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Evidence for the effectiveness of Jungian Psychotherapy: A review of empirical studies

In the early 1990s the first meta-analyses of empirical studies investigating the effectiveness of psychotherapy were published. Following this several researchers claimed that there were no studies investigating the effectiveness of Jungian psychotherapy and therefore it should be excluded from the field of psychotherapy. This moved several Jungian training institutes to design the first empirical studies in the field of Jungian psychotherapy, namely Zurich, Berlin and San Francisco. Now several of these studies have produced results and the following paper will give an overview of these.
From the beginning there were difficulties in recruiting enough practicing analysts to participate in the studies, which is still a problem today, as can be shown in the latest example, the PAP-study Switzerland. One of the main arguments against participating in empirical studies was the assumption, that the research process would interrupt or at least influence the analytic process and the therapeutic relationship in an unfavorable way. Also it was argued that empirical instruments would never be able to catch the complexity of the analytic process. From my point of view these critical positions are based on false ideas about the research process, its capacities and its limitations. Of course any research design to investigate psychotherapy has its limitations and can only analyze certain aspects of the complex interactions taking place in the process of psychotherapy. But empirical research methods offer the possibility to get an insight into the psychotherapeutic work and its effects from a more objective position. We have to consider that our perspective as practicing psychotherapists on our own processes is, and has to be, mainly subjective and is subject to interpretation and also to the possibility of error. On the other hand empirical research can never claim to tell the whole truth about psychotherapy. I think that both viewpoints have their right and should be combinend as to get a richer picture of the subtle process of psychotherapy.

Levels of evidence

In empirical research there is a differentiation between different levels of studies, which is described in the Handbook of psychotherapy and behaviour change (Lambert 2004). The highest level or Gold Standard is the Randomized Controlled Trial (RCT), with an experimental and a control group and the participants are divided into the groups by chance. Only RCTs can give proof of the efficacy of a psychotherapy method which means that the effects in the patients are a result of the method alone (and no other extratherapeutical factors). In general only RCTs are accepted as a proof for the efficacy of the psychotherapy method. In recent years though there has been a discussion about the validity of RCTs, since their internal validity is high in the described sentence but the external validity , its applicability to every day practice, is low (Westen & Morrison 2001). Several researchers have argued for naturalistic prospective outcome studies which are conducted in every day practice and therefore much better applicable to reality conditions. Several of the Jungian studies have applied this design. Generally speaking prospective data are more valid then retrospective even though the two Jungian studies described below that have applied a retrospective design hve been very carefully designed.

Overview of Jungian empirical studies

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Prospective, naturalistic outcome studies
- Praxisstudie Analytische Langzeittherapie (PAL) Schweiz (practice study analytical long-term psychotherapy Switzerland) (Mattanza et.al. 2006, Rudolph et.al. 2004)
- San Francisco Psychotherapy Research Project (Rubin/Powers 2005)
- PAP-S practice study outpatient psychotherapy Switzerland (Tschuschke et.al. 2009)

Catamnestic/retrospective studies
- Berlin Jungian Study (Keller et.al. 1998)
- Konstanz Study – A German consumer reports study (Breyer et.al. 1997)

Small sample and case studies
On Jungian sandplay therapy, psychosomatic disorders etc. (Muller 2001, Kleeberg et.al. 2003, Tavares 2002)

Qualitative and process studies
On complex theory (Heisig 2001), picture interpretation method (Krapp 1997)

Praxisstudie Analytische Langzeittherapie (PAL) Schweiz (Zurich) (Mattanza et.al. 2006)

A group of researchers of the Jung Institute Zurich participated in a larger German study on analytical long-term psychotherapy (Rudolf 2004) conducted by the University of Heidelberg. The design was a naturalistic prospective outcome study which means that therapists and patients were monitored from the beginning of therapy in the usual everyday practice context (no control group). 26 therapists with 37 cases were chosen as representative for Jungian psychotherapy in Switzerland and their patients. 57% of these patients suffered from depressive disorders and with 47% of personality disorders in the patients the sample had a considerably high burden of disease. The mean duration of treatment was 35 months with a mean of 90 sessions which is equivalent to a low-frequency treatment. This was a realistic sample representative for Jungian therapy in Switzerland.
There were three different perspectives applied, researchers, therapists and the patients themselves and on each level a set of objective and self evaluation research instruments.

