remained in doubt.

338 For dream-contents to be assimilated, it is of overriding importance that no real values of the conscious personality

should be damaged, much less destroyed, otherwise there is no one left to do the assimilating. The recognition of the unconscious is not a Bolshevik experiment which puts the lowest on top and thus re-establishes the very situation it intended to correct. We must see to it that the values of the conscious personality remain intact, for unconscious compensation is only effective when it co-operates with an integral consciousness. Assimilation is never a question of "this or that," but always of "this and that."

339 Just as the interpretation of dreams requires exact knowledge of the conscious status quo, so the treatment of dream symbolism demands that we take into account the dreamer's philosophical, religious, and moral convictions. It is far wiser in practice not to regard dream-symbols semiotically, i.e., as signs or symptoms of a fixed character, but as true symbols, i.e., as expressions of a content not yet consciously recognized or conceptually formulated. In addition, they must be considered in relation to the dreamer's immediate state of consciousness. I say that this procedure is advisable *in practice* because in theory relatively fixed symbols do exist whose meaning must on no account be referred to anything known and formulable as a concept. If there were no such relatively fixed symbols it would be impossible to determine the structure of the unconscious, for there would be nothing that could in any way be laid hold of or described.

340 It may seem strange that I should attribute an as it were indefinite content to these relatively fixed symbols. Yet if their content were not indefinite, they would not be symbols at all, but signs or symptoms. We all know how the Freudian school operates with hard-and-fast sexual "symbols"—which in this case I would call "signs"—and endows them with an apparently definitive content, namely sexuality. Unfortunately Freud's idea of sexuality is incredibly elastic and so vague that it can be made to include almost anything. The word sounds familiar enough, but what it denotes is no more than an indeterminable x that ranges from the physiological activity of the glands at one extreme to the sublime reaches of the spirit at the other. Instead of yielding to a dogmatic conviction based on the illusion that we know something because we have a familiar word for it, I prefer to regard the symbol as an unknown quantity,

hard to recognize and, in the last resort, never quite determinable. Take, for instance, the so-called phallic symbols which are supposed to stand for the *membrum virile* and nothing more. Psychologically speaking, the *membrum* is itself—as Kranefeldt points out in a recent work³—an emblem of something whose wider content is not at all easy to determine. But primitive people, who, like the ancients, make the freest use of phallic symbols, would never dream of confusing the phallus, as a ritualistic symbol, with the penis. The phallus always means the creative mana, the power of healing and fertility, the "extraordinarily potent," to use Lehmann's expression, whose equivalents in mythology and in dreams are the bull, the ass, the pomegranate, the yoni, the he-goat, the lightning, the horse's hoof, the dance, the magical cohabitation in the furrow, and the menstrual fluid, to mention only a few of the thousand other analogies. That which underlies all the analogies, and sexuality itself, is an archetypal image whose character is hard to define, but whose nearest psychological equivalent is perhaps the primitive mana-symbol.

341 All these symbols are relatively fixed, but in no single case can we have the *a priori* certainty that in practice the symbol must be interpreted in that way.

342 Practical necessity may call for something quite different. Of course, if we had to give an exhaustive scientific interpretation of a dream, in accordance with a theory, we should have to refer every such symbol to an archetype. But in practice that can be a positive mistake, for the patient's psychological state at the moment may require anything but a digression into dream theory. It is therefore advisable to consider first and foremost the meaning of the symbol in relation to the conscious situation—in other words, to treat the symbol as if it were not fixed. This is as much as to say that we must renounce all preconceived opinions, however knowing they make us feel, and try to discover what things mean for the patient. In so doing, we shall obviously not get very far towards a theoretical interpretation; indeed we shall probably get stuck at the very beginning. But if the practitioner operates too much with fixed symbols, there is a danger of his falling into mere routine and pernicious dogmatism, and thus failing his patient. Unfor-

³ "Komplex und Mythos."

tunately I must refrain from illustrating this point, for I should have to go into greater detail than space here permits. Moreover I have published sufficient material elsewhere in support of my statements.

343 It frequently happens at the very beginning of the treatment that a dream will reveal to the doctor, in broad perspective, the whole programme of the unconscious. But for practical reasons it may be quite impossible to make clear to the patient the deeper meaning of the dream. In this respect, too, we are limited by practical considerations. Such insight is rendered possible by the doctor's knowledge of relatively fixed symbols. It can be of the greatest value in diagnosis as well as in prognosis. I was once consulted about a seventeen-year-old girl. One specialist had conjectured that she might be in the first stages of progressive muscular atrophy, while another thought that it was a case of hysteria. In view of the second opinion, I was called in. The clinical picture made me suspect an organic disease, but there were signs of hysteria as well. I asked for dreams. The patient answered at once: "Yes, I have terrible dreams. Only recently I dreamt *I was coming home at night. Everything is as quiet as death. The door into the living-room is half open, and I see my mother hanging from the chandelier, swinging to and fro in the cold wind that blows in through the open windows.* Another time I dreamt that a terrible noise broke out in the house at night. I get up and discover that a frightened horse is tearing through the rooms. At last it finds the door into the hall, and jumps through the hall window from the fourth floor into the street below. I was terrified when I saw it lying there, all mangled."

