RUNNING HEAD: SFBT and Jung

Jungian and Solution-Focused
Theories and Therapies

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Abstract

Jungian and Solution-focused Brief Therapy are compared. The assumptions and constructs of Jungian therapy are less clear, adaptable and available that those of Solution-Focused therapy.

Professor's note: A few more sentences could be added to the abstract.

Introduction

Solution-focused brief therapy (SFBT) and Jungian psychotherapy are evaluated and compared in this paper. At first sight, they are very different approaches. However, a broader outlook will be sought in which the perspectives of the Jungian approach can eventually come to enhance the techniques and understanding of the SFBT approach.

Stark differences lie, apparently, in the brevity of SFBT and extreme depth and length of Jungian psychotherapy, in the technique-focus of SFBT and the insight emphasis of Jungian, and in the behavioral underpinnings of SFBT versus the soulful or spiritual interest of Jungian. To Jung, the psyche or soul was quite real, and its productions, however far from the pragmatic, were not only values but considered real. For example, Jung took seriously a woman's statement that she was "on the moon" (Harris, S., 2005).

PRINCIPLES OF THE SOLUTION-FOCUSED APPROACH

1. No single approach works for everyone.
2. There are many possible solutions.
3. The solution and the problem are not necessarily related.
4. The simplest and least invasive approach is frequently the best medicine.
5. People can and do get better quickly.
6. Change is happening all the time.
7. Focus on strengths and resources rather than weaknesses and deficits.

(Miller & Berg, 1995, p.31)

Following on the medical model of Freud, Jung's approach was diagnostic, seeking to name symptom sources. But SFBT lets go the "medical model" or the problem-oriented approach. SFBT theory is not even a classical psychological theory, but it is more of a counseling process theory. It works at the pragmatic level of what has been called, in cognitive therapy, "coping skills". However, while operating at that same level, it is not about coping but discovering rewarding behaviors, called "exceptions", that are less a response to a problem, and more a new and better direction, with a future orientation (Miller & Berg, 1995, p.31).

SFBT is modern and very present-oriented, while Jung and his followers maintain a strong interest in and use of classical, historical and mythological material (Bauer, Jan, 2006). Jungians look for problems and sometimes address childhood, while SFBT looks for solutions in the current situation. Jungians are profoundly theoretical, while SFBT claims at times to be non-theoretical (Miller and Berg, 1992, p.1). SFBT is emergent, while Jung's influence wanes among therapists down to less than 1 percent of therapists using it (Prochaska & Norcross, 2005, p.65-66).

Yet Jung's influence remains considerable in our terminology, with words like "introvert", "complex" (meaning an issue), "unconscious" (with Freud, of course), "shadow" (negative unconscious), "archetype" and several others remain in our vocabulary. Even more significant is the paradoxical influence of one of his failures. An alcohol dependent client went to Zurich to see Jung. He received Jung's therapy, was alcohol free for a year, and then relapsed "Ego insight, awareness of his developmental history, and his exploration of his personal complexes and shadow issues were still not enough … making the unconscious conscious was not sufficient in and of itself to cure him" (Schoen, 2009, p. 14). Though this was true of other forms of psychoanalysis and psychotherapy at the time, it troubled Jung. Jung admitted failure and suggested the client go and seek a spiritual conversion. The client did so. Later, through correspondence with Jung, AA founder "…Bill W. realized … that most conversion experiences … have a common denominator of ego collapse at depth". Wilson acknowledged Jung as, among many others, a contributor to the development of AA (Schoen, 2009, p. 17). Jung acknowledged that "there are … illuminations of the soul that cannot be traced back to any external causes" (Storr, Anthony, 1983, p.260). In the end, the seminal AA program failed the client, also. But clearly it went on to help many others.

Unlike SFBT, the Jungian approaches cannot produce statistical support, since its goals are less measurable. One SFBT trial with psychiatrically diagnosed clients reported a 77% success rate (client-reported progress over 7-9 months). Or, used as a last resort with students in UK schools, an

SFBT team approach noted 67% showing improvement (King and Kellock, 2001, p.104).

Since Jung deals with the unconscious so heavily, one cannot expect measurements. Yet the existence of the unconscious is rarely disputed.

This paper will find validity in both Jungian theory and in SFBT. However, recognizing the great hurdles and inefficiencies in full, faithful application of the Jungian approach, certain adaptations of Jungian theory in the context of SFBT will be suggested.

The theoretical orientation of each approach will be derived not only from foundational figures, but also from later practitioners and followers. However, for the Jungian approach Jung or close interpreters will be favored, while later figures also are used. And for SFBT Scott Miller and Insoo Kim Berg will be heavily referenced, as well as others with varying emphases. In each theory, however, key elements will be distilled from these various sources such that each can be discussed in general terms. Also, there will be a leaning in this paper toward substance abuse treatment applications, as well as reference to group approaches in the latter.

Ontology

Jung: Assumptions

Jung assumes a unitary soul, finding mystery and depth regarding what this soul is (Storr, Anthony, 1983, p. 259). The depths of the soul are a source of growth: "...that layer of utter unconsciousness contain[s]...the key to individual completeness and wholeness, in other words, healing" (IRSJA, 2009, p. 15). The unconscious, the key to the soul, is not just a repository of repressed material; it is a source of gifts, for integration of parts of the psyche (Jung, 1964, p. 289). With respect to ways in which our souls are not yet whole or integrated, Jung expresses this in many ways. One is a disintegration in terms of a psychological typology. We lean toward being, for example, more extraverted than introverted, or more intuitive than sensate, or more thinking than

feeling, or more perceptive than judging. Ways in which these are not balanced, or ways in which we are not yet integrated are expressed also in primordial, collective themes or images or archetypes. These archetypes are expressed in behaviors that can be portrayed as images, once they are conscious (Storr, Anthony, 1983, p. 16). These images or archetypes are not limited to the individual. Jung assumed also, most critically, that there were "specific kinds of experiences that fostered the development of personal spirituality and lifestyles consistent with them … peak experiences … encounters with the numinous". In these, the *true self* emerges. Followers of Jung have noted that, lacking this kind of experience, the true self is not yet encountered or realized. For example in "the identification of the self with the addictive process … one who accepts the identity of 'addict' is far more likely to fail in treatment than someone who identifies themselves as a 'recovering addict.'"(Gray, Richard M., 1997). Hence, it is assumed that there is a true self, often missed due to identification with lesser images, as in addictions. Always present, but not always realized or encountered, is this true self. This is "that Self that points in the direction of the life calling or that unique niche that represents the fullest manifestation of what that life can be for the individual. (Gray, Richard M., 2003). And it is assumed to be common to all humans" (Gray, Richard M., 2003).

Jung: dualism or monism?