Researchers:
Operationalized psychodynamic diagnostics (OPD), Jungian adaptation (Junghan 2002)
Psychodynamic focusses (2 interviews)
Changes in personality structure: Heidelberger Umstrukturierungsskala
Therapeutic alliance and transference (SGRT, TAB)
Interpersonal problems (IIP)
Changes in life conduct (research interview)

Therapists:
Physical and psychological symptoms, severity score (BSS), Status and process ratings, ICD-diagnosis

Patients:
Psychological and interpersonal symptoms (SCL-90-R, PSKB-Se-R, IIP), personality (TPF), health insurance data

Results:
Researchers:
- Positive restructuring of patients' personality, effect size: 0,94.
- Positive changes in everyday life, very high effect size: 1,48.

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Therapists:

- Global rating of results positive or very positive for 75% of patients
- Cost-effectiveness good, very good or maximum for 55%

Patients:

- Global Severity Index reduced highly significant, very high effect size: 1,31, normal level at end of therapy
- Reduction of interpersonal problems (IIP), medium effect size
- Rating of results over 90% positive, very positive or maximum
- Cost-effectiveness 80% good, very good or maximum, 20% satisfying

Follow-up

All results remained stable after 1 year and 3 years. An interesting point is that there are findings for further positive effects between the end of therapy and follow-up which would mean that some effects of the therapy show only after the end of therapy; this is an effect that psychoanalysis has always claimed for. The use of healthcare services was already low during the course of therapy and remained on a low level until the follow-up.
So this study could give proof for very positive effects of Jungian psychotherapy in a prospective design that remain stable over three years after the end of therapy. Jungian therapy leads not only to a significant reduction of symptoms and of interpersonal and other problems but also to a restructuring of the personality with the effect that the patients can deal with upcoming problems much better after the end of therapy. The satisfaction of the patients with the results was extremely high even though most of the patients had to pay for their therapy by themselves.

San Francisco Psychotherapy Research Project (Rubin/Powers 2005)

Originally this study conducted by the San Francisco Jung Institute was designed as a prospective outcome study with four points of measurement (start of therapy, end of therapy, one-year and five-year follow-up). In many aspects the design of the San Francisco psychotherapy research project is similar to that of the Zürich study. The instruments applied in the research were: SCL-90-R; IIP, GAF (Global Assessment of Functioning, axis V of the DSM); an additional instrument designed by the Institute asking for demographic data, therapy motivation and subjective experience with the therapy; the therapists had an instrument also designed by the Institute called „Portrait of my practice“ (POMP). The participants of the study were patients of the outpatient clinic of the San Francisco Jung Institute; of 100 patients of the clinic 57 participated in the study. The participating therapists were 23 professional analysts of the Institute as well as 17 candidates in training and seven psychology interns.

Because of the low participation of analysts from the Institute the project had to be terminated earlier. Because of these problems the original design had to be collapsed into a one-group pretest-posttest-design. This included 39 of the original 57 patients and only part of these completed follow-up. So the internal validity of the study could not be secured and the statistical results have to be interpreted on that background. Only data from the start of therapy and the end of therapy could be compared. Regarding this limitations the study points in the direction of effectiveness of Jungian therapy. There were significant reductions in SCL-90-R and IIP.

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Berlin catamnestic study (Keller et.al. 1997, 1999, 2002)

In the early 1990s the Empirical Psychotherapy Research Group in Analytical Psychology Berlin conducted a nationwide catamnestic, retrospective study. Former patients of Jungian psychotherapies were asked to participate and were tested via questionnaires and interview. All members of the German Society for Analytical Psychology (DGAP) were asked to participate in this retrospective study, 78% responded, 24.6% participated. The reasons for refusal to participate were documented and no bias was found. The participating therapists documented all cases terminated in 1987/88 and gave a global evaluation about the success of therapy. In Germany psychotherapy is financed quite generously by the health insurances (up to 300 hours of analysis); at the beginning of therapy the therapist has to apply for financing. These applications contain numerous data about the health state and symptoms of the patient, the personality, the social context, the psychodynamics and diagnosis. These informations are stored by the health insurances for decades and the Berlin study made use of these data. Additionally other health insurance data about the patients could be used as for example use of healthcare services, days in hospital etc. The distribution of symptoms and their severity in the sample were the following: 46% affective disorders, 24% other neurotic and psychosomatic disorders, 17% personality disorders.

The problem with catamnestic studies is the risk of biases through selection effects, but these were tested in the study: of 353 documented cases 111 participated in the study; a bias was found concerning the number of therapy drop-outs which was higher in the sample than in the population; apart from that the sample was representative for the population. The mean duration of treatment was 162 sessions with a frequency of 1 to 2 sessions per week.

