

Jung in the era of evidence-based therapeutic practice¹

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Carl Jung, if he were alive today, would have asserted that evidence-based practice in *all things psychological* was a desirable pursuit. Tonight, I will argue that there are two categories of evidence which, taken together, constitute the psychological life. Jung, early in his profession, recognised the very one-sidedness of our accepted scientific practice.

This one-sidedness expresses itself as a belief in the over-riding importance of what the bodily senses perceive. For science, empirical evidence, that which the senses perceive, is all that matters. As we know, Jung spent the major part of his professional life trying to correct what he saw as this gross one-sidedness.

My aim tonight is to build a bridge, a bridge encouraging two-way communication. Communication, understood as an on-going relationship dynamically linking the evidence gleaned from the world of sense (or *outer perception*) and evidence drawn from the world of soul (or *inner perception*). The assumption is that the two world views are not contradictory but can be usefully construed as being, complementary.

As a means of introducing my topic, and myself, I will offer you an historical glimpse into my own professional development. As a student psychiatric nurse in the mid-60s I was, concurrently, an active participant in an ongoing supportive group therapy program and a member of the nursing team administering the latest in psychiatric medications and electro-shock therapy.

Latter, as a student of mainstream psychology I devoured, on the one hand, the writing of the Scottish-born psychiatrist, Ronald (R. D.) Laing, whose essential project was to make the 'insane' experience intelligible in terms of the agency

¹ A talk given to the Sydney Jung Society on May 8, 2010.

both of the 'patient' and of the context in which the experience was situated. And, on the other hand, I was drawn to the empirical studies of the behaviourists who insisted on the paramount importance of what we do, and don't do, with 'intentionality' being judged to be largely incidental. It had interest but was not particularly relevant to the task at hand..

So, I believe that I can say with some conviction that I have always been drawn to the dual paths of the psyche. In archetypal terms: to *the way of Apollo* and to *the way of Asklepios*. It is fascinating to realise that both are doctors of medicine in Greek mythology.² I will return to these archetypal images throughout my talk.

As I introduce this topic it is worth stating the obvious: we are much more familiar, and comfortable, with the ways of Apollo. Evidence retrieved in the bright light of the sun is not only easier to get hold of but, importantly, we have a tendency to believe that it is more *real*, more trustworthy. Remember the proverbial drunk who, having lost his car keys, is looking for them under the street light. Not because he believes that he lost them there but because it is there that he can see what he's doing.

There is one other event from my early 20s that is relevant to the argument. I lived for a number of months in the hospital on the Tiber Island in Rome which was constructed on the foundations of the first Asklepian temple built outside of Greece. Tiber Island was a rocky outcrop on which the temple to Asklepios was built and, if one knows where to look, there is still, caved in relief on the rock, the image of the snake entwined around the staff, the symbol of the god Asklepios and, subsequently, of medicine and healing.

Today, both medicine and mainstream psychology follow the Apollonian tradition. However, in ancient times it was very different as then the ways of Asklepian medicine and psychology had a respected presence alongside the ways of Apollo.

² Kerenyi, C. (1951). *The Gods of the Greeks*, London: Thames & Hudson, p. 142.

One visited the temple of Asklepios when one needed a place of hospitality, of sanctuary, a place where the matters of psyche and soul were attended to, cared for. In a round-about way I learned a little of this tradition such that I came to believe in the Asklepiian process of incubation. More about this latter.

Jung's understanding of the dual paths of knowing

When I first read Jung I was gratified to realise that he too had been driven to serve two masters. In his dealings with the world he needed to honour both a *spirit of the times*, corresponding to his No. 1 personality, and a *spirit of the depths* corresponding to his No. 2 personality.

As we know, the spirit of the times is shaped by the desire to find and articulate the significance and meaning of psychological experience. Following a very different impulse, the spirit of the depths is desirous of recovering the *value* of the mythopoetic imagination. The two spirits (or two worlds) are united in our ability to create symbols. For, in Jung's words: "... it is the essence of the symbol to contain both the rational and irrational".³

Jung had a taken-for-granted attitude to the evidence-based science of his day. To his mind it was good work but had a major short coming: it was just so unrelentingly one sided.