With respect to the soul, the Jungian approach seems to attribute far greater significance to it than to the body, even though no proposition is offered that would entirely distinguish the two. The emphasis is on unity. "The self, of which the mandala is the symbol, is the archetype of unity and totality". This is suggestive of monotheism (Storr, Anthony, 1983, p. 20), but it is based on a notion of the self. Without being certain, later Jungians have suggested a way in which body and soul may be one. With regard to the unconscious, it was suggested that it may be "shorthand for the interaction of billions of neurons" (Mathers, Dale, 2009, p. 2). This more contemporary, seemingly

interaction-dualist or property-dualist view is ambiguous. Without abandoning empiricism, this approach still affords greater weight to the symbolic or metaphorical. Functionally, Jungians, and especially Jung himself, are not reductionist but the opposite. Greater weight is given to the soul's content than to physical factors, expanding the notion of the self into a vast, unknown cosmos of the soul (Mathers, Dale, 2009, p. 2). The focus is monist, attributing unity to the self, although it is seen as a potential. The qualification also needs to be added that this self has continuity with other selves, via the "collective unconscious".

Jung: unique ontology

Thus Jung's ontology is unique. There is no static mind. The mind grows through exposure to truth (IRSJA, 2009, p. 2). The soul's apparent disintegration is offset by its inner striving for the unity of separate parts (Storr, Anthony, 1983, p. 18). What it is that represents both the fragmentation and the unifying tendency is metaphors, upon which the Jungian approach heavily relies (Mathers, Dale, 2009, p. 2). These primordial, collective themes, images, archetypes (reflected in and being themselves behaviors) appear as images, once they are conscious (Storr, Anthony, 1983, p. 16). They are not limited to the individual. This kind of shared self, the unconscious, is nevertheless endlessly varied. "Each of us has explored it and come back with differing myths and maps." What is shared among us is described as singular, not plural. "Suppose the unconscious itself is a metaphor- neither a place, a thing, or an object?" (Mathers, Dale, 2009, p.2). This metaphoric reality transcends the individual, as does the individual's true self. This notion of a collective-but-individuating self moves into a cosmology, extending, at least for humans, the unconscious into a universal force.

This reflects an ontological ambiguity in which the separate and the single are one.

> "Dream products which carry various symbolic expressions of the living psyche within are all seen as carrying elements of the self, so that we can see

> that the psyche is a united diversity. Once the elements of the dream are understood and integrated, they become united further into the whole … dreams are also seen as far more than an expression of a cause-and-effect message from the past. Rather, they offer the reality of the psyche as it is." (Harris, S., 2005)

It is a self that dreams reveal to be at once actual and becoming. The unconscious is not just a repository of repressed material, but also a source of gifts, and for integration of parts of the psyche (Jung, 1964, p. 289).

SFBT: assumptions

Without being dogmatic, SFBT theorists discuss therapist and client realities as if *we are* our cognitions and behavior. A behavioral emphasis is seen in typical questions asked of clients, inquiring which of their actions (not words) show progress (Macdonald, 2008, p.14). This behavioral orientation is seen also in the view of therapy as conditioning. The therapist's activity consists of patiently undoing clients' long conditioning of focusing on what has not worked (Macdonald, 2008, p.19).

While a notion of progress is assumed, it has no particular definition in terms of outcome, being up to the client. But it is defined in terms of cognition. Thoughts are expected to become more "positive". And this progress is defined behaviorally; clients are guided to be doing something new and different.

What is meant by "progress", "positive", or "new"? These are really defined as individual, client aims or desires. "Positive", then, might be whatever is in accordance with the client's long- or short-term aims.

SFBT: dualism or monism?

The question of the nature of the mind is not raised. Thoughts and behaviors are being treated, but there is no necessary or apparent attempt to separate these. Further, in accordance with a

cognitive-behavioral outlook, feelings are attributed to thoughts and behaviors. The implications of the above assumptions, for a notion of self, reflect a continuity of thought and action, which suggests a kind of unity of mind and body at a functional level. Thoughts and behaviors are treated similarly, as subject to individual will, decision, and resourcefulness. To the self, then, is attributed the capacity of choice; SFBT is not determinist.

SFBT: unique ontology

For SFBT therapists, the self is viewed as a repository of resources, an ongoing agent of change, unique to the individual, indefinable by diagnostic labels and unitary by virtue of the absence of separation of thought and action.

The two ontologies

Neither of these ontologies is static. Both see the self as a source of gifts. In the one approach these gifts are for integration and from the unconscious; in the other they are resources, or a potential to access whatever resources will help. The Jungian approach is phenomenological, while SFBT is much more cognitive and behavioral. Thoughts lead to feelings and behavior, although SFBT's emphasis is often more upon the thoughts and behaviors of the therapist (Miller and Berg, 1992, p. 2). Both approaches are open to wide possibilities in terms variations in notions of self. Jungians exhibit a depth awareness of (for example) East-West difference, regarding how we view "self"- as a pursuer of well-being or of expression, in the West, or, as in non-Western culture, more collective and less choice-oriented (Mathers, Dale, 2009, p. 57). SFBT is very open to diverse agendas originating in a client's self, however the assumption is made that the client *has* an agenda. SFBT sees a solution-seeker in each "self", which leans more to a Western mode.

Cosmology

SFBT: cosmological underpinnings

The SFBT approach finds it all-important to attend to how therapists view or describe clients, aiming to see them as *already capable*. The approach is thus "competency based" (Macdonald, 2008, p. 16). Since SFBT practitioners try to view clients as competent and already capable, noticing their strengths (Metcalf, 1998, p. 16,17), there are implications as to an optimistic worldview held by these therapists. Attitude shifts in this direction include seeing alcohol dependency not as addiction but “a habit that discourages health” (Metcalf, 1998, p. 74). This "emphasis on mental health as opposed to mental illness" (Miller and Berg, 1992, p. 3), interestingly, is not a given but an aim. The interest is not in *coming from* an existing worldview but in *creating or discovering* a better one. These therapists are gearing themselves to see promise in the present, with an orientation to exceptions "that are happening now" (Miller & Berg, 1995, p. 92). In this, there is an orientation to the present empirical and cognitive worlds.

SFBT practices implying a cosmology

In previous therapies, treatment was a staff-designed task. In SFBT it is client-designed (Metcalf, 1998, p.71). This reflects that effort to see promise, not problems, both in the world and in the client. Therapists’ plans are made in order to elicit these client initiatives. Since therapists usually need a reorientation to accomplish this, far greater emphasis is on "the therapists behavior and … plan" as compared to "the client's behavior". The cognitive-behavioral aspect is chiefly interested in "describing and cataloging those therapist activities that lead toward solutions" (Miller and Berg, 1992, p.2). This so that therapists will extend respectful cooperation rather than demand it (Miller and Berg, 1992, p. 15). Surprising benefits have been found to arise from the leader’s coming in with an attitude of trust that the members and the process, even with its moments of tension, will offer insights and new directions. These new directions are often called, in SFBT,

"miracles", meaning client-named surprising outcomes. This new trusting attitude toward clients is borne out favorably, as "clients' stated miracles are rarely based on unrealistic fantasy or a desire for vast wealth" (Ruddick, 2008, p. 35). Promising potentials are assumed to exist in and significantly characterize the client and the client's world.

SFBT cosmology defined

Even though the client may not at first view things this positively, the therapist accepts the client's view of the world (George, 2008, p. 345). But the client may have a worldview that he or she does not yet consciously know about. The overarching view, regardless of the presence of "problem talk" or reference to what is missing, is about "the presence rather than the absence of something" (Ruddick, 2008, p. 38). SFBT operates from the "premise that healthy patterns already exist but have simply gone unrecognized" and that clients "possess the… resources necessary to bring about a solution and thus, we avoid having to 'sell' them our answer" (Miller and Berg, 1992, p. 4). In a surprisingly non-religious way, then, "the solution" is assumed to exist "out there" in both the client and the client's world. This "solution" is always an unknown in detail, until after it is found. But of course there will always be further solutions. It is a worldview depending on a continuing choice regarding one's attitude. There is good (health, recovery, satisfying life) to be seen and found if we choose to see it and find it.

