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An "Authentic Wholeness" Synthesis of Jungian and Existential Analysis

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Eclectic approaches to psychotherapy often lack cohesion due to the focus on technique and procedure rather than theory and wholeness of both the person and of the therapy. A synthesis of Jungian and existential therapies overcomes this trend by demonstrating how two theories may be meaningfully integrated. The consolidation of the shared ideas among these theories reveals a notion of "authentic wholeness" that may be able to stand on its own as a therapeutic objective. Reviews of both analytical and existential psychology are given. Differences between the two are discussed, and possible reconciliation are offered. After noting common elements in these shared approaches to psychotherapy, a hypothetical therapy based in authentic wholeness is explored. Weaknesses and further possibilities conclude the proposal.

In the last thirty years, so-called "pop psychology" approaches to psychotherapy have effectively demonstrated the dangers of combining disparate therapeutic elements. While eclectic psychotherapy is associated with experienced clinical work (Norcross & Prochaska, 1988; Sue, Sue, & Sue, 1994) and professionally encouraged (George & Cristiani, 1995), eclecticism also lends itself to haphazard and ineffective integration of therapeutic techniques (Brammer & Shostrom, 1984; Norcross & Prochaska, 1988; Patterson, 1980), as well as the adoption of "every new and dramatic thing" (George & Cristiani, 1995).

When bits of psychotherapies are thrown together without any cohesive theoretical background, the human being can only be understood as a simple collection of separate processes. Effective interventions become just tricks used to influence the client's actions or thoughts, and the therapist turns into a mechanic, trying to fix the malfunctioning machine that is the client (Frankl, 1975).

If psychotherapy is not just about "curing the sick" but about understanding human existence, then the therapist must enter a relationship with a client as one who attempts to peer into a client's experience and world. Of all psychological therapies, existential psychology is unique in that it grew not just from a clinical attempt to understand the mentally ill but from many philosophical attempts to know life. Despite some differences, these understandings all center on the concept of the entire person and the process of living, or "being." Being is not a convenient construct with which to cure clients; rather, it is the basis of existential thought. While most therapies use specialized technique to achieve understanding, existentialism argues that understanding must occur before technique can arise (May, 1983).

Of course, this lack of tight theoretical constructs is precisely why existentialism is criticized. Van Dusen (1962) cautions that the differences among existential theorists are vital to the understanding of existentialism, that "[when] existential philosophy has hardened into a consistent dogma, life will have gone out of it and existentialism will have lost its center in Man" (p. 29). Similarly, May argues that the decision to become an "existential analyst" does not involve renouncing other views in psychology:

The existential approach is not a system of therapy-though it makes highly important contributions to therapy. It is not a set of techniques-though it may give birth to them. It is rather a concern with understanding the structure of the human being and his experience (62, p.185).

May's statement is an open invitation for an eclectic blend of existentialism and other psychotherapies. A frame of reference that makes existentialism more accessible and understandable would certainly be beneficial. However, a "cut and paste" approach is not the answer. For a coupling of existential ideas with other theories to be useful and valid, common links must already exist, and the additional theory must also stress the totality of the individual's experience and the importance of the therapist/client relationship. Of the many psychotherapies that address such issues, Jungian psychology in particular has previously been noted for its striking similarities to existentialism. As A.J. Ungersma, a proponent of logotherapy (Frankl's existentialism) stated, "since Jung early in the twentieth century defined neurosis as the suffering of a soul that has not found its meaning, we could call Jung the first logotherapist!" (1961, p. 34).

An integration of Jungian and existential ideas is a warranted and appropriate vision of eclectic psychology and therapy, for three reasons. First, the basic concepts of both systems are very similar or often identical; the manner in which these concepts are described is the dividing point between Jungians and
existentialists. Second, these different concepts can be used to complement and balance each other. The Jungian portion of this synthesis expresses existential ideas and terms in a therapeutic framework that is both substantial and malleable. The existential portion helps translate concrete bipolarization such as the unconscious, introversion/extroversion, and archetypes into fluid notions that are more adaptable to individual cases. Roger Brooke (1991) has argued that this is in fact what Jung intended his ideas to be, but that he lacked the "conceptual tools to express his insights" (p. 2) in such a manner.

