

150 Years of Jung: Reflections on Clinic and Collectivity in Analytical Psychology

Viviane LAHORGUE¹

¹Jungian Institute of Rio de Janeiro – IJRJ / Universidade Estácio de Sá – Unesa. Rio de Janeiro/RJ, Brazil.

Abstract

This article offers a reflection on the 150th anniversary of Carl Gustav Jung's birth, focusing on his contribution to clinical listening and contemporary subjectivity. Based on a theoretical-reflective approach, drawing on the Collected Works and post-Jungian authors, it articulates the concepts of Self, individuation, shadow, and symbol with the current challenges of clinical psychology. In a world marked by the logic of performance, medicalization, and subjective acceleration, Analytical Psychology emerges as a path of resistance and reconnection with interiority. Individuation is understood not as a project of ego enhancement, but as a symbolic process of psychic transformation, often initiated by the symptom. Jungian clinical practice is presented as a field of mutuality, where the bond between analyst and patient becomes a space of truth, implication, and alterity. Ultimately, soul-listening is reclaimed as a political and existential gesture in caring for suffering.

Descriptors

Jungian psychology; individuation; psychic suffering; clinical practice; Jung, Carl Gustav, 1875-1961.

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150 anos de Jung: reflexões sobre clínica e coletividade na psicologia analítica

Resumo

Este artigo propõe uma reflexão sobre os 150 anos de nascimento de Carl Gustav Jung, no contexto de sua contribuição à escuta clínica e à subjetividade contemporânea. Baseada em uma abordagem teórico-reflexiva, a partir das Obras Completas e em autores junguianos e pós-junguianos, o texto articula os conceitos de *Self*, individuação, sombra e símbolo com os desafios atuais da psicologia clínica junguiana. Em um mundo marcado pela lógica da *performance*, da medicalização e da aceleração subjetiva, a psicologia analítica apresenta-se como caminho de resistência e reconexão com a interioridade. Defende-se que a individuação não é um projeto de aperfeiçoamento do ego, mas um processo simbólico de transformação psíquica, frequentemente iniciado pelo sintoma. A clínica junguiana é apresentada como campo de mutualidade, onde o vínculo entre analista e paciente torna-se espaço de verdade, implicação e alteridade. Por fim, a escuta da alma é resgatada como gesto político e existencial no cuidado com o sofrimento.

Descritores

Psicologia junguiana; individuação; sofrimento psíquico; prática clínica; Jung, Carl Gustav, 1875-1961.

150 años de Jung: reflexiones sobre clínica y colectividad en la psicología analítica

Resumen

Este artículo propone una reflexión sobre los 150 años del nacimiento de Carl Gustav Jung, a partir de su contribución a la escucha clínica y a la subjetividad contemporánea. Partiendo de un enfoque teórico reflexivo, basado en las Obras Completas y en autores junguianos y posjunguianos, el texto articula los conceptos de *Self*, individuación, sombra y símbolo con los desafíos actuales de la psicología clínica. En un mundo marcado por la lógica del desempeño, la medicalización y la aceleración subjetiva, la Psicología Analítica se presenta como un camino de resistencia y de reconexión con la interioridad. Se sostiene que la individuación no es un proyecto de perfeccionamiento del yo, sino un proceso simbólico de transformación psíquica, frecuentemente iniciado por el síntoma. La clínica junguiana se presenta como un campo de mutualidad, donde el vínculo entre analista y paciente se convierte

en un espacio de verdad, implicación y alteridad. Al final, la escucha del alma se rescata como un gesto político y existencial en el cuidado con el sufrimiento.

Descriptor

Psicología junguiana; individuación; sufrimiento psíquico; práctica clínica; Jung, Carl Gustav, 1875-1961.

Introduction

Celebrating the 150th anniversary of Carl Gustav Jung's birth (1875–2025) is not merely an opportunity to revisit his ideas, but to ask how analytical psychology remains alive – or becomes hollowed out – when faced with the contemporary challenges of clinical practice. In a context shaped by haste, the pursuit of quick diagnoses, and the tendency to medicalize psychic pain, the urgency arises to reclaim a kind of listening that recognizes suffering as the singular expression of a personal history – not as an error to be erased.

The world in which Jung (1875 –1961) lived and formulated his fundamental concepts – such as the Self, shadow, archetype, persona, and individuation – has undergone profound transformations. Yet the depth with which he approached the human soul remains strikingly relevant in the face of the new forms of psychological suffering that emerge in the 21st century.