Jungian cosmological foundations

A name is given, in contrast, to Jung's "good" that is present. It is a powerful "mystery". Referring back to medieval philosophers and their Latin terminology, Jung calls it "the alchemical vision of the *unus mundus* as a ground for the *mysteries coniunctionis* ... the mystery of interconnectedness" (Mathers, Dale, 2009, p. 173) which may be summarized as "a quantum sea of light" (Mathers, Dale, 2009, p.). For Jungians, this "God" need neither be supernatural nor scientific, but metaphorical, yet it is powerful as far as humans are concerned.

> "Without theistic or supernatural elements... Jung suggested that [spirituality] concerns humankind's need for growth towards full individuation, the conscious realization of one's potential. Jung further suggests that the main problem of western civilization is its detachment from spiritual meaning and that addictions in particular constitute his attempt to reconnect with a spiritual level of meaning … Jung viewed addiction as a spiritual problem that needed a spiritual answer. The founders of AA made spirituality a cornerstone of their movement. Research [has]… shown repeatedly that spiritual emphasis is often a reliable predictor of treatment success." (Gray, Richard M., 2003)

This meaning, myth, or mystery is assumed as the source of the human tendency to resolve or to seek resolution for disintegration of the psyche, via the productions of the unconscious.

Evidence of a Jungian cosmology

Jung did not at all limit himself to a modern, Western outlook. Much considerations was given to respectfully comparing Eastern experience to Western (Storr, Anthony, 1983, p.258-259). Eastern or ancient cosmologies include deities or myths representing archetypes. These archetypes are "the *a priori* of the unconscious mind … [the] ground principles of the unconscious are indescribable … though in themselves recognizable." This is not a meaning that can be pinned down. While we keep "trying to establish singleness of meaning", we miss "the essential point … the one thing consistent in their nature is *manifold meaning* … their almost limitless wealth of reference" (Mathers, Dale, 2009, p. 4,5). Thus ambiguity and uncertainty must be embraced in an ongoing process of discovery. This progress toward ever-greater individuation occurs as we recognize in ourselves and in the world the power of archetypes. For example, one may find how

money has become a source of emotional problems as it is unconsciously treated as a god and how this is rooted in our collective history (Bauer, Jan, 2006). The volatility, power and significance of these archetypes resident in the collective unconscious, which Jung defines as the source of any "widespread 'primordial' image belonging not to the domain of personal memory but to the secrets of the mental history of mankind" (Jung, 1953, p 64).

The Jungian cosmology defined

Jungian theory sees development, or an evolution of consciousness, over time. The collective unconscious is not static. Likewise, people, as they seek truth and bring to consciousness and seek to differentiate themselves from these processes in history and in themselves, desire emotional growth, and they move beyond mere evasion of pain (IRSJA, 2009, p. 9). The collective unconscious is gradually shifted into view, emerging from being hidden as the source of the false self, into being seen as other than self as one individuates (Jung, 1953, p. 276-279). Myths and metaphors once just blindly lived can then be seen or named.

For Jung the human world is, then, a world in process, emerging from being driven by archetypes in the collective unconscious. In this sense there is a conflict of darkness and light, with a struggle for greater consciousness.

Diversity of the two cosmologies

Jungian approaches imply a philosophy far less attached to a current or Western zeitgeist than its contemporaries, and far more rooted in history, particularly the history of the West (including Classical and Jewish). It does not ignore the Enlightenment and more modern outlooks, but it tends to attempt an integration of all views, seeing them as representing archetypes, into ever-broader archetypes, tending toward a non-exclusive and all-embracing notion of "God" (while not requiring that name). There is, in reality, that which draws into discovery of the true self via individuation, or becoming free from a collective mentality.

SFBT has no stated view regarding spirituality or the nature of the world, but its foundations are clearly more behaviorist, and therefore more empirical or evidence-based.

Jung's individuation is profound, difficult to achieve, and lasting. SFBT's "miracles" are specific, short-term in scope, and comparatively easily found.

Overlap of the two cosmologies

Similarly to SFBT's assumed potential of a "miracle", promise, or solution, Jung does see value in spiritual experiences. Jung also sees the potential for change as being in the client as much as in a therapy or program. Both see gift, or unanticipated help, as being present and available.

Epistemology

Epistemology in Jung

Although Jung "had an accurate grasp of scientific method ... interests drew him into fields where scientific method cannot easily be applied". He drew on wide knowledge of both science and religion. In his practice with clients, he was "attempting to understand them as individuals", not relying on "diagnostic categories"; he saw meaning in the contents of delusions and hallucinations. For Jung, our knowledge is incomplete without access to the unconscious along with awareness of how its content relates to current and past myths. He used, for example, the contents of delusions and hallucinations that were derived not entirely from the individual but also from looking at mythology, in which he saw parallels, thereby expanding his notion of the collective unconscious (Storr, Anthony, 1983, p. 15-16). It was an ongoing dialogue with the inner world and the outer culture that, for Jung, engendered the knowledge significant to his field. But Jung went further than this exercise of the intellect as a source of knowledge. He noted that "dreams from the collective level might sometimes be visions of vast significance" (Storr, Anthony, 1983, p.18).

People gained insight through spiritual experiences that were "identified with the Numinous- an undifferentiated experience of intense affect or awe". He identified these peak experiences with "the awakening of archetypal energies" (Gray, Richard M., 2003). In these experiences, new knowledge is attributable a universal reality, which, though it may arise from the brain, nevertheless remains mysterious.

Epistemology in SFBT

The knowledge significant to positive change in clients' lives is assumed, by SFBT, to arise primarily from the client's thought world and life experience. This is a rational process, in that identification of "exceptions" involves a simple logic of comparing what doesn't help with what does, what is non-problematic with what is problematic, or what would describe a preferable state as compared to what would not. This thoughtful and dialogic process aims to elicit awareness of "exceptions [that] provide a glimpse of a possible future" (Ruddick, 2008, p. 35). These exceptions are also described as solutions, but they also could be called alternatives.

The acquisition of knowledge, particularly psychological knowledge, has long been cast as a *difficult* process. Significant knowledge, for the SFBT process, is not like that. One could almost use the saying: "it's already there, staring you in the face". Often the "exceptions" are actions that the client has already been performing, prior to seeing the therapist. Solutions in SFBT can be simple (Metcalf, 1998, p. 18; Macdonald, 2008, p.18).

However, a re-orientation is needed for both client and therapist in order to see what is "already there" and to notice client strengths (Macdonald, 2008, p. 17). The question arises as to what source or mode of knowledge it was that led to seeing the need for this change in perspective. Miller and Berg simply saw that prior treatments weren't working, and that clients were being blamed for failures. Other therapists had it occur to them to ask about "what was different about

those times" when the issue was not present (Miller and Berg, 1992, p. 3). Two avenues of knowledge have operated in this development of SFBT. One is a caring, commonsense process of observation, in order to see what was not working. The other was the simple device of following a hunch and trying something different.