344 The gruesome character of the dreams is alone sufficient to make one pause. All the same, other people have anxiety dreams now and then. We must therefore look more closely into the meaning of the two main symbols, "mother" and "horse." They must be equivalents, for they both do the same thing: they commit suicide. "Mother" is an archetype and refers to the place of origin, to nature, to that which passively creates, hence to substance and matter, to materiality, the womb, the vegetative functions. It also means the unconscious, our natural and instinctive life, the physiological realm, the body in which we dwell or are contained; for the "mother" is also the matrix, the

hollow form, the vessel that carries and nourishes, and it thus stands psychologically for the foundations of consciousness. Being inside or contained in something also suggests darkness, something nocturnal and fearful, hemming one in. These allusions give the idea of the mother in many of its mythological and etymological variants; they also represent an important part of the Yin idea in Chinese philosophy. This is no individual acquisition of a seventeen-year-old girl; it is a collective inheritance, alive and recorded in language, inherited along with the structure of the psyche and therefore to be found at all times and among all peoples.

345 The word "mother," which sounds so familiar, apparently refers to the best-known, the individual mother—to "my mother." But the mother-symbol points to a darker background which eludes conceptual formulation and can only be vaguely apprehended as the hidden, nature-bound life of the body. Yet even this is too narrow and excludes too many vital subsidiary meanings. The underlying, primary psychic reality is so inconceivably complex that it can be grasped only at the farthest reach of intuition, and then but very dimly. That is why it needs symbols.

346 If we apply our findings to the dream, its interpretation will be: The unconscious life is destroying itself. That is the dream's message to the conscious mind of the dreamer and to anybody who has ears to hear.

347 "Horse" is an archetype that is widely current in mythology and folklore. As an animal it represents the non-human psyche, the subhuman, animal side, the unconscious. That is why horses in folklore sometimes see visions, hear voices, and speak. As a beast of burden it is closely related to the mother-archetype (witness the Valkyries that bear the dead hero to Valhalla, the Trojan horse, etc.). As an animal lower than man it represents the lower part of the body and the animal impulses that rise from there. The horse is dynamic and vehicular power: it carries one away like a surge of instinct. It is subject to panics like all instinctive creatures who lack higher consciousness. Also it has to do with sorcery and magical spells—especially the black night-horses which herald death.

348 It is evident, then, that "horse" is an equivalent of "mother" with a slight shift of meaning. The mother stands for life at its

origin, the horse for the merely animal life of the body. If we apply this meaning to the text of our dream, its interpretation will be: The animal life is destroying itself.

349 The two dreams make nearly identical statements, but, as is usually the case, the second is the more specific. Note the peculiar subtlety of the dream: there is no mention of the death of the individual. It is notorious that one often dreams of one's own death, but that is no serious matter. When it is really a question of death, the dream speaks another language.

350 Both dreams point to a grave organic disease with a fatal outcome. This prognosis was soon confirmed.

351 As for the relatively fixed symbols, this example gives a fair idea of their general nature. There are a great many of them, and all are individually marked by subtle shifts of meaning. It is only through comparative studies in mythology, folklore, religion, and philology that we can evaluate their nature scientifically. The evolutionary stratification of the psyche is more clearly discernible in the dream than in the conscious mind. In the dream, the psyche speaks in images, and gives expression to instincts, which derive from the most primitive levels of nature. Therefore, through the assimilation of unconscious contents, the momentary life of consciousness can once more be brought into harmony with the law of nature from which it all too easily departs, and the patient can be led back to the natural law of his own being.

352 I have not been able, in so short a space, to deal with anything but the elements of the subject. I could not put together before your eyes, stone by stone, the edifice that is reared in every analysis from the materials of the unconscious and finally reaches completion in the restoration of the total personality. The way of successive assimilations goes far beyond the curative results that specifically concern the doctor. It leads in the end to that distant goal which may perhaps have been the first urge to life: the complete actualization of the whole human being, that is, individuation. We physicians may well be the first conscious observers of this dark process of nature. As a rule we see only the pathological phase of development, and we lose sight of the patient as soon as he is cured. Yet it is only after the cure that we would really be in a position to study the normal process, which may extend over years and decades. Had

we but a little knowledge of the ends toward which the unconscious development is tending, and were the doctor's psychological insight not drawn exclusively from the pathological phase, we should have a less confused idea of the processes mediated to the conscious mind by dreams and a clearer recognition of what the symbols point to. In my opinion, every doctor should understand that every procedure in psychotherapy, and particularly the analytical procedure, breaks into a purposeful and continuous process of development, now at this point and now at that, and thus singles out separate phases which seem to follow opposing courses. Each individual analysis by itself shows only one part or one aspect of the deeper process, and for this reason nothing but hopeless confusion can result from comparative case histories. For this reason, too, I have preferred to confine myself to the rudiments of the subject and to practical considerations; for only in closest contact with the everyday facts can we come to anything like a satisfactory understanding.