



Modern Man in Search of a Soul



C.G. Jung

Modern Man in Search of a Soul

‘His psychological approach is deeply interesting and should stimulate many who are today more ready to trust a doctor than a clergyman, to help them to rediscover the meaning of life.’

The Guardian

‘Jung was the first to see that, of all the crises facing humanity, the lack of any sense of meaning in life is the crisis that guarantees all the rest. Whether the reader self-defines as modern, late modern or post-modern, the predicament that Jung lays out in bleak detail still strikes a chord. His suggestion that any possible solutions – political, ecological, philosophical or religious – must include and respect elements of what lies deep within the psyche (“the soul”) continues to challenge and to inspire.’

Andrew Samuels, Professor of Analytical Psychology, University of Essex

‘This slim volume contains the quintessence of Jung’s thinking. Originally published in 1933, it was the first readily accessible presentation in English of the great psychologist’s basic ideas about psychotherapy, dream interpretation, psychological types, the stages of life and his differences with Sigmund Freud. His observations on the relationship between the “archaic man” and “modern man” anticipate those of contemporary evolutionary psychiatry, while his diagnosis of what ails western culture has been endorsed by subsequent history. An invaluable book for those seeking an introduction to Jungian psychology, expressed – with unusual clarity – in the master’s own words.’

Anthony Stevens



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Carl Gustav

Jung

Modern Man in Search of a Soul

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TRANSLATOR'S PREFACE

Within the last decade there have been many references from varied sources to the fact that the western world stands on the verge of a spiritual rebirth, that is, a fundamental change of attitude toward the values of life. After a long period of outward expansion, we are beginning to look within ourselves once more. There is very general agreement as to the phenomena surrounding this increasing shift of interest from facts as such to their meaning and value to us as individuals, but as soon as we begin to analyse the anticipations nursed by the various groups in our world with respect to the change that is to be hoped for, agreement is at an end and a sharp conflict of forces makes itself felt.

By those who uphold revealed religion, the rebirth that seems imminent is thought of as a renaissance of Catholicism or Protestantism, as the case may be. They see mankind streaming by the million back to the bosom of the Church, there to be comforted for the disillusionments and disasters of our post-war world, there to be taught the paths that will lead out of chaos. Renewal of faith in Christianity, they say, will bring us back to a sure way of life and restore the inspiration the world has lost.

Another great group of people think that the new attitude is to be attained by the total destruction of religion as it has up to now been understood. Religion is, they say, a relic of superstitious barbarism, and in its place must come a new and lasting period of "enlightenment". Let man but apply his knowledge in the right way, especially his knowledge of economics and technology, and all the great bogies of poverty, ignorance, greed, etc., will vanish into thin air and man will be restored to his lost paradise. To them the rebirth is to be in the realm of reason alone, and the intellect becomes the arbiter of man's fate.

Between these two extremes of traditional faith and militant rationalism, every conceivable shade of opinion about this great problem of humanity's next step in psychic evolution is to be found. It may be said that the middle position is held by those people who know that they have outgrown the Church as exemplified in Christianity, but who have not therefore been brought to deny the fact that a

religious attitude to life is as essential to them as a belief in the authenticity of science. These people have experienced the soul as vividly as the body, the body as vividly as the soul. And the soul has manifested itself to them in ways not to be explained in terms either of traditional theology or of materialism. They do not wish to sever the real piety they feel within themselves from the body of scientific fact to which reason gives its sanction. They are convinced that if they can attain to more knowledge of the inner workings of their own minds, more information about the subtle but none the less perfectly definite laws that govern the psyche, they can achieve the new attitude that is demanded without having on the one hand to regress to what is but a thinly veiled mediæval theology, or on the other, to fall victims to the illusions of nineteenth-century ideology.

It is to this last group of people that Jung speaks in convincing terms. He does not evade the difficult task of synthesizing his knowledge of the soul, gained in his many years of practice as psychiatrist and analyst, into a fund of information available and applicable to everyone. He gives those clues to the nature and functioning of the psyche for which the modern man is painfully groping. The point of view he lays before us is a challenge to the spirit, and evokes an active response in everyone who has felt within himself an urge to grow beyond his inheritance.

