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Analytical Psychology and Jungian Psychotherapy – research and evidence base

Carl Gustav Jung (1875-1961) is considered one of the founding fathers of modern psychotherapy. After some years of collaboration with Freud, Jung broke ties with Freud in 1912 and developed his own psychodynamic approach, later called Analytical Psychology (AP). Jung had a major influence on the development of psychotherapy: His use of creative techniques made him the founder of art therapy methods; he was the first to use techniques of imagination to influence the inner world of his patients, and he was the first to postulate that in the training of psychotherapists there should be an extensive training analysis.

In Jung's view, the unconscious is not just a container for repressed drives and conflicts but it also contains constructive forces. The unconscious consists not only of a personal sphere but also of a collective part that contains the archetypes, universal psychological structures that influence the formation of the personality. Archetypal structures are activated during periods of crisis or when in need of a psychological transformation, as if the unconscious wanted to support the personality on the way to integration (Roesler 2021). Archetypal elements come into mind by symbols, which contain condensed information about the direction the person has to take towards greater wholeness. According to Jung's meta-psychology, the archetypal symbols contain universal information and can be interpreted by referring to cultural knowledge from mythology, religious and spiritual traditions, anthropology, etc. Psychological disorders are explained as being an expression of a strong tension between the direction of ego consciousness on the one hand, and on the other hand the unconscious/the Self with its tendency to strive towards greater wholeness of the personality. If the ego becomes one-sided and splits off other parts of the psyche so that they become incompatible with conscious functioning, the tension thus created can lead to neurotic suffering. In this respect Jung follows more the tradition of Pierre Janet with his theorizing around dissociation; thus, the neurotic person is an internally divided person and psychotherapy needs to foster integration.

In AP the unconscious is thus seen as a helpful force that tries to support ego consciousness in integrating split-off parts of the psyche. The unconscious in this process produces symbols and presents them to ego consciousness by way of dreams, fantasies, spontaneous creative acts, and also symptoms. Therefore, psychotherapy makes use of dream interpretation and imagination techniques, and offers different kinds of creative methods to give the unconscious the possibility to express itself. These symbolic expressions are then interpreted, so as to make these impulses usable for the process of psychotherapy. This process is seen as a continuous dialogue between the conscious ego and the unconscious, and it is the therapist's task to support this process.

Therapeutic factors model of analytical psychology (syn.: Jungian psychotherapy/JP)

The focus of therapeutic work in analytical psychology is on internalized relationship representations that were formed in (early) childhood in relations with primary caregivers. In particular, conflictual or frustrating experiences with primary caregivers lead to unresolved inner conflicts, referred to in AP as complexes, in which the experience of frustration of basic needs is reactivated and which are therefore associated with suffering and form the basis for the development of mental disorders. The relationship patterns contained in the complexes tend to re-enact themselves in current relationships in a stereotypical manner. On the one hand, this leads to neurotic suffering, but on the other hand it can also be used in psychotherapy because the relationship pattern is also restaged in the therapeutic relationship in the form of transference. The therapeutic use of countertransference, in which therapists examine their emotional reaction to the patient, also contributes to identify the underlying pathological complex, which represents the core of the problem to be treated. These pathological complexes also manifest themselves in dreams as well as in spontaneous fantasies/daydreams and guided imaginations. Two mechanisms in particular are considered to be therapeutically effective in dealing with the pathological complexes that appear in the transference/countertransference: firstly, insight into the biographical background and the repetitive nature of these relationship patterns, but above all a corrective emotional experience in the therapeutic relationship. Principles of change are making the unconscious conscious in order to promote