Symptoms always carry a narrative rooted in the singular weave of each existence; they are not isolated events, but expressions of conflicts, ruptures, and desires shaped throughout the emotional biography of each individual. Thus, the symptom does not arise without a reason: it inscribes, on the surface of psychic life, a story that has yet to find words or symbolic expression.

This perspective echoes the Jungian spirit of understanding neurosis as a profound human conflict, which cannot be reduced to a list of symptoms or diagnostic categories. In "The practice of psychotherapy", Jung (1942/2020) observes that in times of great change, inherited prejudices and moral confusion are deep sources of psychological imbalance. Jung (1928/2020, 1942/2020, 1954/2020) had already warned that much of human suffering stems both from inherited values and from the loss of spiritual and moral reference points.

Analytical psychology, since its origins, offers an alternative path to the biomedical paradigm: it treats suffering as symbolic language of the psyche. The Self attempts to repair the wounds caused by trauma, and symptoms are part of this effort (Fordham, 1985). This approach proposes that symptoms carry meaning, and that

attentive listening can open the way toward individuation, rather than merely aiming for their suppression.

In today's context, marked by the increasing use of psychotropic medication and the standardization of diagnostic manuals, reclaiming the symbolic and relational perspective of Jung and the post-Jungians is also an ethical act. Jean Knox (2011) warns that a clinical approach based solely on diagnosis risks turning the symptom into a label, thus denying the complexity and creative capacities of the Self, which she considers a form of psychic violence (Knox, 2011).

This essay aims to reflect on the place of Jungian psychology today, especially considering the challenges faced by clinical practice and the individuation process in times of hyperconnection, hyperproductivity, and narcissistic vulnerability. By evoking authors who engage with the psychodynamics of trauma and object relations, centered on the constitution of the Self through early relational bonds, and with the symbolic dimension of the unconscious, such as Fordham (1985), Kalsched (1996/2013, 2013), Knox (2011), and Guggenbühl-Craig (1971/1993), the aim is to articulate the foundations of analytical psychology with contemporary issues, such as excessive medicalization, the dissolution of psychic space, and the collapse of interiority.

As Jonathan Haidt (2024) observes in "The Anxious Generation", contemporary individuals grow up surrounded by devices that distance them from direct experience and emotional maturation. Early exposure to social media and the logic of mutual surveillance, shaped by "likes," metrics, and curated images, is producing generations that are emotionally fragile and insecure in the face of psychic complexity. Instead of crossing through experience, there is a search for anesthesia. Instead of the symbol, mere reaction. Instead of the symptom as the Self's language, the diagnosis as silencing.

Thus, celebrating the 150th anniversary of Jung is, above all, to affirm the importance of a clinical practice that welcomes the individual as a unique being in process, not as an object of classification, preserving the transformative potential of the analytic encounter.

Methodology

This article was developed through a theoretical-reflective approach, centered on the analytical psychology of Carl Gustav Jung and the contributions of Jungian and post-Jungian authors who have expanded the understanding of psychic suffering, trauma, and the process of individuation in the contemporary

context. Authors with verified publications and alignment with the clinical and symbolic axis of the theme were selected, including Michael Fordham (1985), Donald Kalsched (1996/2013, 2013), Jean Knox (2003, 2011), Murray Stein (2000/2006), and Jung (1921/2020, 1942/2020, 1951/2020).

Brief historical contextualization

Analytical psychology emerged in the early 20th century as an alternative to the dominant conceptions in medicine and psychiatry of the late 19th century, which were marked by the search for exclusively organic explanations for mental suffering. During this period, theories of hereditary degeneration, studies on brain lesions, and the paradigm of cerebral pathology dominated European psychiatry, relegating subjectivity and symbolic experience to the background.

Simultaneously, psychogenic currents began to emerge, such as the studies by Charcot and Janet on hysteria, which introduced the possibility that symptoms could originate from psychic trauma rather than solely from organic alterations. This transitional scientific environment created space for Sigmund Freud to propose psychoanalysis (Freud, 1917/1994; Freud & Breuer, 1895/1996) and, later, for Carl Gustav Jung to develop analytical psychology, both as responses to the limitations of the strictly biological model.