With one exception,¹ all the essays which make up this volume have been delivered as lectures. The German texts of four of them have been brought out in separate publications² and the others are to be found in a volume³ together with several other essays which have already appeared in English.

¹ *Freud and Jung—Contrasts*, was written at the special request of a German editor.

² (a) For the German text of *Psychology and Literature* (*Psychologie und die Literaturwissenschaft*) see *Die Philosophie der Literaturwissenschaft*, by Professor Emil Ermatinger, Junker und Dünnhaut, Berlin, 1929. An English translation by Eugene Jolas appeared in *Transition*, 1930. (b) *Psychotherapists or the Clergy—A Dilemma* is in German entitled: *Die Beziehungen der Psychotherapie zur Seelsorge*, Rascher & Cie, Zürich, 1932. (c) *The Basic Postulates of Analytical Psychology* appeared in the *Europäische Revue* for July 1931, under the title, *Die Entschleierung*

der Seele. (d)Dream Analysis In Its Practical Application appears in the *Bericht über den VI Allgemeinen ärztlichen Kongress für Psychotherapie*, Dresden, April 1930.

³ *Seelenprobleme der Gegenwart*, Rascher & Cie, Zürich, 1931.

We are indebted to Mrs. Violet de Laszlo for many helpful suggestions in regard to the essay, *Psychotherapists or the Clergy*. Both Dr. Jung and Mrs. Jung have been kind enough to read and criticize the translations in part.

Cary F. Baynes

Zürich, *March* 1933.

1

DREAM-ANALYSIS IN ITS PRACTICAL APPLICATION

The use of dream-analysis in psychotherapy is still a much-debated question. Many practitioners find it indispensable in the treatment of neuroses, and ascribe as much importance to the psychic activity manifested in dreams as to consciousness 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 leading rôle in the formation of neuroses, he will attribute practical significance to dreams as direct expressions of the unconscious. If, on the other hand, he denies the unconscious or thinks that it has no part in the development of neuroses, he will minimize the importance of dream-analysis. It is regrettable that in this year of grace 1931, more than half a century since Carus formulated the concept of the unconscious, over a century since Kant spoke of the “immeasurable . . . field of obscure ideas”, and nearly two hundred years since Leibniz postulated an unconscious psychic activity, not to mention the achievements of Janet, Flournoy and Freud—that after all this, the actuality of the unconscious should still be a matter for controversy. Since it is my intention to deal exclusively with questions of practical treatment, I will not attempt in this place a defence of the hypothesis of the unconscious, though it is obvious enough that dream-analysis stands or falls with this hypothesis. Without it the dream appears to be merely a freak of nature, a meaningless conglomerate of memory-fragments left over from the happenings of the day. Were the dream nothing more than this, there would be no excuse for the present discussion. We must recognize the unconscious if we are to treat of dream-analysis at all, for we do not resort to it as a mere exercise of the wits, but as a method for uncovering hitherto unconscious psychic contents which are causally related to the neurosis and therefore of

importance in its treatment. Anyone who deems this hypothesis unacceptable must simply rule out the question of the practicability of dream-analysis.

But since, according to our hypothesis, the unconscious plays a causal part in the neurosis, and since dreams are the direct expression of unconscious psychic activity, the attempt to analyse and interpret dreams is entirely justified from a scientific standpoint. Quite apart from therapeutic results, we may expect this line of endeavour to give us scientific insight into psychic causality. For the practitioner, however, scientific discoveries can at most be a gratifying by-product of his efforts in the field of therapy. He will not feel called upon to apply dream-analysis to his patients on the chance that it may throw light upon the problem of psychic causality. He may believe, of course, that the insight so gained is of therapeutic value—in which case he will regard dream-analysis as one of his professional duties. It is well known that the Freudian school is of the opinion that important therapeutic effects are achieved by throwing light upon the unconscious causal factors—that is, by explaining them to the patient and thus making him conscious of the sources of his trouble.

If we assume, for the time being, that this expectation is borne out by the facts, we can restrict ourselves to the questions whether or not dream-analysis enables us to discover the unconscious causes of the neurosis, and whether it can do this unaided, or must be used in conjunction with other methods. The Freudian answer, I may assume, is common knowledge. My own experience confirms this view inasmuch as I have found that dreams not infrequently bring to light in an unmistakable way the unconscious contents that are causal factors in a neurosis. Most often it is the initial dreams that do this—I mean, those dreams that a patient reports at the very outset of a treatment. An illustration will perhaps be helpful.