Finally, this synthesis is not a random conglomeration of two theories but rather a reuniting of ideas that support and reinforce each other; thus, a basic concept which unites these two approaches to psychology arises in their joining. At the core of both existential and analytical psychology lies a notion of awareness and gathering of the separate parts of one's existence into an interconnected reality, an "authentic wholeness" that may serve as a hallmark of mental health.

**Bibliography of Theories**

In order to better understand analytical and existential psychology, a review of the two theories follows, each theory in terms of three categories: psychology, psychopathology, and psychotherapy. This is by no means a comprehensive review. Those wishing to examine Jung more thoroughly are referred to Jung (1933; 1961; 1964), as well as Read, Fordham, and Adler (1957). In addition, Samuels (1985) offers a rich collection of material on new directions in analytical psychology. For a greater exploration of existentialism, begin with Laing (1960), Ruitenbeek (1962), Boss (1963), and Bugental (1965).

**Jung's Psychology**

Jung views the psyche as extremely intricate, a multidirectional, multi temporal region (Rychlak, 1981). To understand this complicated structure, Jung uses two main principles to categorize the mind into manageable chunks: constellation and opposition. Jung feels that ideas, beliefs, and assumptions about a particular subject would constellate around a specific emotion; these constellations, or complexes, are the units through which the mind constructs the world (McAdams, 1994; Rychlak, 1981).

However, opposition is also necessary to understand a concept because "one end of a spectrum helps to define the other" (Samuels, 1985, p. 92). One such opposition is the distinction between conscious and unconscious. The images and contents in the conscious are more or less clearly defined, whereas the material of the unconscious is vague and unclarified (Rychlak, 1981). However, conscious and unconscious are equal, both in ability to understand and in ability to provide guidance.

Just as each individual has a conscious and an unconscious, mankind also has an awareness and an unawareness of material both within and beyond each person. Jung speculates that the collective unconscious, this innate understanding of the world shared by all people, was responsible for the recurring themes in myths and stories (Jung, 1961, 1964). The images around which these themes congealed are the archetypes. Some archetypes reside specifically within each individual, such as the persona - one's appearance to the world - and the shadow - one's hidden, undesirable side (Jung, 1964; Samuels, 1985; McAdams, 1994).

Jung emphasizes a principle of equivalence to moderate between this constellation and opposition (Rychlak, 1981). Many complexes should be present, with no one dominating the individual's psyche. Likewise, bipolarization in life needs to be balance. One of the most important balancing acts takes place between ego (self-perception) and shadow (self-deception), so that these opposites are reconciled in an accepting manner (Read, Forham, & Adler, 1957). Only by integrating complexes, opposites, and archetypes together can one become a whole, unified person, what Jung called the Self (Jung, 1933, 1964).

**Jung's View of Psychopathology**

Jung sees a patient as "one who [had] betrayed his wholeness in the interests of some sub-aspect of himself" (Barton, 1974, p.95). This betrayal may occur in several ways. An overinflated complex may consume more and more of a person's time and energy, or the bipolarization in one's life may be so strongly separated from each other that they become incompatible (Rychlak, 1981). However, the undifferentiated unconscious, in the natural striving for balance, pushes repressed issues upward to break into the unconscious. If the material can be integrated into one's understanding, the Self may be attained. This material is usually understood through a symbol.

The unconscious information may be too repellant or inconsistent with one's self-understanding to be accepted. Projection and other defense mechanism may be used, so that the notion is cast away from the self and onto another object; this object becomes a symbol of the unwanted knowledge. Thus, part of the Self is denied.
Jung's System of Therapy

Samuels (1991) argues that terms such as "mentally ill" result in a loss of patient individuality and true patient understanding. Similarly, Jung writes that, "we should not try to get rid of a neurosis, but rather to experience what it means, what it has to teach, what its purpose is . . . " (1964, P.170). Barton also states that "the purpose of Jungian analysis is to make conscious that which is unconscious and to bring into the open that which has been shut off" (1974, p.110). In other words, analytical psychology sees "mental illness" as an indication that the patient is attempting to become whole.