Jung, however, went beyond Freudian conceptions by proposing that the psyche was not limited to repressed sexuality or personal content, but was structured by archetypal, universal images that manifested in dreams, myths, and fantasies. He conceived the unconscious as a creative matrix of personality, capable of offering paths toward transformation, provided there was space to symbolize and integrate such contents. As Jung affirms, "the inherited general prejudices" and the "confusion in morality and worldview" are often profound causes of psychological suffering, which requires the therapist to pay close attention to the spiritual conditions permeating the patient's life (Jung, 1942/2020, pp. 62–63). As he emphasizes:

As soon as the analysis of a patient's psychic situation reaches the field of their spiritual assumptions, one also enters the domain of general ideas. (. . .) How often general prejudices inherited, on the one hand, and disorientation in morality and worldview, on the other, the deepest causes of serious disturbances of psychic equilibrium? (Jung, 1942/2020, p. 29).

This proposal radically expanded the understanding of psychology, placing imagination, culture, myths, and symbolic experience,

dimensions previously marginalized by strictly biological or reductionist models, at the center of clinical practice. This shift remains relevant today, especially in the face of contemporary tendencies toward psychiatrization and the medicalization of everyday life, which persist in framing human experience as something to be standardized, at the expense of symbolic listening and respect for individual uniqueness.

Jung's legacy

Analytical psychology offered contemporary clinical practice a radical expansion in the way psychological suffering is understood. Jung did not propose the suppression of pain, but its listening, as a language that announces, summons and transforms. With this, he shifted the task of the psychotherapist: no longer to eliminate the symptom, but to sustain a relational field in which the unconscious can emerge, be symbolized and, when possible, integrated.

Throughout his work, Jung developed several key concepts – among them, Self, shadow, persona, archetype, transcendent function, and individuation – which are fundamental to understanding the subject in their wholeness. His approach differs from therapeutic models that aim merely at adaptation to the environment: for Jung, illness can be an expression of the tension between the ego and a deeper instance, the Self, which seeks realization.

In “The practice of psychotherapy”, Jung writes:

The best a doctor can do in these cases is to set aside all their methods and theories and rely solely on their own personality to ensure it is strong enough to serve as a point of reference for the patient. Furthermore, the possibility that the patient's personality surpasses that of the doctor in intelligence, disposition, stature, and depth must be taken seriously. In all circumstances, it is a supreme principle of a dialectical method that the patient's individuality has the same dignity and the same right to exist as that of the doctor, and that, for this reason, all individual developments of the patient are considered legitimate, even if they do not correct themselves (Jung, 1942/2020, p. 20).

The process of individuation, as defined by Jung, is not limited to the integration of unconscious contents. It constitutes a broader movement of progressive differentiation of the ego in relation to both the personal and collective unconscious, while maintaining a continuous dialogue with them. It is a symbolic and relational journey that involves not only the assimilation of shadowy and

complex aspects, but also an openness to archetypal images that orient the totality of the psyche. It is in this encounter with symbolic contents – in dreams, in complexes, in spontaneous images – that the subject may find deeper meaning in their suffering and reconstruct their path. In this sense, the clinical space becomes a privileged place for the listening of the soul.

Jung considered the therapeutic relationship a process of transition between dependence and symbolic autonomy. He recognized that, at the beginning of analysis, the patient often relies on the analyst's interpretative presence to assign meaning to unconscious content. However, he indicated that psychic maturity is revealed when the individual begins to decipher their own symbols, recognizing in them expressions of their transformation process. As he writes: "As long as the patient needs my help to discover the effective moments in his dreams, and I have to make an effort to show him the general meaning of his symbols, he has not yet emerged from the infantile state of consciousness" (Jung, 1942/2020, p. 59).

This formulation synthesizes the spirit of analytical psychology: to accompany the individual while they still require the presence of the other, without colonizing their symbolic experience through authoritarian interpretations. The analyst sustains the symbolic field until the patient is able to inhabit it on their own. In this gesture, the clinical space reveals itself as a place of transition between pain and the possibility of symbolization, where the unconscious is not interpreted from the outside, but listened to from within.

Jung understood that pain is not an error, but a form of language. From his perspective, symptoms are not failures to be corrected, but messengers of the psyche. Often, they are the only means the unconscious finds to lead the individual toward the confrontation of their most profound inner conflicts. Far from being mere signs of repetition, they carry a symbolic meaning that calls for listening, symbolization, and transformation.

Thus, the clinical work does not aim at superficial adaptation, but at the subject's deep transformation in relation to themselves and to the world. Jung conceived healing as a realignment of the ego with the Self, not as a return to a previously "normal" state.