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, of a heavy head and difficulty in breathing—this being an exact description of the symptoms of mountain-sickness. He had had an unusually successful career, and had risen, with the help of ambition, industry and native talent, from a humble origin as the son of a poor peasant. Step by step he had climbed, attaining at last an important post that offered him every opportunity for

further social advancement. He had actually reached a place in life from which he could have begun his ascent into the upper regions, when suddenly his neurosis intervened. At this point of his story the patient could not refrain from that stereotyped exclamation which begins with the familiar words: "And just now, when I . . ." The fact that he had all the symptoms of mountain-sickness was highly appropriate to the peculiar situation in which he found himself. He had brought with him to the consultation two dreams of the preceding night.

The first dream was as follows: "I am once more in the small village where I was born. Some peasant boys who went to school with me are standing together in the street. I walk past them, pretending not to know them. I hear one of them, who is pointing at me, say: 'He doesn't often come back to our village.'" No tricks of interpretation are needed to recognize and to understand the allusion to the humble beginnings of the dreamer's career. The dream says quite clearly: "You forget how far down you began."

Here is the second dream: "I am in a great hurry because I am going on a journey. I hunt up my baggage, but cannot find it. Time flies, and the train will soon be leaving. Finally I succeed in getting all my things together. I hurry along the street, discover that I have forgotten a brief-case containing important papers, dash breathlessly back again, find it at last, and then run towards the station, but make hardly any headway. With a final effort I rush on to the platform only to find the train steaming out into the yards. It is very long, and runs in a curious S-shaped curve. It occurs to me that if the driver is not careful, and puts on full steam when he comes to the straight stretch, the rear coaches will still be on the curve and will be thrown over by the speed of the train. As a matter of fact the driver opens the throttle as I try to shout. The rear coaches rock frightfully, and are actually thrown off the rails. There is a terrible catastrophe. I awake in terror."

Here, too, we can understand without much difficulty the situation represented by the dream. It pictures the patient's frantic haste to advance himself still further. Since the driver at the front of the train goes thoughtlessly ahead, the coaches behind him rock and finally overturn—that is, a neurosis is developed. It is clear that, at this period of life, the patient had reached the highest point of his career—that the effort of the long ascent from his lowly origin had exhausted his strength. He should have

contented himself with his achievements, but instead he is driven by his ambition to attempt to scale heights of success for which he is not fitted. The neurosis came upon him as a warning. Circumstances prevented my treating the patient, and my view of his case did not satisfy him. The upshot was that events ran their course in the way indicated by the dream. He tried to exploit the professional openings that tempted his ambition and ran so violently off the track that the train-wreck was realized in actual life. The patient's anamnesis permitted the inference that the mountain-sickness pointed to his inability to climb any further. The inference is confirmed by his dreams which present this inability as a fact.

We here come upon a characteristic of dreams that must take first place in any discussion of the applicability of dream-analysis to the treatment of neuroses. The dream gives a true picture of the subjective state, while the conscious mind denies that this state exists, or recognizes it only grudgingly. The patient's conscious ego could see no reason why he should not go steadily forward; he continued his struggle for advancement, refusing to admit the fact which subsequent events made all too plain—that he was actually at the end of his tether. When, in such cases, we listen to the dictates of the conscious mind, we are always in doubt. We can draw opposite conclusions from the patient's anamnesis. After all, the private soldier may carry a marshal's baton in his knapsack, and many a son of poor parents has achieved the highest success. Why should it not be so in my patient's case? Since my judgement is fallible, why should my own conjecture be more dependable than his? At this point the dream comes in as the expression of an involuntary psychic process not controlled by the conscious outlook. It presents the subjective state as it really is. It has no respect for my conjectures or for the patient's views as to how things should be, but simply tells how the matter stands. I have therefore made it a rule to put dreams on a plane with physiological fact. If sugar appears in the urine, then the urine contains sugar, and not albumen or urobilin or something else that I may have been led to expect. This is to say that I take dreams as facts that are invaluable for diagnosis.

