

PRESIDENTIAL ADDRESS.

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VIEWS HELD IN COMMON BY THE DIFFERENT SCHOOLS OF PSYCHOTHERAPY
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PSYCHOTHERAPY, having been developed by physicians, makes use of medical techniques. Its first objective is a diagnosis, and to this end it has recourse to an anamnesis. The patient recounts his difficulties and, on the basis of what he says, together with the symptoms, an attempt is made to find out the specific nature of the illness.

The results show that there are forms of illness which have nothing to do with bodily disturbances, but which are only intelligible in terms of the psyche or mind.

Therefore this method of diagnosis does not focus on the seat of the illness, but on the general psychic disposition of the sick person. The method of investigation is adapted to the study of the psyche, and is put on a broader basis than that obtaining in pathology.

It takes into consideration all possible ways in which a person may express himself: his premeditated speech, his free associations, his fantasies, his dreams, his symptoms and symptomatic actions and his demeanour.

This investigation reveals an ætiology reaching down into the depths of the personality and thereby transcending the limits of the conscious mind.

Psychotherapy calls the dark portion of the psyche the unconscious. The investigation leads first to the discovery of unconscious fixations on crucial situations and persons significant in the patient's childhood. These fixations have both a causal and a purposive aspect, and set tasks for future fulfilment.

The illumination of the factors out of which the illness developed and continued is one of the tasks of psychotherapy.

Its method is the analysis and interpretation of all forms of expression.

The therapeutic development of the patient depends on the relationship between him and the physician. This relationship also forms the basis of the patient's relationship to society.

In the treatment, this relationship takes on the specific form of a transference, which is the projection of unconscious contents and appears as a transference neurosis.

The reduction of the transference neurosis shows it to have been laid down in the unconscious fixations of childhood.

Behind these individual fixations collective unconscious factors are assumed.

The new contents must be realized as parts of the personality, because it is only in this way that the patient can feel his responsibility toward them.