Jung, I believe, saw his psychology as challenging the spirit of the age and compensating for the one-sidedness of its theory and practice. The project that he shaped for himself was not to be a prophet-like teacher, as he considered Swedenborg to be, but to "... remain the psychologist – the person who understood the process".⁴

³ Jung, *CW* 10, §24.

⁴ Cary Baynes in Sonu Shamdasani's Introduction to C. G. Jung's *The Red Book*, New York: Norton, p. 213.

In the spirit and language of *our age*, 'evidence' is the concept that we use to describe our engagement with the world of experience. We inevitably ask when challenging another's interpretation of an event: *But what is your evidence?*

For Jung, because he experienced himself living under the influence of two dominant worldviews - the world of external perceptions and the world of the unconscious perceptions - he sought evidence appropriate to the structure and function of each.

And for Jung, the experience of consciousness is viewed through the lens of empirical evidence whereas unconsciousness is symbolic and is viewed through the lens of soul making. The one-sidedness of only concerning oneself with the experience of empirical evidence, that which is the foundation of evidence-based data, he saw as being characterised by a literal attitude. Meaning, that for the dominant scientific approach, *only* what the senses perceive, consciously, shapes human experience.

Symbolic evidence is characterised by a poetic imaginative attitude – what the soul or inner life perceives is what, unconsciously, shapes our experience - and our experience on this occasion is that of being 'confronted' by the unconscious.

For Jung, each view of the world has its own version of validity: empirical validity is not the same as symbolic or mythic validity. The two should never be conflated.

Jung began engaging in his inner dialogue with the figures of his unconscious and found that this experience validated the events of his outer life. His subsequent work on medieval alchemy became the means by which he could trace the evidence for symbolic meaning (the language of the unconscious) via a method which did not involve the direct dialogue with his unconscious (personal and/or collective). Shamdasani calls this his 'allegorical method'.⁵

⁵ Shamdasani's Introduction to Jung's *The Red Book*, New York: Norton, 2009, p. 219.

Jung's gift to us is that he did remain, through the thick and thin of his experiences, the psychologist, the scientist of the mind. His efforts to draw conclusions and make meaning are what sparkle for us today ... just as they did in the first half of the last century.

Evidence-based practice in psychology and psychotherapy

The scientist-practitioner model, as it is called, encourages maximum traffic between science and practice ... but limits its conception of traffic to empirical research, i.e., research based on consciousness, sense perception, and measurement. And, as you would be aware, today, the pre-eminent modalities of evidence-based practice are *cognitive-behavioural therapy* (CBT) and *exposure therapy*.

Firstly, let us briefly examine the three basic principles of CBT⁶ in order to show just how they are so classically Apollonian. As such they are judged by the powerful light of day. The argument is that sufficient light directed into the right places at the right times will reveal all that there is which can possibly be revealed. Remember that it is Apollo who wakes us up from our dreams and gets us up and going, with good cheer, each morning. The Apollonian method is aimed at converting the obscure into daylight.

So the first hypothesis of CBT is the *access hypothesis*. It states that people *can* become aware of their own thinking. That there are no unconscious thoughts which are not available to awareness.

The second hypothesis of CBT is the *mediation hypothesis*. It states that *the way* we construe, or think about, the disturbing event is pivotal to the way we feel.

⁶ I refer readers to the following text for greater detail: Dobson D. and Dobson K. S. (2009). *Evidence-Based Practice of Cognitive-Behavioral Therapy*, New York: Guilford.

And thirdly there is the *change hypothesis*. Because our thoughts are knowable to us and because they mediate how we feel and how we respond to the troubling experience, we can intentionally change the way we respond to that experience.

The principle underlying exposure therapy⁷ is that when we are confronted with a fear (an event, an object, a memory, a thought) we react with anxiety (ranging from mild anxiety to full-blown panic).

If the feeling of anxiety becomes *pervasive*, often moving from the original fear to invade one's imagination then anxiety becomes an issue. And, not only is it pervasive it is *persistent*. It hangs about to such an extent that we become proficient at using elaborate avoidance responses many of which are outside of our awareness.

These avoidance-of-anxiety responses, responses that seem to be a good idea at the time, function to reduce anxiety in the short term but create new problems (e.g., the need to check numbers in OCD).