To ease this "opening-up," Jung envisions four stages to therapy: (a) confession, (b) elucidation, (c) education, and (d) transformation (1933). Confession is a catharsis in which one becomes aware of unconscious knowledge. Elucidation involves a clarification of this material and a discovery of what it means to the individual. Education is a changing process focused on both the "mental illness" and the behaviors that facilitate it. Transformation is a specialized fourth stage that addresses the total development of the Self. This sequence is only a sketch, for it is likely that portions of all four stages will be occurring simultaneously (Rychlak, 1981).

Jung comments that, "it is advisable for the physician not to have too fixed a goal . . . the shoe that fits one person pinches another" (1933, p.60). Instead, the focus should be placed on the dialectic relationship between patient and therapist, a "symbolic soul meeting" (Barton, 1974; Rychlak, 1981).

The necessity of treating each case differently leads Jung away from devising specific therapeutic techniques. Jung feels that all psychic material was wrapped around symbols, so patients are encouraged to write, draw, and act in other manners that generate unconscious imagery. The resulting imagery should be focused on and intensely amplified. Within a dialectic relationship, these examinations reveal unconscious meanings and how to create a whole from them.

Existential Psychology

Existential psychology began as a reaction to the objective views that dominated psychology (McAdams, 1994). The existential psychologists, despite varied interests and techniques, all believe that psychology's starting point must be the individual. Existentialism rejects the fragmentation of the individual into separate components and sections; instead, the entire process of what it means to be human must be considered. Binswanger uses the term Dasein to describe "a being whose essence is to be-in-the-world" (Needleman, 1963, p. 67). This "being-in-the-world" means that the world and the individual have no meaning without each other (McAdams, 1994).

If being-in-the-world characterizes human existence, then a notion of non-being must be considered, for "to grasp what it means to exist, one needs to grasp the fact that he might not exist" (May, 1958, pp. 47-48). Death or non-being is an utter lack of Dasein, a Nothingness that produces Angst, the utter fear of separation and non-existence (Ruitenbeek, 1962). Angst is inevitable and, ironically, both threatening and necessary.

Man's awareness of being and non-being is needed to comprehend his "thrownness," the condition that he is indifferently cast into and out of the world (Bugental, 1965). However, this awareness of man's condition reveals also his potential for action. Ultimate control is not attainable, but man does have the freedom and responsibility to make authentic choices within his thrownness (Bugental, 1965; Rychlak, 1981). Authenticity is "a way of being in the world in which one's being is in harmony with the being of the world itself" (Bugental, 1965, p.33).

Existential Psychopathology

The recognition of uncertainty and thrownness is likely to cause existential anxiety, which is simply characteristic of being. Existential anxiety is normal and health if "[one can] accept the responsibility for choice but recognize the potentiality of tragedy" (Bugental, 1965, p.24). When existential anxiety cannot be accepted, that anxiety becomes neurotic. Though conceptualized in different ways, neurotic anxiety in general may be understood as a fear of Dasein loss. Some may suffer from a "stuck" Dasein, in which the freedom to make decisions is gone (Needleman, 1963); others may feel ontological insecurity, in which they cannot take existence for granted and contrive ways of forcing life to be more "real" (Laing, 1960). In addition, neurotic anxiety may also be caused by a perceived inability to understand and interact in the world, what Frankl called "the existential vacuum" (1975, p. 90). In these different manners, the "mentally ill" inauthentically perceive their world and deny the true possibilities of their Dasein.

Existential Therapy

In existential psychology, terms such as psychopathology are seen as dehumanizing labels
(Bugental, 1965; Laing, 1960). Instead of a cure, existential psychotherapy is understood as a quest for the authentic being-in-the-world that the patient has lost. Implicit in this search is the client's personal discovery of Dasein. The therapist may guide and encourage, but it must ultimately be the client who regains his or her Dasein. This involves many tasks the client must complete, including recognizing the inauthenticity of his/her current worldview and taking the responsibility to make his/her own personal choice. Because of the emphasis on each client's Dasein as unique and specific, few generalizations can be made about therapy. Any general, formulaic approach to the client is seen as a devaluation of the experiencing relationship between client and therapist.

Some attention has been paid to the "procedure" of creating what Bugental calls "the authentic presence" of the therapist in relation to the client. Whatever techniques the therapist chooses to use must deepen the understanding between therapist and client. May writes that, "psychological dynamisms always take their meaning from . . . the patient's own, immediate life" (1983, p.154). Similarly, Bugental addresses the need for the therapist to understand that immediate life without taking away the patient's responsibility for the existential crisis intimately (1965).