This legacy remains alive, especially for those who understand that psychology cannot be reduced to the mere description of symptoms or the search for quick fixes. Analytical psychology invites a kind of listening that is committed to singularity, to personal history, to symbols, and to the mystery that crosses every soul in pain.

Changes in clinical practice: then and now

The psychological clinic has undergone profound transformations over the past century, many of which have been marked by a tension between the desire to listen to suffering and the tendency to reduce it to diagnostic categories and intervention protocols. Since Jung's time, this tension was already noticeable. Jung (1942/2020) acknowledged that the therapeutic process should not be conducted under the demand for cure or transformation imposed from the outside, as if the analyst possessed a formula for correction. In many situations, according to him, true listening requires the analyst to consciously renounce their own will to heal, since genuine change can only emerge from the patient's own soul. As he states:

But when a patient recognizes that healing through transformation would mean renouncing too much of their personality, the doctor can and should renounce modification, that is, the will to cure. In this case, they should refuse treatment or adapt to the dialectical method (Jung, 1942/2020, p. 21).

This posture does not imply clinical passivity, but rather a deep listening to the individuation process, which cannot be imposed by external elements. Jung notes that many patients – especially those with a strong sense of autonomy, education, and consolidated individuality – resist interventions that attempt to mold them. In such cases, the analyst's role is not to produce artificial transformations, but to offer a space in which the individual can become who they truly are.

In all these cases, the doctor must leave the individual path to healing open, and in this case, the therapeutic process will not entail any transformation of the personality, but will be a process called individuation. This means that the patient becomes what he or she truly is (Jung, 1942/2020, p. 21).

This statement shifts the meaning of “healing” from the idea of repair or adaptation to a notion of fidelity to the Self. To heal, then, is not to normalize, but to realize oneself. The analyst who understands this does not act upon the patient but walks alongside them in recognizing what lies in latency and longs to be born. Thus, the clinic ceases to be a space of correction and becomes a symbolic journey.

The rise of biological psychiatry, the growing influence of the pharmaceutical industry, and the consolidation of manuals such as the DSM-5 (American Psychiatric Association [APA], 2014) have led to the expansion of a clinical culture focused on naming and

neutralizing symptoms. Complex forms of suffering – rooted in subjective experiences, emotional bonds, and existential conflicts – have increasingly been classified into descriptive categories, often detached from the patient's personal history.

The promise of quick effectiveness through operational diagnoses and fast-acting medications has shifted the focus from listening to control. In most protocol-based clinical settings, the goal is no longer to understand the individual in their suffering, but to functionally adapt them to social life. As Jung warns (1942/2020, p. 121): "It would be ridiculous to say that man lives in order to breathe air. Equally ridiculous would be to say that the individual exists for society. (. . .) The only natural bearer of life is the individual, and so it is throughout nature".

In this context, analytical psychology offers an ethical stance of resistance: it refuses to reduce the individual to a label and insists on accompanying suffering as a process that carries history, images, meanings, and implicit desires.

The current tendency toward the psychiatrization of everyday life, which transforms variations in feeling into clinical conditions to be medicated, overlooks precisely this: that pain carries meaning, and that deep listening is, in itself, a therapeutic gesture. In Jung's view (1921/2020, 1942/2020, 1951/2020), analytical work requires more from the therapist than technical listening or theoretical mastery. It demands self-criticism, self-inquiry, and a radical openness to the experience of the soul, not only that of the patient, but also that of the analyst. The clinical task is not that of someone acting upon the other, but of someone participating with the other in a process of transformation.

Jung warns that, for psychotherapy to fulfill its true role, it is necessary to abandon the reductionist conception that confines the soul to a function of the brain or an object of medicine. He writes:

Self-criticism and self-investigation, which are inextricably linked to this problem, will require a change in the way we conceive of the soul, which until now has been considered solely in its biological aspect; this is because the human soul is not only an object of medicine, oriented towards the natural sciences. It is not only the patient, but also the doctor. It is not only the object, but also the subject. It is not only a function of the brain, but also the absolute condition of our consciousness (Jung, 1942/2020 p. 88).

In this formulation, Jung (1942/2020) rejects the idea of clinical neutrality: the analyst is implicated in the process, and their own soul is called into the relationship. This implies an ethics of presence and

listening that is not limited to interpreting the other but also allows oneself to be affected – and transformed – by the encounter.