Exposure therapy is effective in reducing anxiety by structuring exposure to the original fear (the exposure can be to: a real-life event, done in writing, or engaged in via one's imagination) and offering preventative techniques through which one learns that real harm does not eventuate.

I refer to CBT and exposure therapy as classically Apollonian because of Apollo's passion for decision making and decisive action as he alone 'was entrusted with the decisions of Zeus'.⁸ When Apollo drew his bow the other gods rose from their seats.⁹ In ancient pottery Apollo is depicted with the sun in all its brilliance

⁷ A very useful reference in this regard is: Richard, D. C. S. and Lauterbach, D. (2006). *Handbook of Exposure Therapies*, NY: Academic Press.

⁸ Kerenyi, C. (1951). *The Gods of the Greeks*, London: Thames & Hudson, p. 170.

⁹ *ibid*, p. 130.

shinning down behind him as if “the sacred power of the Sun”¹⁰ was at his disposal.

James Hillman refers to ‘Apollonian consciousness’ as the consciousness of science with its striving for objectivity, for viewing from a distance, an emotional distance “it never merges with ... its material”.¹¹ The healing ways of Apollo, and I stress, they are healing ways, are a particular structure of consciousness that have estranged the more bodily side of our human experience with its animal passions and instinctual nature, and ‘matter’ in general. For Hillman, this Apollonian fantasy is archetypal and informs both scientific thought and the “very notion of consciousness itself”.¹²

The arrow of Apollo offers “sudden insights, resolving clarity, blinding revelations”.¹³ The Apollonian method is breaking open the enigma of complex human experience and translating it into *useful* knowledge.

No wonder Apollo was the physician of the gods and, we might add, it is no wonder that our culture of growth and development aspires to this model and suffers, as a consequence, the bitterness of failed expectations. Hillman, in offering to us his re-visioning of psychology, points to an inherent contradiction in therapeutic psychology: its method is Apollonian, its substance Dionysian.¹⁴ Hillman wrote this in 1975 and I would say that now, with the advent of evidence-based psychology, that which began as just a contradiction between method and substance has now been totally forgotten: today both method and substance follow the ways of Apollo. Our thoughts, and the circumstances in which they arise, are both the problem *and* the solution, the substance *and* the method.

¹⁰ *Ibid.*, p. 137.

¹¹ Hillman, J. (1972). *Myths of Analysis*, New York: Harper & Row, p. 250.

¹² *Ibid.*

¹³ Hillman, J. (2007). ‘Oedipus Revisited’ in *Mythic figures*, Putnam, CONN: Spring, p. 183.

¹⁴ Hillman, J. (1972). *Revisioning Psychology*, NY: Harper & Row, 1975.

As a culture, we increasingly privilege our capacity to plan, think, evaluate. It is not surprising then that we conceptualise our psychological difficulties as learning problems; essentially problems in thinking and believing.

There is historical evidence that the Asklepiian tradition of healing lasted for more than 1000 years (from 6BC to 4AD) and as such has been a vital part of our Western cultural understanding.

The Asklepiian tradition is based, in a fundamental way, on the belief in the healing powers of the psyche. In the language of today, that psychological disturbance need not lead to disintegration of all that we hold dear but, rather - through healing – lead to an enhanced capacity to embrace life in all its ambiguity and complexity.

It is of great interest to me to see Jung as a precursor to the modern research on the Asklepiian healing traditions. While both Freud and Jung pioneered the *vertical dimension* of working with the psyche, it was Jung who first (to the best of my knowledge) saw the parallel between what was called a psychotic episode and a mythical journey or transformation of the soul (at least, he was the first modern mind to write about such a parallel).

Let me emphasise the corner stone of the Asklepiian method and briefly illustrate how Jungian method is its modern expression.

Firstly, there is the profound belief in the healing power of the psyche.

Secondly, there is the role of the ‘priests’ of the temple of Asklepios, namely, to be the *therapeutae* – those who attend to the ways of the god. Or, in today’s language, those who attend to the care of the soul: Less of an *intervention* strategy and more of an *invitation*, an invitation to accept hospitality. One offers hospitality to the very experience of fear and anxiety. The priests of Asklepios did not interpret one’s troubling experience and were not doctors or practitioners of

medicine. Rather, they consciously attended to the soul's needs and gave hospitality to those needs.