Jung and Existentialism

It is important to note that the proposed synthesis is not an attempt to "weld together" Jung and existentialism into one large personality theory. The constructs underlying the specific components of personality within each theory are unified and contained so that additions would be confusing and often contradictory. Nonetheless, the understandings of the two theories in relation to the basic nature of human beings are very similar and seem to present a notion of "authentic wholeness" as the key to a healthy, well-balanced life.

In addition, both analytic and existential psychologists emphasize the importance of addressing the individuality of each client's "authentic wholeness" in clinical practice. It is through this specific understanding that these approaches may be united.

Differences

The main point of divergence between Jung and the existentialists lies in their manner of theoretical conceptualization. Existential writings are often phrased in ways that can only be fully understood when applied to particular examples. For instance, how can one define Dasein in general? While the phrase "being-in-the-world" is useful, a general understanding of the idea remains elusive. In contrast, the Jungians divide psyche and experience into many distinct sections through the principles of constellation and opposition. Rigidly defined structures such as the complex or the personality types may result in a narrow or limited examination of personality and pathology.

So, if these theories seem to have authentic wholeness at their core, how should their divergent approaches be studied? That is, should existentialism be examined for its undifferentiated Jungian ideas, or should analytical psychology be scrutinized for constrained elements of existentialism? While both perspectives are useful, the primary examination will be of Jung's complicated and confusing taxonomy in relation to the existential ideas that flicker in and out of his work. It is difficult to address existentialism's lack of concrete categories when existential psychologists cite this "deficiency" as a benefit to their system. Jung, on the other hand, addresses the need for a phenomenological understanding of each individual, coupled with the scientific division of knowledge, what Brooke (1991) calls "the Cartesian separation of Knower and known" (p. 6).

Existential examples of this division (e.g., Frankl's psychogenic, somatogenic, and noogenic neuroses) effectively demonstrate the importance of conceptual categories. For better or worse, Western science has developed in this classifying manner, and a rejection of this approach would be counterproductive. However, Jung is often criticized for hinting at an innate human experience that is beyond scientific understanding and yet at other times wrapping it completely within scientific reductionism. This dual presentation of what Brooke (1991) calls "the natural scientific" and "the poetic" often causes confusion and rejection of Jungian ideas among both psychologists and the general public.

Jung's unclear blend of phenomenology and rationalism produces several results. Existentialists have turned away from Jung's ideas due to a perceived overemphasis on the reality of concepts and symbols. The terms "libido" and "psychic energy" seem tied to biological drives and are reminiscent back to Freud's notions of reductionistic determinism (Brooke, 1991). Furthermore, Brooke contends that Jungian analysts do not often attempt to reconcile Jung's two views:

Although Jungian analysts tend to eschew reductionism (or at least that is the impression they like to give) there does seem to be a widely held view that the "truths" which emerge from analytical practice are in some sense provisional (1991, p. 5).
In addition, a popular aspect of Jungian psychology, the personality typology, is also one of the most objectifying. The very characteristics that make it appealing to empiricists and the public are the same characteristics that clash with existential ideas and even with some of Jung's other writings (Jung, 1933).

This "confusion through conceptualization" is readily evident in two specific areas of analytical psychology. One is the distinction between conscious and unconscious. Existentialism resists the personal unconscious as an objective reality because the difference between conscious and unconscious is, from the existential point of view, an arbitrary dividing line (Rychlak, 1981). Furthermore, relying on the unconscious for guidance seems an inauthentic way of life, a forsaking of choice for innate "instincts" and "drives" (Rychlak, 1981). Binswanger argues that emphasis must remain on the conscious as the primary force in activating the human experience (Needleman, 1963).

Similarly, Boss comments that it is "unnecessary to go beyond immediate experience" (1963, p. 94); labeling something unconscious is attempting to understand that which does not exist, for as soon as it exists (i.e., is known to us), then it must be conscious! In other words, there may be such a thing as the unconscious, but it is concealed from our understanding, so we should "let concealment be the secret it is" (Boss, 1963, p. 101).