It is the way of dreams to give us more than we ask, and this is true of those I have just cited as illustrations. They not only allowed us an insight into the causes of the neurosis, but afforded a prognosis as well. What is more, they showed us at what

point the treatment should begin. The patient must be prevented from going full steam ahead. This is precisely what he tells himself in the dream.

For the time being we will content ourselves with this hint, and return to the question whether dreams enable us to explain the causes of a neurosis. I have cited two dreams that actually do this. But I could equally well cite any number of initial dreams which do nothing of the kind, although they are perfectly transparent. I do not wish for the present to consider dreams which call for searching analysis and interpretation.

The point is that there are neuroses whose actual origins we discover only at the very end of an analysis, and there are also cases in which it is of no benefit to have discovered the origin of the neurosis. This brings me back to the Freudian view, mentioned above, that for the purposes of therapy it is necessary for the patient to become conscious of the causal factors in his disturbance—a view that is little more than a survival of the old theory of the trauma. I do not, of course, deny that many neuroses have a traumatic origin; I simply contest the notion that all neuroses are of this nature and arise without exception from some crucial experience of childhood. This view of the question results in a causalistic approach. The doctor must give his whole attention to the patient's past; he must always ask: "Why?" and neglect the equally pertinent question: "What for?" This is frequently very harmful to the patient, for he is forced to search in his memory—perhaps over a course of years—for a hypothetical event in his childhood, while things of immediate importance are grossly neglected. A purely causalistic approach is too narrow to do justice to the true significance, either of the dream, or of the neurosis. A person is biased who turns to dreams for the sole purpose of discovering the hidden cause of the neurosis, for he leaves aside the larger part of the dream's actual contribution. The dreams I have cited unmistakably present the ætiological factors in the neurosis; but it is clear that they also offer a prognosis or anticipation of the future and a suggestion as to the course of treatment as well. We must furthermore bear in mind that a great many dreams do not touch upon the causes of the neurosis, but treat of quite different matters—among others, of the patient's attitude to the doctor. I should like to illustrate this by recounting three dreams of the same patient. She consulted three

different analysts in turn, and at the beginning of each treatment she had one of these dreams.

Here is the first: "I must cross the frontier into the next country, but no one can tell me where the boundary lies, and I cannot find it." The treatment which followed this dream was unsuccessful, and was soon broken off.

The second dream is as follows: "I must cross the frontier. It is a black night, and I cannot find the custom house. After a long search I notice a small light far away and suppose that the frontier lies over there. But in order to reach it, I must cross a valley and pass through a dark wood, in which I lose my sense of direction. Then I notice that someone is with me. This person suddenly clings to me like a madman and I awake in terror." That treatment also was discontinued after a few weeks, the reason being that the patient was completely disoriented by the analyst's unconscious identification with her.

The third dream took place when the patient came into my hands. It runs: "I must cross a frontier, or rather, I have already crossed it, and find myself in a Swiss custom-house. I have only a handbag with me, and believe that I have nothing to declare. But the customs official dives into my bag and, to my astonishment, pulls out two full-sized mattresses." The patient married during the course of her treatment with me, but not without a violent resistance to this step. The cause of her neurotic resistance came to light only after many months, and there is not a hint of it anywhere in these dreams. They are without exception anticipations of the difficulties she is to have with the analysts to whom she has come for treatment.

I could cite many other dreams to the same effect, but these may suffice to show that dreams can be anticipatory and, in that case, must lose their particular meaning if they are treated in a purely causalistic way. These three dreams give clear information about the analytical situation, and it is extremely important for the purposes of therapy that this be rightly understood. The first doctor understood the situation and sent the patient to the second. Here she drew her own conclusions from her dream, and decided to leave. My interpretation of her third dream disappointed her greatly, but she was distinctly encouraged to go on in spite of all difficulties by the fact that it reported the frontier already crossed.