Thirdly, according to the mythologist Karl Kerenyi,¹⁵ the attitude of the Asklepiian tradition was to meet the divine power halfway. My interpretation of this principle is that consciousness desires to meet unconscious processes in a two-way exchange. In other words, one needs to open oneself to the powers of psyche as a flower opens to the rays of the sun.

This process of active engagement was called *incubation* which also had the meaning of giving over the will, or putting wilful desires to sleep for a time. In this ancient tradition, the sleep of wilful desire was often accompanied by "a dream of the God as a snake. A snake that licks wounds to heal them. A God that touches the affected part of the sleeper's body, then vanishes, or simply heals through her epiphany".¹⁶

Holding the two traditions together ... the case formation

A clear understanding was that "Asklepios ... learned the art of healing from Chiron the centaur (the head and trunk was human and the rest of the body was horse). And Chiron, we remember, was incurably wounded by the poisoned arrows of Hercules. Thus, he is another healer who is himself in need of healing".¹⁷ An interpretation, by a scholar of the mid-19th century, of the healing power of Chiron depicts the irrational side of medicine by the horse part of Chiron and the scientific side by the human part.¹⁸

The two domains are brought together in what is technically called the *case formation*. Very schematically, from the evidence-based or Apollonian perspective one develops the *problem list*. Secondly, one identifies the current triggering

¹⁵ Cobb, N. (2007). 'Dreams of God: R. D. Laing and Asklepios' in *Spring 77, Philosophy and Psychology, A Journal of Archetype and Culture*, pp, 221-241, New Orleans: Spring Journal

¹⁶ *ibid*

¹⁷ Meier, C. A. (2003). *Healing Dream and Ritual: Ancient Incubation and Modern Psychotherapy*, Einsiedeln, Switzerland: Daimon Verlag, pp. 24-5.

¹⁸ *ibid*, p. 25.

events that give rise to the problem(s). And thirdly, the automatic thoughts and core beliefs that maintain the problems are identified.

From the Jungian or Asklepian perspective we will have, firstly, engaged with the person more than with the 'problems'. Secondly, we will have listened to the story and, especially, listened or archetypal themes and emotional drivers embedded in the story. Thirdly, we will have attended to the multiple selves each desirous of particular and often contradictory goals.

The dynamic holding together of these seemingly diverse orientations is the articulation of the case formulation. The case formulation offers a "working hypothesis that seeks to explain the reasons why this person developed these problems at this point in time. It is based on the complex interaction among beliefs, precipitat[ing events], behavioural repertoires ..." ¹⁹ and emotional drivers.

And, it offers a working hypothesis that seeks to explore *why* this particular person has come to me; *why* I'm engaging (or not) with this person; and, finally, *where* our respective live stories are meeting or not meeting.

I will finish with a quote from Jung's 1931 talk *The Aims of Psychotherapy*:

As far as possible I let pure experience decide the therapeutic aims ... in psychotherapy it seems to me positively advisable for the doctor not to have too fixed an aim ... I only know one thing: when my conscious mind no longer sees any possible road ahead and consequently gets stuck, my unconscious psyche will react to the unbearable standstill. ²⁰

¹⁹ Dobson, D. & Dobson, K. S. (2009). *Evidence-Based Practice of Cognitive-Behavioral Therapy*, NY: Guilford, p. 43.

²⁰ C. Jung, (1931/1983). 'The Aims of Psychotherapy' in *CW 16*, pars: 81-4.

My interpretation of Jung's words is that it is possible, and advantageous, to be with *one's self* in therapy and to be with the *other* in therapy, with one eye directed to conscious knowing and the other eye directed to conscious *not knowing*, i.e., being open to the workings of one's unconscious psyche. The Cyclops had only one eye, we, however, have been blessed with two; so, let's go forth and use them both to our best advantage.

[As I have already said, “Apollo himself was a physician, and his healing art failed only on those whom he had slain” (Kerenyi, pp. 142-3). Apollo ‘was the physician of the gods, he who healed the immortals when they were wounded” (ibid, p. 143).

Asklepios, who healed mortals and even brought them back to life ...” (p. 143) was Apollo’s son and was saved by Apollo from the corpse of his mortal mother already lying on the funeral pyre. Apollo brought him to the Centaur, Chiron, who taught him the art of healing.]