For SFBT, then, these various avenues of reason, reorientation, intuition and common sense are operative. For the epistemology of SFBT, then, study, science, investigation and tradition take a back seat to common sense. Common sense has been defined as pre-theoretical belief, or intuition. It is often defined, meaninglessly, in terms of synonyms like "prudence". Sometimes is attributed to experience and a degree of consensus. For this present purpose, it is defined as intuitions to which one resorts when more definable sources of knowledge are unavailable.

In this latter way, surprisingly, SFBT knowledge has a lot in common with the Jungian "peak experiences", as they are both intuitive and the source of both is unclear. However, SFBT knowledge rather modestly claims much less significance.

Abnormalities: SFBT

Link to philosophy

SFBT approaches the client assuming nothing about what the issue is (Metcalf, 1998, p.22). Substance abuse clients, for example, are not judged to be in denial. No "heavy confrontation" or force is recommended. Clients, instead, are "encouraged to find a door that they are interested and invested in opening" (Miller & Berg, 1995, p. 36). This common sense approach notes simply "a client's problems do not constantly occur"; there are exceptions (Metcalf, 1998, p. 7). These are incidents, actions, or elements of a life situation in which *something better* than the problem was experienced. It has been found by practitioners of this approach that these positive, helpful "exceptions" are always present and nearly always found and understood by clients, with alert

guidance.

The power of pathology

SFBT notes the negative power of a pathology outlook that has tended to label patients with a diagnosis. One SFBT practitioner, instead, externalized the problems as “intruders” (Metcalf, 1998, p.23-26), not characterizing them as belonging to the self of the client. Clients have been too often labeled also with misbehavior. A woman was neglecting children but her therapist did not judge or confront; instead, a search was made for competencies (Metcalf, 1998, p.127). Attention is drawn, not to an issue, but, using presuppositional language, to a time “when things get better” (Metcalf, 1998, p.84).

Diagnosis

Diagnoses not only label, they stereotype- that is, they classify patients from among a limited number of diagnostic categories. However, in SFBT "no assumptions about the 'true' nature of the problems" are made. Instead, there may be "many different alcoholisms", depending on the uniqueness of the client (Miller and Berg, 1992, p. 7). In practice, SFBT does the opposite of diagnosis. Non-problematic elements are identified, and not by the professional. Surprisingly, clients usually identify new elements in their lives that are quite reasonable, attainable, and amenable to a practical kind of focus. "Precedence is given to the client's perceptions and experience rather than to the 'facts'" (O'Connell, 2008, p.59).

Applicability

Provided that *any* client agenda is respected, ground can be gained with the SFBT approach. There need not be any of the traditional reasons for showing up. Miller and Berg identified three types of client agendas. The “customer” is the one who knows and wants the therapy services, and who would co-operate with a standard therapeutic approach. The “complainant” wants to vent or blame; even here, being assisted with viable ways to do this, the client can gain ground. Finally, the

"visitor" is not there by choice, as in mandated situations, and the agenda may be to seek ways to avoid legal sanctions (Miller and Berg, 1992, p.18-30). Even here, it would be assumed that harmless sanction-dodging exceptions can be identified. The broader the therapist's view of possibilities, the deeper the respect for the client, and the closer the attentiveness to details of the client's story, the wider is the applicability of SFBT.

SFBT is flexible enough to be used from more specific theoretical perspectives. One application uses social constructionist theory in the use of SFBT, in which roles were assigned to women divorced without children. Recognition was given to their encountering social barriers based on what's considered normal, or based on gender expectations. SFBT was combined with narrative therapy. Social constructionist theory was applied so as to unpack various restrictive meanings in the lives of these women, and to reframe their situations (Castaldo, D.D. 2008, p. 177).

Abnormalities: Jung

Pathology

Jung was early in noting, with Freud, that "civilized consciousness" conceals "basic instincts" which rear without warning (Jung, 1964, p. 83). Jung went further, though, in the insight that in

In "psychopathology one of the human psyche's functions is to 'pathologize.' The purpose or aim of pathology is seen as part of the healing process. For instance, if the psyche did not create symptoms, we would never know that anything was amiss. Not only this, but the healing message is thought to be found in the symptoms [which] are not to be avoided or downplayed, [suggesting] the 'meaning of the suffering of the soul.'" (Harris, S., 2005)

Jung discovered very early, using word association tests, that "words were linked around a theme". Jung called these complexes, or "the dynamic effects of unconscious mental contents"

(Storr, Anthony, 1983, p.15). These resulted when, for example, a child's true self had not received good enough reflection from parents, giving no connection to the deep, spiritual self (Johnson, Bela 2009). The reaction, in (for example) a Narcissus complex, may be unacceptance, rage, an attitude of entitlement regarding "love" played out in behaviors like obsession or stalking. Or there may be a projection of the mother need on one's partner (Johnson, Bela 2009).

The self

To Jung, "mental illness is characterized by disunity of the personality, whilst mental health is manifested by unity". Jung was early in discussing dissociation, and further, its temporary value, seeing the "personality as being capable of dissociation". For example, it may have been necessary that "the schizophrenic lost all contact with reality because the ego was overwhelmed by irruptions from the unconscious" (Storr, Anthony, 1983, p. 14). Even in relatively normal people, the self was seen to be in need of re-integration.

Inner parts

The "shadow", being undesirable tendencies repressed into the unconscious, was seen as being projected, that is, attributed to someone or something else (Mathers, Dale, 2009, p.84). But this pathology was not restricted to the individual; there was in general a Western cultural failure to recognize its shadow. The negative animus was the shadow in women. "Secret, destructive attitudes" may emerge in slips or casual comments (Jung, 1964, p. 190). Cultural shadow elements were embodied in archetypes, which act out through us in "the autonomy of archetypes", as they operate by virtue of the fact that we dissociate, keeping separate worlds and not facing ourselves (Jung, 1964, p.85)

Dreams

Clues to these elements were found in dreams. Jung saw them not as repressions, but as "communications from the unconscious" (Storr, Anthony, 1983, p. 17). Dreams make clear

statements and “arise from a variety of sources, some of which have never been conscious” (IRSJA, 2009, p.16). While for Freud, the function of dreams was to “conceal a hidden wish”, for Jungians the “function of dreams was to synthesize fragmented elements into a whole” (IRSJA, 2009, p. 10)

Examples

“Jungian theory suggests that addiction fills the purpose of initiation -- the transition from childhood to adult status through symbolic death and rebirth -- in an over rationalized, secularized world. Unfortunately the initiatory process stops short of the rebirth to selfhood or adulthood. This leaves the addict trapped in the death phase of initiatic process with no hope of rebirth. As a failed initiation, addiction dooms its victim to an eternal cycle of immature dependence and consumerism.” (Gray, Richard M., 1997)

“Money complexes” are an example. We have inherited from the Protestant ethic that success is OK but there was no talk of money; the attachment was repressed. Now it is not, but the contemporary, open talk about money doesn't demystify it. It tends to be seen only quantitatively, like sex (Bauer, Jan, 2006, p.). Jungian therapists in treatment processes use perspectives like this, as they allow dreams to reveal these false identifications with archetypes like the “money god”.