If the personal unconscious is a vague unawareness that we cannot define, then the collective unconscious and the archetypes within it are simply subjective misrepresentations of "Dasein-experiences" common to many people (Boss, 1963). To the existentialists, the emphasis must remain on each unique, existing Dasein; if some individuals throughout history have experienced being in the same way, there is no need to consider the source of these commonalities as shared. Such a collective force appears to be the equivalent of species instincts. Such a notion angered Frankl, who, when addressing the religious elements of the archetypes, wrote:

What sort of religion would that be - a religion to which I am driven, driven just as I am driven to sex? As for myself, I would not give a damn for a religiousness that I owed to some "religious drive" (1975, p.64).

To be authentic, intensely personal experiences such as religion must come from "the personal center of the individual man rather than an impersonal pool of images shared by mankind" (Frankl, 1975, p. 65).

Possible Reconciliation

Some have suggested that Jung's confusion and contradiction springs from his sometimes dull and complicated writing style (Brooke, 1991). However, an even more basic problem may be that Jung simply gets tied up in his terminology. Brooke writes that, "Jung saw and understood as an existential phenomenologist but he lacked the conceptual tools to express his insights in a phenomenologically rigorous way" (1991, p.2'). Jung was witnessing integrated phenomena in people but had no way of expressing these views except through the natural scientific understanding that dominated the time. Such views cannot fully encompass notions of balance and experience, even symbolically.

This does not mean, however, that these "empirical" understandings of authentic wholeness should simply be ignored. Rather, such constructs should be used as broad categories for understanding phenomena rather than interpreted literally. Jung is inconsistent on this subject, but it seems clear from his later writings that he encouraged latitude within a defined theory: "Naturally, a doctor must be familiar with the so-called methods. But he must guard against falling into any specific, routine approach" (Jung, 1961, p.130). Jung's ideas can be used as tools through which the analyst may begin to understand the patient. However, the therapists should never try to force the patient's experience into a construct that does not fit him or her. Jung's conceptualizations are simply meant to be stepping stones leading to the meeting of therapist and client as two equal human beings. (Jung, 1961).

An ironic example of the power of Jung to dig into the heart of a matter is Peterson's (1992) use of personality typology to examine differences between Jung and Frankl. Peterson argues that the theorists' differing views on the discovery of meaning can be better understood when one recognizes Frankl as an extrovert and Jung as an introvert. Both Jung and Frankl believe that "meaning is found, not invented" (Peterson, 1992, p.37); the difference is that they looked in different areas. Jung searched for the nature of meaning inside each person's psyche, while Frankl emphasized commitment to something outside the self. Thus, there is not a choice between Jung's meaning or Frankl's meaning but a recognition that "each type, giving true testimony of its own perception, will have two different stories to tell" (Peterson, 1992, p. 37). Not only does Peterson offer a connection between Jung and Frankl, he also shows how a typology can be used without being restrictive. Jung and Frankl are not simply labeled "introvert" and "extrovert" but are
become known, and thus balanced with previous unconscious and the archetypes, Jung's contradictions (Brooke, 1991). If this distinction is kept in mind, the do not warrant outright rejection. Jung's basic mistake of the unconscious is that image, which may vary, from the archetype itself is his failure to consistently delineate the archetypal archetypes lose their concrete separateness from awareness, is valuable. 

In this understanding of the archetypes, Jung's contradictions do not warrant outright rejection. Jung's basic mistake is his failure to consistently delineate the archetypal image, which may vary, from the archetype itself (Brooke, 1991). If this distinction is kept in mind, the archetypes lose their concrete separateness from individual experience and become ontological "sources of the typical actions, reactions, and experiences that characterize the human species" (Brooke, 1991, p. 159).

For those who cry out for help on this journey to authentic wholeness, Jung and existentialism caution the helper (the therapist) to recognize fully what the client is: a human being as potentially strong or weak as the therapist. Such a similar being must be treated with the respect due to an equal. As Binswanger states, "[the therapist] will therefore not degrade the patient to an object toward which he is subject, but he will see in him an existential partner" (1962, p. 20); analytical psychology aims at a similar relationship, in which "patient and therapist sit together, walk and talk together . . . and engage in a wide variety of activities in which they ask themselves what is the truth of the patient's life" (Barton, 1974, p.112). The therapist may have greater training or knowledge than a client, but the therapist never presumes to understand the client better than the client.