Here, the soul is not reduced to an object of analysis, nor can it be fully explained by biological categories alone. It is that which grounds consciousness itself, that which makes existence possible. For this reason, the therapist who truly listens is not the one who seeks to correct or fix the patient, but the one who holds the relational field in which both – patient and analyst – can be touched by the reality of the psyche.

This kind of listening, which welcomes the unconscious and symbolic movements of the soul, requires time, relationship, and a willingness to dwell in not-knowing. It demands of the analyst, as Jean Knox (2011) puts it, the capacity to tolerate the complexity of experience without resorting to the defense of premature diagnosis as protection against the anxiety of the encounter.

In a world that accelerates and silences, Jungian analysis endures as a space of welcome and listening, where the symptom is not interdicted, but interpreted; where the time of the soul is respected; and where, above all, the individual is recognized in their singularity.

The individual-centered clinic

In contrast to approaches that treat psychological suffering as a problem to be corrected, analytical psychology proposes a kind of listening that is committed to understanding the meaning of pain, not merely its elimination. The Jungian clinic does not aim to adapt the individual to the world at the cost of their subjectivity, but rather to open space for the discovery of what, within themselves, has been forgotten, silenced, or broken.

Michael Fordham (1985), a pioneer in the dialogue between analytical psychology and child development, contributed decisively to this perspective. For him, the Self is not only a totality to be attained in maturity but is present from birth as an integrative potential. When that potential is disrupted by early trauma or failures in environmental holding, symptoms emerge as expressions of the Self's attempt to restore balance. According to Fordham (1985), the Self tries to repair the damage caused by trauma, and symptoms are part of the effort to restore equilibrium.

This perspective is deepened by Donald Kalsched (1996/2013), who understands psychological symptoms, especially in contexts of early trauma, as expressions of archetypal protection. For him, when pain becomes unbearable and the relational environment does not offer enough safety, a part of the psyche fragments and builds complex internal defensive systems in which suffering becomes

dissociated. Early relational trauma not only undermines trust in the external world, but also deeply compromises the individual's trust in their own subjective experience. As Kalsched (1996/2013) describes, early trauma shakes the person's capacity to trust both the environment and their inner life, setting up dissociative defenses that protect but also restrict emotional development.

This rupture installs in the psyche a fundamental split, breaking the continuity of affective experience and preventing the subject from trusting their own sensoriality, affects, and perceptions. Trauma is not merely an event; it is a defensive reorganization of the soul, marked by the loss of spontaneity, trust, and symbolization. As the author says:

Trauma is about a crushing blow to the generative innocence at the core of the self, and trauma survivors often feel that they have lost their innocence forever—until they find it visiting them in dreams as a child or soul-animal “from another world.” (Kalsched, 2013, p. 15).

In this view, psychological suffering cannot be reduced to a diagnosis or a dysfunctional mode of functioning. It is the mark of a soul that has been fractured in its ability to inhabit itself. The function of the clinic, therefore, is not to correct behaviours or suppress symptoms, but to offer a relational field sufficiently sensitive for this trust (in various realms: in life, in relationships, in the body, in feeling) to be restored.

Analytical listening, when sustained with presence and symbolization, can serve as a counterpoint to those defensive structures that once protected the wounded child. More than interpreting, the analyst welcomes. More than deciphering, they witness. In the field where pain and image meet, the traumatized subject begins to rediscover their soul.

In this sense, the Jungian clinical task is not only to receive pain, but to offer a symbolic mirror in which the subject may once again see themselves as whole. Analytical work involves restoring trust in one's own subjective experience, showing that it is possible to rebuild psychic integrity through a bond that does not repeat ruptures, but invites reconnection with the Self.

Jean Knox (2003, 2011), in turn, reinforces the importance of relationships as a symbolic field and regulator of subjectivity. From her perspective, the Self is constituted through embodied experiences of bonding and recognition. When clinical work is guided solely by diagnostic categories, it repeats the primary wound of not being heard. The excessive medicalization of subjective suffering, especially in childhood and adolescence, can lead to a profound erasure of inner experience, reinforcing the

feeling that psychic pain holds no legitimacy. Jean Knox (2003, 2011) notes that even in contexts where physical treatment is necessary, when the subject is treated solely as a body and not as a person, a painful affective split is established. As she states,

Repeated physical trauma, such as that resulting from invasive medical treatment for chronic illness, may lead to profound shame, as the person experiences being treated primarily as a physical object, with little recognition of their inner subjective world (Knox, 2003, p. 154).