Narcissus, in the myth, after many affairs, fell in love with his reflection in a pool. It dispersed, of course, as he tried to make love to it. Pain was the result. In the case of a Narcissus complex, a need might be felt for romanticism & sentimentality, but the genuine, authentic love is missed. There is no empathy. Normally, the “reflection” from the mother’s face first helps a child form a relationship. It is necessary to get this reflection at the appropriate stage. This is one among many kinds of inner child wound. The self-esteem obtained from a narcissistic love or sex “fix” is only temporary. A false self has formed, which idealizes lovers, feels entitlement, and is centered around "me" & my desires as if it is the center of universe. The stance is often defensive. There is no “numinous” sense of self. It is very persistent in denial. This complex can be seen in "the

cruiser" who is often changing partners. "They're not feeling like there is a person there" (Johnson, Bela 2009). Or else pornography, for example, can reflect a Narcissus wounding. The reflection from such an image is not human (Johnson, Bela 2009).

Healing

To Jungians, "the cause of neurosis usually [is] in the present". While there may be an adult developmental delay, suggesting regression, neurotic symptoms in the present compensate to return us to our path. This, like physical pain, is a self-regulation (Storr, Anthony, 1983, p. 17). Consequently, Jungians advocate introspection, using symptoms to aid in discovery of (for example) the inner, balancing, masculine or feminine (Johnson, Bela 2009). These growth steps are an ego loss. Jung's version of the humility necessary to grow lies in not over-identifying with an archetype, that is, with the "gods", or with even God (Schoen, 2009, p. 91). In this process, dreams are used for "meaning making". One identifies the ways in which they compensator imbalances between the object and the subject, or between reductive and constructive outlooks (IRSJA, 2009, p. 16). These healing approaches, then, reflect pathology framed in terms of imbalances, misplaced identifications, and rediscovery of the true self.

SFBT

Therapist reorientation

SFBT is outside the medical and problem-oriented models. Therefore effective SFBT therapists need to have developed not only an array of tools, but also an altered mindset and thought process. Since the focus is on finding, using and celebrating the *new paths* that members themselves have found, there is "no real interest in psychopathology". There are no more "long periods of history-taking [or] 'problem talk' and the creation of stigma [is] avoided" (Ruddick, 2008, p. 34). Further, since therapists' responsibility is to use and train clients in the use of exception-finding

questions, they must be armed with a considerable bank of a new type of question, which by-passes "problem-talk" and elicits the helpful aspect, element, alternative, or connection in the situation. Therapists need to learn not to confront ongoing negativity, or to use and not confront a client's expectation that someone else change (Metcalf, 1998, p. 19,20). If a diagnosis must be used, it can at least be re-worded to reveal solution potential. For example, instead of "hyperactivity", in one case it was termed "energy that interferes with calmness"; the issue is framed as more normal-sounding (Macdonald, 2008, p. 8-9). It can be quite a shift for a therapist to learn to "avoid any tendency to promote insight and instead focus on the client's ability to survive the problem situation" (Metcalf, 1998, p.14). It can be new territory for therapists to develop the courage, for example, to use silence as a powerful tool to let clients have space to make their own discoveries (Metcalf, 1998, p. 42 - 43). A new kind of alertness is needed to respond as much as possible to immediately appearing evidence of change (Macdonald, 2008, p. 13).

Therapeutic relationship

All this reflects a new kind of therapeutic relationship. The language of client-generated solutions is not found without learning clients' "unique way of conceptualizing" (Miller and Berg, 1992, p. 8). Without thoroughly exploring the client's world, one cannot arrive at a relationship in which one is "intentionally injecting the language of hope and expectation that the client's future will be different" (Ruddick, 2008, p. 34). Trust will need to be generated, as the mode of questioning the therapist will use may be unfamiliar to many.

Questioning

Therapists ask clients "who where and when, but not why" (Miller & Berg, 1995, p. 59). "Why" questions probe for causes, in order to clarify problems; this is not the SFBT philosophy. The following are samples:

> "What will it be like when the problem is solved? What will you be doing instead? When that happens, what difference will it make? How will other people know that things are better? Who will notice first? And then who? What else will be different? What else? What else?" (Macdonald, 2008, p. 14)

Or, in a substance abuse group situation, a dialogue among group members might sound like this:

OK, you relapsed. But what was different about the way you responded to that this time? If you are more disappointed in yourself than before, what is it you are hoping for that you missed out on? A better time in this group? What would that have been like? Could the group still be supportive of you if they knew you relapsed? I'm a group member; you just told me; how am I reacting [the exception]? If you tried it out on the rest of us, what's the worst that could happen? What's the best? Which of those is more likely?

Asking clients what they did to feel less anxious elicits from them their own coping skills. In alcohol-abuse situations, a client may wonder why the therapist wants to discuss the client's golf game, rather than the drinking that occurs after the game. But this questioning may elicit aspects of the game that provide satisfaction, or discover what exactly happened on one occasion when the client left the golf course without drinking, seeking precise details as to what was different or rewarding at that time. Or a different golf course, different companions and different timing may evoke for the client an unsuspected image of reward. This would be an "exception".

Another type of inquiry is the scaling question. Once clients have absorbed some notion of exceptions, the *power* of these exceptions can be scaled, as way for clients to communicate progress to themselves. "On a scale of 1 to 10, how frequent has your use of this new activity become? From zero to 3 in 5 days? Great!" (George, 2008, p. 349). Details of scaling are further refined by questions like "how would you know when you had moved up one point?" (Macdonald, 2008, p.

57). Always, questions focus on solutions or progress.

A key question

A pivotal point in the process is what SFBT theory calls the “miracle question”. This comes after there has already been some practice in identifying exceptions. It might be offered as follows: *If you realized one morning a year from now that your problem was gone, what are two or three things you would be doing differently at that time?* The therapist then guides the client to explore, often in very small ways, specific steps that can be taken toward realizing one of these “miracle” elements. “What went well since we last saw you” will then become a question easily answered- or perhaps volunteered, before any need to ask it. Reports of exceptions will begin to abound, as the client learns to look for them. After feeling such gains through this “miracle question”, goals that have a somewhat farther reach can be set and tried.