Commonalities

When Jung's ideas are understood as general experiences that differ in specifics through each person's being, a greater understanding of the total human experience is gained. From such an understanding arises practices and ideas that emphasize both analytical and existential psychology's contributions to psychopathology and therapy. The guiding point of these contributions should be the goal of therapy. Both Jung and the existentialists state that while each individual's needs will differ, all people strive to make sense out of their place in the world.

While Jung talks about meaning gained through myth (Jung, 1961), and Frankl discusses meaning gained from suffering (Frankl, 1969), both are discussing a need for people to understand themselves and their world. As Peterson (1992) points out, Jung focuses inward and Frankl aims outward, but both emphasize each individual's finding authentic meaning in his or her own way.

This reliance on the Self to find meaning, as from one's conscious, also generates anxiety. Jung and Sartre agree that such an existence is often filled with anguish (Shelburne, 1983). This anguish over the search for Self and meaning can lead to self-deception and a rejection of one's responsibility for this search. Some people may form complexes around the hardships in their lives, and others will live "in bad faith" by allowing popular opinion to determine their decisions; in both cases, the individual is neglecting self-unification and self-with-world unification.

Through individuation or authentic living, anguish is confronted, and "it is in the confrontation with the shadow that the person must face inconsistencies in his value structure. Through this process bad faith would be exposed and worked through" (Shelbourne, 1983, p.64). Only through the individual's realization of Self as both cause and potential cure of his/her misery may authentic wholeness be reached.

In this understanding of the archetypes, there is no need for Frankl's bristling against "drives," religious or otherwise. Just because there are basic functions through which the human psyche understands or the Dasein experiences does not mean that an individual's relationship to God, Mother, or the Hero lacks an intrinsically personal nature. Rollo May recognizes that it is a basic part of being-in-the-world to symbolize experience through myths, which are innately archetypal: "Each of us, but virtue of our pattern of myths, participates in these archetypes; they are the structure of human existence" (May, 1991, p. 38).
does him/herself. Thus, the emphasis focuses back on the patient.

Guided and encouraged by the therapist, the client makes these discoveries through a variety of exercises, the specifics of which vary from patient to patient. In analytical therapy, this involves attaching significance to "symbols of unification" (Barton, 1974), while existentialism stresses the exploration of meaning in actions involving one's being (Frankl, 1969). In both cases, the essential nature of the client's actions involves a "development of inner resources" and "creative exercises of freedom" (Shelburne, 1983, p.58). The patient is encouraged to create and examine symbols and meanings in life. For example, perspectives of dreams in each theory are viewed from each particular patient's Self or Dasein so that, except for slight amplification, the dream means exactly what it appears to mean for each client (Barton, 1974; Binswanger, 1962). It is through such intensive examinations that the client can exercise the free will to discover the meaning in his/her Dasein or Self.

An Authentic-Wholeness Model of Psychotherapy

Behind the differences and agreements of existentialism and Jung, there is a unified theme, a notion of "mental health" as existing within the authentically-whole person. What might therapy that focused on this idea look like? Who might benefit the most from it? It seems likely that an authentic-wholeness approach would best suit those who suffer from what Jung called "the general neurosis of our time" (Frankl, 1969). Disintegration of the self, a feeling of inability to function in the world, a longing for fulfillment: all these phrases may describe those who could benefit. Disorders of anxiety and affect certainly fall into this realm. However, as will be discussed later, this theory of treatment may not work well with those whose psychopathology involves severe delusion or psychosis, for in these situations the necessary interaction with the therapist may not be possible.

At the beginning of authentic wholeness therapy, a connection between therapist and client must be established. The client must understand that s/he will be as responsible for the direction and progress of the therapy as the therapist. The therapist may have an idea of how the journey to the client's Self must be worked through by constantly pushing the client to realize that his symbolism is actually a rejection of the true heart of the client's problem needs to be tied the mean, nasty acts of his childhood to his older brother, the patient is in effect casting his undesirable Shadow onto the brother. Even if the brother did have experience, or Self around some object (Jung, 1964). This is not a bad thing, since the client is aware that this symbolism is occurring. For example, if a client ties the mean, nasty acts of his childhood to his older brother, the patient is in effect casting his undesirable Shadow onto the brother. Even if the brother did have a corrupting influence, both client and therapist need to realize that his symbolism is actually a rejection of the integration of Shadow and Self. Such a projection must be worked through by constantly pushing the client to be responsibly authentic and not use freedom of choice to ignore an aspect of Self (Frankl, 1969).