insight, and focusing on affects, as these enable access to unconscious patterns or complexes. AP shares this perspective with all other psychodynamic methods.
A special feature that distinguishes AP from other psychodynamic approaches is a positive viewpoint on the unconscious (Papadopoulos 2006). In AP, it is assumed that the unconscious takes on a constructive role in transformation processes and, with appropriate attention, offers the conscious mind images and symbols that can be used in the therapeutic process and even contain solutions to problems - in contemporary language, AP could therefore be described as a resource-oriented approach to psychodynamic therapy. In AP, it is assumed that there is an entity in the unconscious of every person, the Self, in which both the individuality of the person and their wholeness, i.e. the integration of the different parts of the personality, are present as a potential. A constructive process (individuation process) in the sense of a self-healing/self-regulation process emanates from the Self, which can be used in psychotherapy to navigate the therapeutic process and promote the integration of the personality[1]. This support provided by the unconscious is expressed through symbols and images, which appear in particular in dreams, but also in fantasies and daydreams and can also be targeted in the form of guided imagination. For this reason, Jungian psychotherapy makes use of a specific form of dream interpretation; images and symbols from dreams, fantasies and daydreams are worked on therapeutically in the form of active imagination; finally, patients are asked to actively create images and symbols that emerge from the unconscious in so-called therapeutic painting or painting from the unconscious, for which a specific interpretation methodology is available (there are also manualized handbooks for the treatment of specific disorders, e.g. Meier & Roth 2022). The same applies to the specific methodology of Sandplay Therapy (SPT), in which patients represent their inner world with play figures in a small sandbox, similar to painting. With both methods, it is assumed that they can be used for diagnostic purposes because patients represent their inner world in symbolic form, but also that the processing of the inner themes in the pictures has a constructive effect on the psyche.

Effectiveness research
A review of effectiveness studies of JP reports five studies (Roesler & Reefschläger, 2022).

Table 1: *Overview of studies investigating Jungian psychotherapy*

Authors	Study	Design	N	Results
Mattanza et.al. 2006	Praxisstudie Analytische Langzeittherapie (PAL) Schweiz (Outpatient analytical long-term psychotherapy Switzerland)	Prospective naturalistic outcome study w/ follow-up, one group design	37	d = 0.71 – 1.48
Rubin & Powers 2005	San Francisco Psychotherapy Research Project	Prospective naturalistic outcome study w/ follow-up, one group design	39 (57)	Significant reductions in SCL-90-R, IIP
Tschuschke et.al. 2009, Tschuschke et.al. 2014	Praxisstudie ambulante Psychotherapie Schweiz (PAP-S) (Naturalistic psychotherapy study on outclient treatment in Switzerland)	Prospective naturalistic outcome study, multigroup design	81	Effectiveness given for all schools investigated
Keller et.al. 1998	Berlin Jungian Study	Catamnestic/retrospective study	111	Reduction of symptoms to "normal health state" for 88%
Breyer et.al. 1997	Konstanz Studie – A German consumer reports study	Catamnestic/retrospective study	646	Significant benefits in health and well-being

[1] A similar concept can be found in Kohutian Self-Psychology referred to as Self-Righting.

Up to date, JP has been investigated in naturalistic studies only; there is evidence for the effectiveness of JP in practice settings, effect sizes range from moderate to very large. As there are no randomized controlled trials and the internal validity of the above-mentioned studies can be questioned, currently there is no conclusion possible regarding the efficacy of JP. All of the studies reported positive effects on a wide variety of disorders and found significant improvements on the dimensions investigated: Symptom reduction, well-being, interpersonal problems, change of personality structure, reduction of health care utilisation and changes in everyday life conduct. In Germany, JP has been financed by public health insurance since 1967, patient data have to be stored by the public insurer for decades and several of the studies reported made use of these records for investigating long-term effects of Jungian psychotherapy. The majority of patients have benefited from JP, health care utilization parameters were significantly reduced so that there are also indicators for cost-effectiveness. All these effects are stable in follow-up up to seven years after therapy. With an average of only 90 sessions, JP is a very time- and cost-effective form of long-term psychodynamic psychotherapy. In an ongoing study of JP effectiveness in Germany (publication forthcoming), a preliminary analysis of completed cases found significant changes on all dimensions with moderate to large effect sizes.
There is also a number of qualitative and single case studies. Barata Morbach and da Silva Pedroso (2020), for example, provide a systematic review of qualitative findings demonstrating that older adults benefit from JP interventions which help them cope with the developmental challenges of aging, especially by contributing to a positive understanding of aging and finding meaning in the last phase of life (for an overview of qualitative studies in JP see Mattanza, Meier & Schlegel, 2006).