Duration and phases

At the start, in order to introduce the notion of unexpected resources with a minimum of discomfort, so as to minimize resistance, an initial exercise may elicit client stories of success where there appeared to be none. This can be done without any reference to any serious life issues. Enter as quickly as possible the mode of solution-focused thinking, avoiding the language of pathology, since it is very problem-focused. But a client may bring it up, in which case it may be stated that we will get to that, but first we will find much benefit from learning solution thinking in other contexts. Again, if it appears that clients need to unload their struggles, time will be allowed for this, but as soon as possible we will move on to the pre-skills of finding exceptions or personal resources. Goal setting comes after a few foundational steps. First, members develop enough familiarity with finding their exceptions, their resources, and some awareness in which they are “catching themselves” in problem-thinking in order to switch to the new mode. Then *circumstances around* the problem can be addressed, with clients looking at behaviors that lead away from substance

abuse or the dysfunction, perhaps trying some of these behaviors before the next session and experiencing some success with them. Or these behaviors may relate rewardingly to core values of the client, such as family, relationships, job performance or personal ethics. Then clients can begin to set their own specific goals. These will vary considerably; no one could predict the exact nature of any individual's goals at this stage. A goal may be as mundane as driving home a different way, or using different TV stations. What is critical is that these goals are clearly specified by each client, carried out *during* the period up to a couple of weeks before the therapy ends, and reported back, with feedback coming from the therapist or group members. The client may then, with the therapist's assistance, self-assign some homework- not to *stop* doing something, but to *do* something- such as play a golf game in alternative ways. The therapist or group members may suggest small revisions or additions to this plan. This homework would be reported back later. Tracking, listing or posting these gains and newly discovered strengths provide further encouraging feedback, resulting in, for example, a "strength bank" (Metcalf, 1998, p. 42 - 43). After this, the client can identify a goal for the whole process. "What will be different for you after we finish?" can be asked with much more expectation of clients feeling confidence that they can discover and practice these individual and personal changes. Termination is in sight when clients have named these significant goals, experienced them in some aspect, reported on them, heard encouraging feedback about them, and identified ongoing monitoring, support or networking for themselves. Through the phases, responsibility shifts more and more to the clients to ask these questions of themselves. The maximum benefit of this method occurs when the habitual thinking of members becomes solution-seeking.

Variations

Adaptations, incorporations and variations occur with respect to use of SFBT. For example, in one case there was the creation of a women's network addressing a particular type of women's issue. But the therapist, in using SFBT, was attempting not to provide answers or interpretation of their experiences (Castaldo, D.D. 2008, p. 178).

Uniqueness and validity

In SFBT there is a major shift from cognitive-behavioral therapy or 12 step programs in that new behaviors are presented as *practice*, not as critical (Metcalf, 1998, p. 27-28). What might be a debilitating sense of urgency for change is replaced, in practiced uses of SFBT, by a lighter, even fun-like discovery of solutions that are largely already present, and therefore not at all daunting. Assuming nothing beforehand about what will work is a courageous risk that pays off powerfully. The techniques used in SFBT are consistent with its philosophy, to the extent that they take this risk, and trustingly await the emergence of solutions from patients, relying on a judicious use of questions

Jungian Techniques

Therapist training

Therapists in the Jungian tradition have to be doing their own journey of discovery into their own unconscious. We all have issues. Jungians partner with others in the field, naming a personal issue that arises, discovering how to start facing it, and being prepared to feel any fear or doubt. They listen to their partner's perceptions of their wound. "Ask the partner for a genuine, honest assessment" (Johnson, Bela 2009). For Jungians to qualify, and remain in practice, this means years of training in one of their institutes.

Therapeutic relationship

Initially essential is “creating a safe space where trust can develop. Jung often described this [as] the sacred precinct around a temple” (Mathers, Dale, 2009, p.5). The setting and activities focus on "creating a climate for change" (O'Connell, 2008, p. 59). The therapist pays attention to counter-transference, using her / his own reactions to the client’s presentations to help identify what is being presented. It is a mutual journey of exploration of the images that emerge, with the therapist in the expert role. Clients develop trust, and a great deal of disclosure occurs.

> “One discovers many helpful hints, directions, healing messages but also things that they prefer not to disclose to anyone, much less themselves. However, this “confession” becomes a further dimension of the analysis. One might see this aspect of psychotherapy as serving a redemptive function.”
> (Harris, S., 2005)

Dreams become the source of much of this disclosure. A dream of an explosion at work led to a client revealing job-related fears. But “the analyst does not interpret them. The dialogue is a mutual process of discovery, involving both, with the final interpretation lying with the patient” (Harris, S., 2005). Clients learn from the therapist how to become Jungian interpreters themselves.

Topics

“A regimen or specific agenda is out of the question for any ‘Jungian’” (Harris, S., 2005). But the first dream outlines the journey that will be taken, through the symbol language of the unconscious (Jung, 1964, p. 277). This author had a personal experience of receiving Jungian therapy years ago. Not surprisingly, the dream that was experienced just prior to the first session fit precisely much of the character of his journey for the next ten years. His readiness to share that dream, the presence of the dream, and the readiness of the therapist to guide him into an interpretation were an example of the *synchronicity* to which Jung often refers. It means the way in

which circumstances seem to combine in a timely way to assist these healing processes.

Thus the aim is that the client shares a dream in nearly every session. "Dreams are considered to be a spontaneous product of the psyche … an image coming from the unconscious that elaborates what is going on … right now." The dream gives "perspective on what problems the patient is dealing with right now … to understand the language of the unconscious and for the patient." Clients learn to find value in "the somewhat strange, if not bizarre, messages from the unconscious" (Harris, S., 2005). Images may arise not only from dreams, but also from client-produced art, themes discovered in their interests, or recurring symbols encountered in any manner. These are mutually explored for meaning and perspective on the client's journey.

Duration and phases

Jungian therapy may last even a decade. First, compatibility must be established. Then a dream must be presented. Then a client needs to learn the language of the unconscious, in order to be a full participant. Once the relationship and language are established, the therapy lasts as long as needed or wished by the client. Jungian philosophy sees no "termination" in self-discovery, although a mutual agreement may end the sessions.

Uniqueness

The Jungian approach lends credence to and enters into a realm many have labeled insane. A woman Jung never met reported to him through an associate that "she lived on the moon. Jung insisted that she did live on the moon and asked her to discuss this with her young patient." The other therapist "was beginning to question her vocation and whether Dr. Jung was quite crazy!" However, it turned out that the patient had "lived on the moon since an earlier trauma and that since then she could not live in this world" (Harris, S., 2005). Although the Jungian journey is long, it has an amazing, surprising landscape, at least symbolically, like the journeys of Odysseus, of C.S. Lewis's Narnia children, or of any mythic figure.

Comparison

In terms of rehabilitation concepts, both therapies exhibit a "movement from pre-contemplation to action … predicted by the identification of a goal that is more important than the problem behavior" (Gray, Richard M., 2003). They diverge, however, with respect to the profundity of the goal. Further difference is in the kind of action. Jungian patients move further into personal growth, often making significant life changes. SFBT clients change small things, at least early in the process. But even in SFBT, these small changes may add up to a deep re-orientation, not through mining the unconscious, but through learning to think in terms of solutions.

Philosophic consistency is manifest in Jungian techniques, as it never has claimed to be short-term therapy. Like SFBT it finds direction from what arises from the patient, though at very different depths. The new language for SFBT is descriptive of known thoughts, known circumstances, and known options. But the language Jungian clients have to learn is as profound as our civilization and heritage, always unfamiliar at some point, and ever-unfolding.

SFBT goals

Goals for the therapist

Initially, a therapist will introduce him or herself state broadly the goals related to discovering solutions (Metcalf, 1998, p. 151). While a therapist needs to "know precisely which criteria will be met before ... therapy is completed" (George, 2008, p. 349), these criteria are not designed ahead by the therapist. There are stages. A focus more on the start of the process than the end focuses, for the client more on achievable goals (Ruddick, 2008, p. 41). Then co-constructing a goal might be a beginning- such as identifying one pre-existing "exception". The next goal might be to amplify the exceptions. Then assigning of homework tasks, preferably by the client, would come next. A logical next step would be to evaluate the effectiveness of the homework, always focusing

on what part worked. Then the therapist and client might re-evaluate or reframe the presenting problem (George, 2008, p. 350).