This kind of experience, which may seem restricted to the medical field, is also perceptible in clinical settings when diagnosis takes the place of listening. The subject, then, instead of being welcomed in their complexity, is reduced to a technical name, a category, or a code. Such reduction denies the symbolic dimension of suffering, impedes the process of symbolization, and reinforces psychic dissociation.

Analytical work, by contrast, proposes a form of listening that recognizes the value of subjective experience and psychic life as the foundation of care. Restoring trust in one's own sensoriality, in affects, and in imagination is a deeply clinical and political task, especially when considering the collectivization of psychiatrization as a means of controlling and silencing pain.

The clinic focused on the individual, therefore, is not guided by goals of normalization. It listens to subjective time, respects the enigma of pain and sustains the space for the symptom to speak, not as something to be eliminated, but as something that needs to be understood. In this listening, the therapist offers not the solution, but the presence; not the path, but the symbolic mirror in which the subject may find themselves.

Healing, from a Jungian perspective, is not understood as the mere suppression of the symptom, but as a process of psychic transformation that involves the totality of the being. Jung warns that, in psychic treatment, there is no escaping the subjective implication of both analyst and patient. The encounter between two psychic realities is inevitably transformative: "As is expected of any effective psychological treatment, the doctor exerts an influence on the patient. To influence is synonymous with being affected" (Jung, 1942/2020, p. 85). This means that no listening is neutral. The professional who tries to shield themselves behind a halo of technical authority or soulless neutrality not only distances themselves from the encounter but also closes off one of the most essential cognitive organs of the clinic: the capacity to be affected. In any case, the patient exerts their unconscious influence on the analyst, and this action also provokes changes in the analyst's

unconscious. From this perspective, there is no true listening without the risk of transformation: each analytical encounter crosses both subjects, making the clinic a living field of mutual affectability.

By recognizing this reciprocal movement, Jung proposes a clinical approach in which the bond is not secondary to the process, but the very path through which pain is symbolized. Transference thus becomes a waking dream mirror; and countertransference, when carefully listened to, a delicate instrument for perceiving what pulses without a name in the other's soul.

In this sense, the analytical relationship is not merely a technical instrument, but a living relational space, where one person's unconscious affects and transforms the unconscious of the other. Jung draws attention to the fact that, even with all the theoretical apparatus, what is essential is the human field, as we can see in:

The treatment facilitates the encounter of two irrational realities, that is, of two people who are not limited and definable entities, but who carry with them not only a consciousness, which perhaps can be defined, but, beyond it, an extensive and imprecise sphere of unconsciousness. This is why the personality of the doctor (as well as that of the patient) is often infinitely more important for psychic treatment than what the doctor says or thinks, even though this cannot be disregarded as a factor of disturbance or cure (Jung, 1942/2020, p. 85).

In addition to the affectability inherent in the analytical encounter, Jung warns that this permeability, essential to clinical work, also carries risks. Mutual influence is inevitable. When the analyst does not engage in their own inner work, this openness can turn into psychic contagion: the unsymbolized circulation of affects, images, and unconscious movements between analyst and patient, producing fusions, identifications, and enactments that escape the awareness of both.

Guggenbühl-Craig (1971/1993) clearly describes this danger by showing how the analyst can be caught by archetypal projections – healer, savior, prophet – losing the distinction between their own psychic material and that of the patient, which threatens to turn the therapeutic relationship into an unconscious enactment in service of inflated forces.

For Jung (1942/2020), this risk can only be prevented when the analyst sustains continuous inner work, recognizing that clinical practice also summons their own soul. He writes:

Self-criticism and self-investigation, if taken seriously, will demand a profound change in the way we conceive of the soul. It can no longer be considered merely as an

object of medicine, but also as a subject. This means that the doctor cannot limit himself to observing the patient, because his own soul is also involved. He must take this participation seriously and confront it (Jung, 1942/2020, p. 88).

Thus, from a Jungian perspective, psychic contagion is not understood as loss of control or pathological fusion, but rather as the possible name for the permeability inherent to the analytic field. It becomes a risk when left unrecognized; it becomes a path when symbolized. Clinical work therefore requires that the analysts include themselves in the process, working through their countertransference and remaining attentive to the sensitive zones awakened by the encounter, so that the relationship may remain alive, ethical, and truly transformative.