Initial dreams are often amazingly transparent and clear-cut. But as the work of analysis progresses, the dreams in a little while cease to be clear. If they should prove exceptional, and keep their clarity, we can be sure that the analysis has as yet not touched some important part of the personality. As a rule, the dreams become less transparent, and more blurred, shortly after the beginning of the treatment. It becomes increasingly difficult to interpret them, a further reason for this being that a point may soon be reached where the doctor is unable, if the truth be told, to understand the situation as a whole. This is how the matter really stands, for to say that the dreams are unintelligible is a mere reflection of the doctor's subjective opinion. Nothing is unclear to the understanding; it is only when we fail to understand that things appear unintelligible and confused. In themselves, dreams are clear—that is, they are just as they must be under the given conditions. If we look back at these “unintelligible” dreams from a later stage of the treatment or from a distance of some years, we are often astounded at our own blindness. It is a fact that, as an analysis progresses, we come upon dreams that are strikingly obscure in comparison with the initial dreams. But the doctor should not be too sure that these later dreams are really confused, or be too hasty in accusing the patient of deliberate resistance. He would do better to take the fact as an indication of his own growing inability to understand the situation. The psychiatrist likewise is prone to call a patient “confused” when he would do well to recognize the projection and admit his own confusion, for it is really his understanding that grows confused in face of the patient's strange behaviour. For the purposes of therapy, moreover, it is highly important for the analyst to admit his lack of understanding from time to time, for nothing is more unbearable for the patient than to be always understood. The latter in any case relies too much upon the mysterious insight 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.

Understanding is clearly a subjective process. It may be very one-sided, in that the physician understands while the patient does not. In such a case the doctor sometimes feels it 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 find it advisable to stress my lack of understanding. It is relatively unimportant whether the doctor understands or not, but everything hangs on the patient's doing so. What is really needed is a mutual agreement which is the fruit of joint reflection. It is one-sided, and therefore dangerous, understanding for the doctor to prejudge the dream from the standpoint of a certain doctrine and to make a pronouncement which may be theoretically sound, but does not win the patient's assent. In so far as the pronouncement fails in this respect, it is incorrect in the practical sense; and it may also be incorrect in the sense that it anticipates and thereby cripples the actual development of the patient. We appeal only to the patient's brain if we try to inculcate a truth; but if we help him to grow up to this truth in the course of his own development, we have reached his heart, and this appeal goes deeper and acts with greater force.

When the doctor's interpretation is based merely upon a one-sided theory or a preconceived opinion, his chances of convincing the patient or of achieving any therapeutic results depend chiefly upon suggestion. And let no one deceive himself as to the effects of suggestion. In itself suggestion is not to be despised, but it has serious limitations, and reacts upon the patient's independence of character in a very undesirable way. A practising analyst may be supposed to believe in the significance and value of the widening of consciousness—I mean by this the procedure of bringing to light the parts of the personality which were previously unconscious and subjecting them to conscious discrimination and criticism. It is an undertaking which requires the patient to face his problems, and taxes his powers of conscious judgement and decision. It is nothing less than a challenge to the ethical sense, a call to arms that must be answered by the whole personality. Therefore, with respect to personal development, the analytical approach is of a higher order than methods of treatment based upon suggestion. This is a kind of magic that works in the dark and makes no ethical demands upon the personality. Methods of treatment based upon suggestion are deceptive makeshifts; they are incompatible with the principles of analytical therapy, and should be avoided. But suggestion can of course be avoided only when the doctor is aware of the many doors through which it can enter. There remains in the best of circumstances enough—and more than enough—unconscious suggestion.

The analyst who wishes to rule out conscious suggestion must consider any dream interpretation invalid that does not win the assent of the patient, and he must search until he finds a formulation that does. This is a rule which, I believe, must always be observed, especially in dealing with those dreams whose obscurity is evidence of lack of understanding on the part of the doctor as well as of the patient. The doctor should regard every dream as a new departure—as a source of information about unknown conditions concerning which he has as much to learn as the patient. It goes without saying that he should hold no preconceived opinions based upon a particular theory, but stand ready in every single case to construct a totally new theory of dreams. There is still a boundless opportunity for pioneer-work in this field.

The view that dreams are merely imaginary fulfilments of suppressed wishes has long ago been superseded. It is certainly true that there are dreams which embody suppressed wishes and fears, but what is there which the dream cannot on occasion embody? Dreams may give expression to ineluctable truths, to 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 the half of our lives is passed in a more or less unconscious state. The dream is specifically the utterance of the unconscious. We may call consciousness the daylight realm of the human psyche, and contrast it with the nocturnal realm of unconscious psychic activity which we apprehend as dreamlike fantasy. It is certain that consciousness consists not only of wishes and fears, but of vastly more than these, and it is highly probable that the unconscious psyche contains a wealth of contents and living forms equal to or even greater than does consciousness, which is characterized by concentration, limitation and exclusion.