However, the significant goal for an SFBT therapist is to learn this kind of thinking. Through experience, a therapist gains awareness of the SFBT process, such that unpredictable developments are taken in stride and used for the client's benefit. Eventually therapists learn to pass on to clients a new mindset, which seeks and thinks about existing resources in one's life rather than constantly trying to diagnose and attack a problem. The therapist's goal is that clients will learn that solutions are not always connected to presented problems in obvious ways, and the habit of focusing on solutions. "The purpose of the therapist was to create opportunities for clients to see themselves as the expert on their own life" (Metcalf, 1998, p. 7).

<u>Goals for the client: long term</u>

A longer-term aim is that solution focused thinking would become habitual and lasting, through which clients would discover strengths previously unknown to them. "Clients were more apt to regard themselves as competent" (Metcalf, 1998, p. 7). It is a process of patiently and slowly undoing clients' long conditioning to focus on what hasn't worked (Metcalf, 1998, p. 19). "Thinking patterns can, 'with a little training', be shifted toward a more optimistic outlook" (Ruddick, 2008, p. 34).

<u>Goals for the client: short-term & procedural</u>

The atmosphere created sets up a "placebo effect". An "expectation that something will happen correlates strongly with something actually happening" (Ruddick, 2008, p. 34). The focus is not on clients' past, but on their present experience. The goals need to make sense to the client and be concrete, specific & behavioral (Ruddick, 2008, p. 34-37). They are measurable goals, in the sense that clear criteria are set up between the therapist and the client, through questions like "What would be the very first sign that the miracle had happened?" or "What would be the smallest thing

that could be different and you would still notice?" The therapist should, with the client, once precise details of an exception or new behavior are identified, also ask "Will I be able to count it?" (Miller & Berg, 1995, p. 46, 49). At that point, the client can graph exceptions over time (Miller & Berg, 1995, p. 120).

Key goals

Therapeutic goals for SFBT are well articulated. SFBT originated in a later world of stringent limits on costs, time and resources, leading to a practice of establishing clear goals and criteria. These goals precisely fit this theory's assumptions regarding human nature. It is assumed that people's mentality and lives are full of worthwhile resources; the goals aim at discovering them. These goals fit with how abnormality is defined- because in SFBT it is defined as a *mistaken attitude toward clients*, and the goal is firstly that therapists alter their own attitudes in this respect. Therefore the key goal is for therapists to learn solution-focuses language and thinking, and the goal for clients is simply to learn the same.

Jungian goals

Goals in the therapeutic relationship

Central to the goals of Jungian therapy is a vaguely defined factor that is described many ways, including "the therapist's intricate involvement in the process" (Harris, S., 2005). This allows for a dialectical approach in which unresolved, seemingly antagonistic issues can arise from one or both participants, being allowed to play out toward resolution or synthesis. By noting and embracing his or her countertransference, or "response to … and engagement with reactions to everything presented to a therapist by a patient's complex" (Mathers, Dale, 2009, p. 85), the therapist fully engages in this dialectic process.

> "Two individuals in dialogue elicit, both intentionally and unintentionally, a mutual experience for exploration. Thus, this can be as unique of a process as the snowflake. The emphasis is on the patient of course, but the therapist's intricate involvement in the process is necessary for the healing process. The synthesis and understanding of the dialectic dialogue that occurs between the two is seen as exceedingly valuable as it combines and transcends them both." (Harris, S., 2005)

Although "one of them is more familiar with this territory of the psyche than the other", the process that occurs "transcends them both" (Harris, S., 2005). Without this emotional and spiritual investment of the therapist in the process, which (unlike faceless armchair psychoanalysis) truly respects the patient, the time of the patient is being wasted. Likewise, a fearful or overly rescuing approach on the part of the therapist, which does not give the patient credit for being able to embrace the struggle and endure pain, is also counter-productive (Harris, S., 2005).

Client education goals

Since the "primary task of therapy is to help people give names to things, affects, complexes, transferences and countertransferences" (Mathers, Dale, 2009, p. 2), for many clients, there is a struggle to grasp what all this is. For example, seeing that dream contents have meaning, learning what the symbols mean, understanding concepts like "persona" (the publicly presented self which can be misconstrued as the real self), or notions like "integration" presented a challenge for some of Jung's patients (Jung, 1953, p.209).

Goals regarding stages and duration

Once a relationship has been established and the client has become familiar with the language of the unconscious, then a long journey is entered, of listening to the unconscious. This has valleys and plateaus. Whole periods of exploration of self-concepts which the therapists knows

to be limited, are nevertheless allowed time. “Effective praxis requires clear identification of stages, steps, and conceptual transitions along with sufficient skills for the manipulation of those transitions”. For many clients, a development stage, known in ancient or indigenous societies as initiation, is supplied. Instead of being owned or led by various archetypes (such as the money-god), one learns to confront them. A “restructuring of meaning” occurs. The aim in Jungian therapy is individuation, which is a “whole life re-frame”. This means “finding one’s self and aligning one’s self with … innate potentials”. Clients ultimately find a “Telic Self” not at first apparent, which is “no longer in the ego”, not the blown by the winds of various archetypes in the collective unconscious, but which can have truly self-inspired goals (Gray, Richard M., 1997). This “real self” occupies a “hypothetical point between the conscious and unconscious” (Storr, Anthony, 1983, p. 19).

Emotional growth goals

There is no Jungian therapy without the intention to experience emotional growth. “Some people select Jungian psychotherapy in order to try to skip over some very painful issues from their past.” However, if they present a dream to the therapist, “the psyche via their dreams brings them right to their childhood!” This is viewed not as “a regression, but re-collecting one’s self to move forward” (Harris, S., 2005). The aim of a Jungian analyst is that patients fully enter into this, or in other words, become “a subject of their own experience, not an object of the analyst’s expectations or other agenda” (Harris, S., 2005). Another way of viewing this growth is for clients (as well as the therapist) to become balanced in orientations, or to develop their “inferior function”, with regard to the spectra or polarities of extravert / introvert, sensate / intuitive, thinking / feeling and perceiving / judging (Mathers, Dale, 2009, p. 111). This growth is also characterized by becoming no longer at the mercy of relationships. There is a reference to a forgotten or ignored aspect of the Christian tradition, in which an emotional separation is enjoined.

> "In the New Testament, Christ is cited as saying, "I did not come to bring peace but a sword. For I have come to set a man against his father, a daughter against her mother…" This statement well illustrates the non-personal factor. Self-realization, in this respect does not appear to mean that relationships are unimportant. In fact, it appears to underscore the importance of distinctions in relationships. (Harris, S., 2005)

This is not isolation; it is learning to come into relationships from a place of sure self-identity, in which one is no longer being defined by others. The more this progresses, "the more meaningful relationships become." (Harris, S., 2005)

Spiritual goals

Jungian approaches see spirituality at the core of this emotional development. In general, they see a need for "general ideas and convictions that will give a meaning to … life" (Jung, 1964, p. 89). In fact, it is expected not just that clients have beliefs, but also that something happen to them, something beyond the scope of the therapy. Jung and his followers thought "that there were specific kinds of experiences that fostered the development of personal spirituality" These "peak experiences", Jung described "as encounters with the numinous" (Gray, Richard M., 2003). These experiences are characterized by a "transformation of meanings" or "a personal redefinition". In current language, it is "a cognitive reframe" (Gray, Richard M., 1997). There appears to be no strong leaning, in the Jungian tradition, as to whether or not this is attributable to the divine. Regardless, for many clients, a transformative experience is encouraged and does occur. Although it is a therapeutic goal, it certainly cannot be planned.