However, the therapist must also be careful not to push the client away from a symbol that the therapist does not personally agree with, particularly in matters of religion (Jung, 1933). The understanding of authentically appropriate symbols for the client can...
only be reached through an equal and open dialogue between client and therapist (Bugental, 1965).

Symbols of authentic wholeness can be generated and explored through several processes, such as dream amplifications, painting, and writing. The emphasis on material that comes from the individual enforces the client's notion of Self as creator and finder of meaning (Read, Fordham, and Adler, 1957). Again, the therapist must be careful not to view the dreams or other unique work from a pre-designed frame of reference. The only frame of reference through which these works can be understood is the client (Jung, 1933; May, 1991).

These activities are the first steps toward the achievement of authentic wholeness. This involves the integration of the various symbols and meanings that have been discovered into one complete Self. The unification of the Self, however, is not attainable without a conscious decision by the client to do so. The elements that rise from the unconscious mean nothing if the client does not have the free will and courage to face them. This transformative stage may take a long time to reach.

Authentic wholeness therapy, like Jungian and existential analysis, may be a long, time-consuming process. However, not all the client's work must be done with the therapist. If the client moves into the transformative stage and is actively pulling together the parts of his/her existence into a consolidated meaning, s/he may be ready to discontinue therapy while continuing to become authentically whole. Such a decision must be discussed between client and therapist. Authentic wholeness is not just a goal of therapy but also a goal of healthy life overall. Ideally, the client will continue in these explorations long after treatment has ended.

Conclusions

The previous speculations about an "authentically wholeness"- based therapy are just that: theoretical speculations that have yet to be empirically validated. For that reason, several weaknesses within these ideas are evident. As stated earlier, authentic wholeness therapy may only be appropriate for certain populations. The severely mentally ill may have extreme difficulty understanding notions of "integrated experience," and thus are not potential clients for this therapy. As both Jung (1957) and Laing (1960) point out, there may be important symbols and elements of existence present in the seemingly random acts of a schizophrenic. However, schizophrenic delusions and other profound disturbances are probably not reachable by the outlined model (i.e. the confessional step). This limitation is particularly frustrating because it is often the extremely mentally ill who are most dehumanized in their treatment. Further research in the understanding of the severely delusional will be necessary before an approach to their authentic wholeness may be undertaken.

The degree of Self-disorganization presents another potential flaw. Therapists who are concerned with over-influencing the client's experiences and symbols may place too much emphasis on choice and responsibility early in the therapy. For clients disconnected from themselves and their existence, this challenge may be too much for their limited resources. These patients should be slowly integrated into a plan in which both their efforts and the therapist's have equally important consequences. This also brings up the consideration of time.

The journey toward authentic-wholeness may require a longer time commitment than many patients and therapists desire. The is of time should be carefully considered by both parties before therapy is entered.

Finally, the lack of case studies for this hypothesis is possibly the greatest weakness. Without specific features, the general notion of "authentic-wholeness" is a hazy one that may edge toward the "plug-in" eclecticism which was criticized earlier. Case studies, by providing concrete examples of concepts, would be the best way to address this problem. Future investigation and clarification of authentic-wholeness may open the avenue for empirical research.

In spite of these weaknesses, the proposed integration shows potential for further study and consideration. The reasons for continued exploration of authentic wholeness are threefold. First, it offers a potential new therapy for both clients and therapists who want a treatment that centers around the whole individual. Second, this hypothesis highlights a notion that helps explain and clarify two often-confusing theories. Even if authentic wholeness therapy is ineffective, further explorations of similarities between analytical and existential psychology could continue to illuminate both theories. Finally, this hypothesis is an example of eclecticism in which the theories are not randomly tossed together but are instead carefully studied for similarities.

Once such similarities are discovered, subsequent empirical work may strengthen this united base. Hopefully, this notion of authentic wholeness addresses not only the necessity of wholeness of the client, but also wholeness of the therapy as well.
References