Research on concepts of AP

Complexes

Jung himself had already succeeded in proving the existence of so-called “autonomous affect-ladden complexes” in his systematic experimental studies with the association experiment in the years between 1900 and 1910 at the psychiatric university clinic in Zurich. These studies provided empirical evidence that unconscious factors associated with strong affects were behind the patients' psychological problems, but were completely unconscious to the patient; this research was the initial reason for Freud to contact Jung, for it provided scientific evidence for his emerging theory of psychoanalysis.
Today, the concept of the complex and its significance for psychotherapy is well empirically proven on the basis of neuroscientific findings, studies using imaging techniques and findings from attachment research; it was demonstrated that the usual assessment of the central pathological complex(es) in AP corresponds in detail with the assessment using standardized measurements (SCL-90R etc.) and that the complex actually represents the patient's central psychological problem (overview in Roesler & van Uffelen 2018). The term complex in analytical psychology is synonymous with the terms unconscious conflict, core relationship conflict theme etc. in other psychodynamic approaches (for a synopsis of the terminology in analytical psychology with Operationalized Psychodynamic Diagnostics see Junghan 2002).
In analytical psychology, working on the central pathological complex is at the center of psychotherapy; the complex is accessed via the associated affect. In successful Jungian psychotherapies the structure of complexes changes in a positive way, they lose their affective charge, and even disappear completely as a result of therapeutic treatment by being integrated into the overall personality (Vezzoli et al. 2007).

Psychotherapy process – The process of transformation

At the heart of AP's theory of change is the concept of the individuation process, the idea that an autonomous process of self-healing and becoming whole emanates from the Self. Another central element of this theory is the idea that there is a universal form of this process of becoming whole, and which can also be described in the form of a map. Jung's central concern in his psychology was to create a universal map of this process of transformation that would allow therapists to constructively accompany their patients on this path in psychotherapy. There is some preliminary research testing this model (Heisig 2001), but there is still great need to investigate this process empirically. There are also serious theoretical problems inherent in this process model, as Jung presents a detailed outline of this process which contains defined stages represented by archetypal figures (Roesler 2021). So, for example, one of these

stages is characterized by meeting a countersexual part of the personality (Anima for men and Animus for women), for which Jung used highly stereotyped characterizations. The whole of archetype theory needs to be questioned on the background of contemporary insights (Roesler 2023).
In order to create a valid data corpus for further research into this process of transformation, the International Network for Research in Analytical Psychology (www.INFAP3.eu) started a research project "Outcome and Process Research on the Course of Analytical Psychotherapies (OPA-P): Systematized Individual Case Studies"[2]. In a combination of outcome and process research cases are documented using standardized measures, but also dreams, pictures, creative productions etc., which will allow for deeper investigations into AP's process model.