Results: Of 60.4% of patients reporting their well-being as very poor (severe set of diagnoses) prior to therapy, 86.6% rated their global well-being at follow-up as very good, good or moderate (well-adjusted close to normal reference group on all scales of psychopathology). 6 years after the termination of treatment 70-94% reported good to very good improvements in: psychological distress, general well-being, life satisfaction, job performance, partner and family relations, social functioning. The Global health state of 88% could be described as "normal health". Patients were better off than any of the clinical groups with which they shared diagnoses prior to therapy. Regarding the SCL 90-R Jungian therapy could move the sample of severely disturbed patients even below the cut of where one can speak of psychological health after the end of therapy. All of these results were statistically highly significant. There was also a significant reduction of health insurance claims: the mean number of days lost due to sickness, the mean number of days of hospitalization, the intake of psychotropic drugs and the number of visits to primary care physicians were all significantly reduced even below the level of the average German member of the health insurance system. Other interesting findings are the relation between improvement and treatment length and again there are indicators for further improvements after termination of therapy (between post- and follow-up).

Summarizing the results it can be said that there was not only a high satisfaction of the patients with the Jungian psychotherapy but there was also a reduction in symptoms which moved the patients into the area of normal health. The effects of psychotherapy were long-lasting and touched all areas of the life of the patients so that even the use of healthcare services was so drastically reduced that Jungian therapy was also cost-effective in the long run. These results have to be interpreted on the background of limitations of the design even

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though the study made great efforts to control biases and secure the representativeness of the sample.

The Konstanz-Study – A German replication of Seligman's Consumer Reports Study (Breyer et.al. 1997)

The study conducted in Konstanz/Germany is a replication of the famous Consumer Reports Study done by Seligman applied to therapies from several psychodynamic schools and in its design comparable to the above mentioned Berlin study. 90 psychotherapists distributed 979 questionnaires to former patients of whom 66% participated in the study. There were no systematic biases found in the sample. About a fifth of the participating therapists had a Jungian background and it could be shown that there are no systematic differences between this subgroup and the overall sample so that the study is representative for psychoanalytic practice in Germany in general and for Jungian psychotherapy.

The results are very much comparable to those of the above-mentioned Berlin study, in all dimensions the study found significant benefits in health and well-being. There were again significant changes between end of therapy and follow-up. As in the Berlin study health insurance data were used and it was found a highly significant reduction in health utilisation parameters. All of these results remained stable in a six-year follow-up. A special aspect of this study is the conduction of a cost-benefit computation: there were significant savings accrued as a result of individual and group psychotherapy in the first two years after therapy. These were significantly higher in relation to the severity of the health status of the patient at the beginning of therapy.
As this study is a retrospective study the results have to be interpreted on the background of risk of biases but these were controlled for as far as possible.

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Praxisstudie ambulante Psychotherapie Schweiz (PAP-S) (Tschuschke et.al. 2009, 2010)

This study realized a quasi-experimental design which is the highest level of all the studies described here. The design is comparable to that of the Zurich Jungian study but additionally it has a parallel control group. In Switzerland all the different psychotherapeutic schools are organized in the Charta for Psychotherapy and this was the organizer of the PAP-study. The choice of measures applied followed the recommendations given by the Society for Psychotherapy Research and includes outcome as well as process variables. Measures to be filled out by patients: self rating of therapy outcome (OQ 45), symptoms (BSI), depression (BDI), Sense of Coherence (SOC-9), congruence (K-INK), therapy motivation (FMP). Researchers: Standardized Clinical Interview for DSM (SKID), Global Assessment of Functioning Individual (GAF) and Relationships (GARF), Operationalized Psychodynamic Diagnostics (OPD). The study ran 7 years (2006-2012) including therapies and follow-up.

The participating psychotherapists were coming mainly from psychodynamic and experiental approaches. The problem was that even though the Swiss Jungian Association paid the largest part of the study there were only four Jungian cases participating in the study which is far too small a number to compute a result for Jungian therapy alone. This is a major disaster since the chance to participate in such a high-level study will not come back in our lifetime. Even though all the Swiss Jungians were asked to participate the majority was reluctant.

Nevertheless the study produced some interesting findings. Generally all the participating schools were successful in improving the health status of the patients and can be seen as effective. A part of the study consisted in describing the interventions in detail that are applied

by the different schools. In the study therapies were videotaped and external raters evaluated which of the described interventions were practically applied. This may be the most interesting finding of the whole study: in every school the majority of interventions applied was not school-specific but either general or stemming from a different school. Only about 15% of the interventions came from the specific background of the therapist. This of course automatically puts the question whether there even is a specificity in the practical therapeutic work of Jungian therapists and what that would be. Maybe in the future it would make more sense not to investigate schools and their differences since the so called "Dodo-verdict" already showed that in studies comparing schools all seem to be equally effective but instead to look at differences between therapists and investigate what they actually do when the "do therapy".