The stage of healing (or transformation) is not reduced to normalization, but is grounded in deep subjective processes, in which the soul can, at last, be heard in its wholeness. As he summarizes:

The transformation phase is based on these facts which, in order to be recognized without ambiguity, had to be the subject of extensive practical experiences spanning the quarter-century preceding this recognition (Jung, 1942/2020 p. 86).

Analytical practice thus affirms itself as a counter-hegemonic space: a place where the individual is recognized in their wholeness and where pain, far from being an error to be corrected, is a message to be heard, a living image of what has yet to be born.

But when symbolic listening is replaced by a self-referential stance or by an inflated sense of authority, the clinical space risks becoming a field of traumatic repetition. Adolf Guggenbühl-Craig (1971/1993), in his book "The abuse of power in psychotherapy", observes that the patient often projects unconscious archetypal figures onto the therapist, such as the healer or the prophet. The danger in this process is that the analyst may come to identify with these images, distancing themselves from the reality of the relationship and the limits of their own ego. Under these conditions, the analyst abandons the symbolic function of listening to occupy an imaginary position as ideal or master. The relationship ceases to be therapeutic and becomes an unconscious archetypal enactment, in which analytic authority becomes absolute and the patient is captured in a dynamic of subjugation, often without realizing it.

Often the therapist has the impression that their work is going very well; but, in reality, this impression is often a

misleading judgment, prone to becoming a victim of their own shadow. (...) It is the patient themselves who projects the charlatan and the false prophet onto the analyst and even encourages these aspects (Guggenbühl-Craig, 1971/1993, p. 33).

At this moment in which we celebrate the 150th anniversary of Jung's birth, it becomes even more urgent to recover the ethical and symbolic foundations that sustain Jungian clinical practice. This is not a biographical commemoration, but a call to living listening, to the decentring of the analytic ego, and to the recognition that every therapeutic relationship is crossed by unconscious forces. To remember Jung, in this context, is to remember that the analyst's authority cannot be confused with personal power, as Guggenbühl-Craig (1971/1993) warns, but must be upheld as a symbolic function in service of the patient's process.

Therefore, the celebration of Jung is also a clinical and ethical reminder that every true act of listening is a renunciation of control. It is a form of listening that offers itself to the process, without imposing upon it. True transformation only occurs when the analyst symbolically sustains the relationship, without appropriating it.

Future perspectives for analytical psychology

As we mark the 150th anniversary of Carl Gustav Jung's birth, analytical psychology finds itself facing a paradox: although its proposal of deep, symbolic, and transformative listening has never been more necessary, it is often silenced by the hegemony of the technical, productivity-driven, and adaptive discourse that shapes contemporary life – and, with it, the clinical field.

The neoliberal logic that structures everyday life prioritizes efficiency, performance, and acceleration, treating suffering as a factor that might hinder productivity. Within this scenario, the demand for brief interventions, quick diagnoses, standardized protocols, and fast-acting medication continues to rise. But this model disregards the individual, their history, their desire, their pain with a proper name, and, above all, the reality of the soul.

In the age of hyperproductivity, the dream is a territory where the unconscious remains free. It does not bend to utility, has no immediate purpose, does not obey the algorithm. It emerges as the Self's own language, even when the ego is shaped by the imperatives of the external world. In times of forced coherence and performative positivity, dreams become fragments of truth that resist.

Often, dreaming is the space where the psyche still dares to say what was silenced by fear, by haste, by adaptation. The analysis of dreams, in this context, becomes a political gesture in its deepest sense: it is the recovery of the symbolic as a form of truth. To dream is, therefore, an act of the soul's insurgency against the psychic normativity imposed by a performative world.

Performance demands coherence, efficiency, and predictability. But the symptom, that dissonant fragment, escapes. The depression that paralyzes, the anxiety that shatters calendars, the panic that prevents the stage, everything that disrupts "proper functioning" may carry a message from the Self. In Jungian analysis, the symptom is not a "system error," but a call to listening, a code of the soul that requires symbolic translation.

Individuation, in this sense, requires a different pace: the pace of the soul. It is not possible to individuate in a rush. The unconscious has its own rhythm, and it is not linear. There are pauses, repetitions, regressions, crossings that defy the logic of productivity. To slow down is not to regress; it is to allow something true to arise. Many times, it is the symptom that initiates the symbolic journey: it breaks the narrative of the "ideal self" and opens the crack through which the soul enters.