Dreams and dream interpretation
In contrast to the model of dream interpretation in other psychodynamic schools and in Freud, AP does not assume a distortion of the dream content (in the sense of Freud's model of censorship and dream work), but assumes that the manifest dream is the best representation of the unconscious content. There are two different dream theories in Jung, a more general one, which assumes that the dream is a comprehensive representation of the current situation in the person's inner world, including unconscious content, and a second, more specific one, which assumes that the dream compensates for the conscious attitude. In addition, a method of interpretation is the interpretation on the subjective level, in which it is assumed that all figures and elements in the dream are symbolic representations of parts of the dreamer's personality - the relationship of the dream ego as a representative of ego consciousness to the other elements is then of therapeutic interest. Therapeutic work aims at supporting the active confrontation of the ego with the inner parts and thus ultimately at strengthening the ego. In addition, it is assumed that a creative function becomes effective in the dream, which brings constructive elements and suggestions for solutions to consciousness. This model of the function and meaning of dreams as well as the specific approach to therapeutic work with dreams has been comprehensively confirmed by the results of empirical and clinical dream research (Roesler 2023a).
In a detailed qualitative analysis using the methodology of Structural Dream Analysis (Roesler 2018), it could be demonstrated on the basis of the dreams of 15 patients undergoing JP that, on the one hand, the central pathological complexes are represented in the structure of the dreams at the beginning of therapy and, on the other hand, that in successful therapies the structure of the dreams changes in the way predicted by the theory in parallel with the growing ego strength and integration of the complexes into the overall personality. This supports AP's view of the meaning of dreams and in particular the method of interpretation on the subjective level. In addition, the theoretical model was statistically confirmed using a sample of 86 cases with 1290 dreams (Roesler et al. 2024).

Creative methods/painting form the unconscious
In general, studies on the effectiveness of artistic methods in psychotherapy as a whole and on the relevant change factors are still inadequate. A review summarizes the theoretical model of the use of artistic methods in AP and presents the evidence base (Roesler 2025). There is some preliminary research on systematizing the interpretation of pictures from psychotherapies (Krapp 2018).

Sandplay Therapy (SPT)
In contrast to the artistic methods, the evidence base for SPT is excellent, both in terms of effectiveness studies and studies to test the process model. The first systematic review (Roesler 2019) identified 16 RCTs and 17 naturalistic studies and found significant improvements with moderate effect sizes for a variety of mental health problems in children and adults. A meta-analysis (Wiersma et al. 2022), which summarized all experimental studies of SPT, found that it is an evidence-based method with a moderate mean effect size for a large number of psychological problems and disorders. Using systematic methods to examine processes in SPT, a number of empirical studies have found evidence to support the therapeutic change model (Ramos & de Matta, 2008; Wang & Zhang, 2014; Zhang & Zhang, 2012). Characteristics of symbols and patterns in sandplay images that are associated with certain psychological syndromes and disorders could be identified. The research groups also succeeded in developing a questionnaire that reliably identifies images indicative of a healing experience in SPT (Li & Shen, 2012). An interesting aspect of JP and especially SPT is its popularity and widespread dissemination in Asia, due

[2] (https://opus.bsz-bw.de/khfr/frontdoor/index/index/docId/515)

to Jung's openness and early focus on Eastern culture and religions (Wang et al., 2020; Kawai, 2010). JP may also be popular in Asia due to its nonverbal approaches like SPT, as there is a long historical tradition in China, Japan, Korea etc. of picturing the cosmic order by creating miniature worlds in sand gardens, thus the invitation to create a picture in a sandtray is culturally self-evident.

Active Imagination

The method of active imagination is used in AP to initiate therapeutic change through changes in the patient's inner world in accordance with the theoretical model. The method can be based on an emotion, a dream image of the patient or a suggestion by the therapist. For example, the patient repeatedly dreams of a pursuing figure; in active imagination, the patient first imagines this figure and then actively contacts it in the sense of a dialog or an argument. The method aims to strengthen the patient's ego in relation to problematic inner parts/complexes and to support the integration of the personality. There are several studies supporting the effectiveness of this method (Frick et al. 2008; Bochmann & Vogel 2017).

In a certain sense, Imagery Rehearsal Therapy (Krakow & Zadra 2006), a method for the treatment of post-traumatic nightmares, could be called a rediscovery of Jung's method of active imagination; here, stressful dream scenarios are successfully treated with a largely identical method. Both the effectiveness of the method and the theoretical model have been confirmed empirically.

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