This being the state of affairs, it is imperative that we should not pare down the meaning of a 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. No language exists that cannot be misused. It is hard to realize how badly we are fooled by the abuse of ideas; it even seems as if the unconscious had a way of strangling the physician in the coils of his own theory. All this being so, I leave theory aside as much as possible in analysing dreams. We

cannot, of course, dispense with theory entirely, for it is needed 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 dreams are meaningful, for there are dreams that neither doctor nor patient understands. But I must regard them as hypothetically meaningful in order to find courage to deal with them at all. To say that dreams contribute in an important way to conscious knowledge, and that a dream which fails to do so is a dream which has not been properly interpreted—this, too, is a theoretical statement. But I must adopt this hypothesis in order to make it clear to myself why I analyse dreams. On the other hand, every hypothesis about the nature of the dream, its function and structure, is merely a rule of thumb and must be subject to constant modifications. We must never forget in dream-analysis, even for a moment, that we move on treacherous ground where nothing is certain but uncertainty. A suitable warning to the dream-interpreter—if only it were not so paradoxical—would be “Do anything you like, only don’t try to understand!”

When we take up an obscure dream, our first task is not to understand and interpret it, but to establish the context with minute care. What I have in mind is not a boundless sweep of “free associations” starting from any and every image in the dream, but a careful and conscious illumination of those chains of association that are directly connected with particular images. Many patients have first to be educated to this task, for they resemble the doctor in their urgent desire to understand and to interpret offhand. This is particularly the case when they have already been educated—or rather, miseducated—by their reading or by a previous analysis that went wrong. They give associations in accordance with a theory; that is, they try to understand and interpret, and thus they nearly always get stuck. Like the doctor, they wish at once to get behind the dream in the false belief that it is a mere façade concealing the true meaning. Perhaps we may call the dream a façade, but we must remember that the fronts of most houses by no means trick or deceive us, but, on the contrary, follow the plan of the building and often betray its inner arrangement. The “manifest” dream-picture is the dream itself, and contains the “latent” meaning. If I find sugar in the urine, it is sugar, and not a façade that conceals albumen. When Freud speaks of the “dream-façade”, he is really speaking, not of the dream itself, but of its obscurity, and in so doing is projecting upon the

dream his 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 facade, but simply because we cannot read it. We do not have to get behind such a text in the first place, but must learn to read it.

We shall best succeed in reading dreams by establishing their context, as already remarked. We shall not succeed with the help of free associations, any more than we could use that means to decipher a Hittite inscription. Free associations will help me to uncover all my own complexes, but for this purpose I need not start from the dream—I might as well take a sentence in a newspaper or a “Keep out” sign. If we associate freely to a dream, our complexes will turn up right enough, but we shall hardly ever discover the meaning of the dream. To do this, we must keep as close as possible to the dream-images themselves. When a person has dreamed of a deal table, little is accomplished by his associating it with his writing-desk which is not made of deal. The dream refers expressly to a deal table. If at this point nothing occurs to the dreamer his hesitation signifies that a particular darkness surrounds the dream-image, and this is suspicious. We would expect him to have dozens of associations to a deal table, and when he cannot find a single one, this must have a meaning. In such cases we should return again and again to the image. I say to my patients: “Suppose I had no idea what the words ‘deal table’ mean. Describe this object and give me its history in such a way that I cannot fail to understand what sort of thing it is.” We succeed in this way in establishing a good part of the context of that particular dream-image. When we have done this for all the images in the dream, we are ready for the venture of interpretation.

Every interpretation is hypothetical, for it is a mere attempt to read an unfamiliar text. An obscure dream, taken by itself, can rarely be interpreted with any certainty, so that I attach little importance to the interpretation of single dreams. With a series of dreams we can have more confidence in our interpretations, for the later dreams correct the mistakes we have made in handling those that went before. We are also better able, in a dream series, to recognize the important contents and basic themes, and I therefore urge my patients to make a careful record of their dreams and the interpretations given them. I also show them how to work up their dreams in the