This scenario begins early. According to Jonathan Haidt (2024), the new forms of suffering do not arise only in adulthood. Childhood has come to be shaped by digital devices that interrupt the symbolic construction of subjectivity: boredom has been eliminated, the body has lost space, play has been replaced by visual performance and constant surveillance. Childhood organized around the use of cell phones and digital networks produces at least four central developmental damages that, in the author's view, help explain why the mental health of children and adolescents has worsened so quickly and dramatically in the past decade. The psyche, formed under the logic of acceleration, often arrives in ungrounded therapy. And it is in this space that the symbol can reappear as a form of inner reorganization. Analysis, then, becomes not only reparative but restructuring, a ground where the soul can rediscover its own paths.

The future of analytical psychology, in this sense, does not lie in its adaptation to the dominant discourse, but in its ability to offer an ethical and symbolic resistance. A clinical practice that recognizes that illness can be a form of language, that the symptom may contain an image of transformation, that pain is not a mistake, but a calling.

Jung had already anticipated this direction when he wrote:

When an inner fact does not become conscious, then it manifests externally, in the form of fate. That is, if the individual remains whole and does not perceive their inner contradiction, then it is the world that must create the conflict and split into two opposing parts (Jung, 1951/2020, p. 89).

His warning remains alive: when we do not listen to suffering, it turns into repetition, into automatism, into a symptom that hardens. The clinic of the future is one that does not pathologize the time of the soul, that does not rush what needs to ripen, that does not silence what longs to be heard.

Within this horizon, analytical psychology can and should engage in dialogue with the advances of neuroscience and attachment theory, with trauma studies and with the new forms of psychic suffering linked to contemporary culture. But such dialogue is only fruitful when it preserves its ethical core: the centrality of subjective experience and the commitment to the process of Self individuation.

As proposed by Kalsched (2013), it is in the presence of another soul – a presence that welcomes, symbolizes, and does not repeat the rupture – that the traumatized psyche slowly begins to recover its capacity to dream, to imagine, and to symbolically reorganize experience.

This idea captures, in just a few words, the delicate alchemy of the analytic bond when it is crossed by care. The soul that has suffered early ruptures no longer dreams, not only in the oneiric sense, but in the symbolic capacity to project meaning, to imagine futures, to experience inner life with freedom. Trauma, as we know, takes away the psyche's narrative and symbolic capacity, breaking the trust in one's own subjective experience. Faced with this, the analytic work does not limit itself to interpreting content or naming diagnoses but offers itself as a living and receptive presence that welcomes and holds, until the images, the words, and the dreams can return.

This "other" who accompanies with soul is often the first sensitive witness who does not invade, does not demand, does not correct, nor silence. It is this relational space — good enough, present enough, firm enough – that allows for the slow recovery of the symbolic function. To dream again is to remember that the soul is still alive, that pain can be voiced, and that something within us longs to keep existing beyond the pain. It is, therefore, a clinic that does not impose itself as technique, but unfolds as encounter. And in this encounter, the traumatized soul, once thought to be lost, finds within itself the capacity to transform.

The future of analytical psychology will not be built by adapting to the biomedical model, but by its persistence in offering a living clinic — one that holds paradox, mystery, and not-knowing. A clinic where pain has time, the symbol has space, and the subject can, at last, become who they are.

Conclusion

To celebrate Jung's 150th anniversary is more than an act of remembrance. It is an act of resistance. Amid the speed of diagnoses, the erasure of subjectivity, and the medicalization of everyday life, analytical psychology reaffirms that suffering is not noise: it is language. And that every pain carries, within itself, a story, a name, an image, a silent plea to be heard.

By remembering that every pain has a biography, and that the symptom is not born in a void but carries the marks of a history, we recognize that each pain is also a narrative asking to be heard. Analytical work does not seek to erase suffering, but to reinscribe it with new meaning. Jung's legacy lies not only in the concepts he introduced, but in the ethics that sustain them: the refusal to reduce the human being to what can be measured, the respect for the symbols that emerge from pain, and the commitment to sustaining the mystery of what is still in formation. Jung reminds us that what is not lived returns as fate and that what is truly heard can be transformed into a path.

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Minicurrículo:

Viviane Lahorgue – Specialization in Analytical Psychology from the Jungian Institute of Rio de Janeiro - IJRJ / Universidade Estácio de Sá – Unesa. Rio de Janeiro/RJ, Brazil. E-mail: vivilahorgue@hotmail.com