Summary

When we put the studies on Jungian therapy in the matrix of evidence-based therapy we get the following:

Level I (randomized controlled trials): no studies

Level II (quasi-experimental studies: prospective naturalistic outcome studies): PAL-Study (Mattanza et.al. 2006), San Francisco Research Project (Rubin/Powers 2005)(with limitations); PAP-S Study (Tschuschke 2010) (with control group)

Level III (retrospective studies): Berlin Jungian Study and Konstanz Study with very high methodological level

Level IV (case studies etc.): positive effects through sandplay therapy, in psychosomatic disorders etc.

As there are up to now no level I studies (RCTs) there is no proof of efficacy of Jungian psychotherapy, but the effectiveness of Jungian psychotherapy is now on the base of the above-mentioned studies empirically proven; the same can be said for the cost-effectiveness. As most of the studies are naturalistic designs it can be assumed that they give a realistic picture of Jungian therapy in every day practice. All of the studies report positive effects in a wide variety of disorders with good or very good effect sizes on: symptom reduction, well being, interpersonal problems, change of personality structure, reduction of health care utilisation, changes in everyday life conduct. All of these effects are stable in follow-up up to seven years after therapy. There are even further positive changes between termination and follow-up. With an average of only 90 sessions Jungian therapy is a very time- and cost-effective form of psychodynamic psychotherapy. All the studies realized a high methodological standard with objective measures, different research perspectives (patient, therapist, researcher), control of biases. The most convincing results concerning the effectiveness of Jungian psychotherapy in the overview of all studies is that their results all point in the same direction. Nevertheless the efficacy of Jungian psychotherapy is still to be proven in a randomized controlled trial design. We also have to note that in all studies 10-20% of patients do not profit from Jungian therapy. This should be subject to further research aiming at finding markers for personalities expected to profit from Jungian psychotherapy.

Another severe problem that comes to light in the overview of the studies is the fact that Jungian analysts tend to be very reluctant in participating in empirical studies in an extent that leads almost to the breakdown of studies. From my point of view this should be a point of

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discussion in the Jungian community whether we want to be part of the healthcare system and how far we are willing to adapt to the relevant quality standards. At least it can be said now that the point that was often made from critics of empirical research in the Jungian community that empirical methods would interfere with the special situation of the analytical relationship has been falsified by the above studies: in no study there was any hint of a negative interference into the psychotherapeutic process; some studies made great efforts to adapt or even develop research measures which catch aspects special to the Jungian background as for example changes in personality or the adaptation of psychodynamic diagnostics (Junghan 2002). On the other hand we as Jungians can now offer empirical results about the effectiveness of our psychotherapy method and are no longer subject to the critique that our method is not effective or empirically proven.

Prospects: Currently ongoing studies in Germany

The German Association of Analytical Psychology has formed a research platform (www.cgjung.de/forum) which is currently planning to conduct several studies in the field of Jungian psychotherapy. The training institutes are working on an agreement that future training candidates will have to apply a couple of empirical measures (symptoms, life satisfaction, Operationalized Psychodynamic Diagnostics) to their training cases in order to form a database and to make ongoing quality management possible. In the long run this aims at creating a more open attitude to empirical research in the coming generations of Jungian analysts. On the other hand this process aims at stabilizing the currently comfortable position Jungian therapy has in the German healthcare system for the future by delivering empirical results about the effectiveness of the methods and applying standard quality management processes.

Structural dream analysis: I have developed a narratological qualitative research method for analyzing dream series and extracting the core process of change in the course of the psychotherapy (Roesler & Götz 2012). At the moment a number of dream series from Jungian psychotherapy processes is analyzed using this method in a research project at the University of Basel. After the Structural Analysis of a dream series is completed the results are confronted with the report from the psychotherapist about the process of the therapy. This project aims at building a corpus of cases which would enable us in the long run to show that the unconscious produces therapeutic change via dreams in the course of an analytic therapy.

In another project I have developed a documentation scheme for systematic documentation of synchronistic events taking place in psychotherapy (Roesler 2013). This documentation scheme is now distributed in the German Jung Association and practicing analysts are invited to document relevant events to build up a corpus of cases which will be subject to further analysis. This project aims at building an empirically-based theory of synchronicity in psychotherapy.

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