<u>Criteria for or measurement of goals</u>

Whether or not such an experience has occurred is determined by no clear criteria other than the client's report and the therapist's observations. However, a renewed sense of purpose, more productive behavior and changes in attitudes might be signs. An indicator also may be improvement in the ability to make reflective choices. Spirituality brings about "the restoration of choice by making powerful, subjective states available at will [which] makes a great deal of difference when dealing with impulse control" (Gray, Richard M., 2003).

Another sign of progress may be, not the disappearance of emotional pain and stress, but rather an increase in tolerance for these, as they are at times recognized as a normal cost of following one's chosen purposes in life (IRSJA, 2009, p. 11).

The goal of individuation, toward which perhaps most clients of Jungians would be aimed through both their own and the therapists', is central. Clients choose Jungians for this reason, and therapists prefer this kind of client because they are therapists. Since individuation is a focus and goal, client and therapists would be likely to agree that it is in process, or progressing. Jung recognized the need that some had for freeing from childhood trauma, but he took clients for individuation, or to deal with mid-life change (Storr, Anthony, 1983, p. 21). Mutually agreed criteria for progress may show progress over long periods, but exterior measures may be less certain.

Describing progress from a dialectical standpoint, Jung spoke of the "emergent third"- "the bringing together of opposites for the production of a third"-, as a characterization of the individuated self emerging from the two aspects of "conscious and unconscious systems" (IRSJA, 2009, p. 24).

<u>Comparison of SFBT and Jungian goals</u>

For Jungians, “a primary task of therapy is to help people give names to things, affects, complexes, transferences and countertransferences” (Mathers, Dale, 2009, p. 2). This is very different from, and even opposite to SFBT. SFBT aims to *free* people from the names of their complexes! However, the names of *resources*, whether conscious or unconscious, would be consistent with the aims of both.

Both SFBT and Jungian approaches can engage more commonly known issues like alcohol dependence. Some early AA members enhanced their 12 step work with Jungian therapy (Schoen, 2009, p. 18). But Jungians ask “why”, and SFBT does not. However, both dreams and SFBT can point to the next step in a journey.

There is commonality in the notion of reframing. One of the roots of SFBT is the work of Milton Erikson.

> “As a psychological phenomenon, the whole-life reframe was first defined by Milton Erickson, MD. Erickson was one of the important modern sources of the idea of reframing. Indeed, many of his interventions were particularly aimed at the transformation of meaning either within specific parts of the individual's life or of life as a whole.” (Gray, Richard M., 1997)

The habit of focusing on solutions, once achieved, might be a whole-life reframe, resembling the Jungian transformation. Reframing was what Jung was doing when he saw value in the contents of the unconscious, even of the shadow, or even “delusions”. These unconscious productions have no apparent connection to growth and health; this is like SFBT’s search for what works in clients’ lives, even where it has no apparent connection to (say) addiction.

Jungians see people spiritually and have spiritual goals. SFBT sees people as surprisingly capable or resourceful, and aim to search out these resources. Jungians have been clear about

seeking individuation; SFBT writers have been clear about seeking and engendering “exceptions”. Jungians see abnormality as disintegration of, or separation from, the true self and aim for its restoration or discovery. SFBT see abnormality- or, rather, dysfunction- as residing in past mindsets about mental health, and clearly aim to undo that in both therapist and client.

The two more closely compared

Concept definitions

SFBT deals directly with the common, current concepts and terminology of therapy, such as “resistance”, addressing each matter clearly. For example, SFBT recommends that the therapist “does not conceptualize … lack of follow through on task as resistance but rather as the client’s unique way of choosing to cooperate” (George, 2008, p. 347). Sticking to this pragmatic level, SFBT is clear that it will not employ deep therapy. Issues are handled only at the conscious level, such as social interactions.

In comparison, Jungian concepts may have clear definitions, but a comprehensive education in that field would be necessary to know them. Even so, much of the content of the unconscious cannot have clear definitions. Learning dream language is an art, not an analyzable skill. Shoen’s (2009) comment that maybe AA translates psychoanalysis into ordinary language (Schoen, 2009) implies the difficulty.

Likewise, it is hard for Jungians to be clear about spirituality and cosmology. “What is real?” is not easily answered in that mode. Is a myth real or not? If so, in what way? Saying that it is a powerful, unconscious image that is functionally as real in the human world as rocks and roads still leaves many scratching their heads. Yet, however ambiguous, there is benefit in respecting the value of these myths, and in showing respect by refusing to pin them down to an empirical definition.

Measurement

The strength of the SFBT process lies in the fact that these goals are attainable, client-measurable, and usually suitable for being reported back to a group, if that is the mode. In a group quite tangible experiences of unexpected resources in peoples' lives are shared and pooled as mutual encouragement and mutual learning. In these kind of processes, the measurement is not in external evaluations, but in the activities of the clients, who discover and clearly distinguish what is (or is not) progress for them. Measurement and even evaluation has been turned over to clients.

When external measures are desired, they are easier to manage than is the case in the long-term therapies. Brief therapies have been shown to be effective. While research shows that other short therapies may be equally effective, it also has been demonstrated that counselors do better with methods to which they are committed, as is often the case with SFBT.

Comparison: comprehensibility & client education

SFBT is less a challenge of education as it is a challenge of re-orientation or even re-conditioning. For the client, these sessions would be a crash course not only in identifying these solutions, but also in developing the habit of seeking them on their own.

Jungian therapy presents a different educational challenge.

> "It is important for the patient to be able to be able to develop a way to abstract, to evaluate things symbolically. A tremendous limitation of overly concrete thinking is to view the dream as a literal reality … efforts to elucidate these experiences into words have obvious limitations. As my great mentor has said to me, 'the road is not the map.'" (Harris, S., 2005)

Some people do not think symbolically. This author, having taught literature in schools, knows how many students hate it when we get to metaphors, symbols and imagery. And further, to what extent is Jung's approach to dreams culturally driven, or applicable mainly to early 20th

century middle class Europeans?

Ease of application, screening

A major barrier to any wide application of Jungian approaches is the need for therapists to be ready to struggle with the relationship. For example, it is believed to be necessary for the therapist to allowing his or her own feelings, regarding the therapeutic relationship, to surface (Mathers, Dale, 2009, p. 111). This requires an unusual capacity to deal with oneself and the client at once. This may be true in any therapy, but among Jungians it is a required, learned art- to journey with the other, being authentic, yet without projecting on or burdening the client. “There is no mechanical formula"; it is much more an acquired skill (O'Connell, 2008, p. 59).

In contrast, when SFBT is applied groups, this kind of responsibility rests more on the group members. But it is not a responsibility to dig for issues; instead, "members observe how others are able to discover such problem-free times" (Metcalf, 1998, p. 7). Working with SFBT clients in a group is not only more efficient economically, but it offers the support found by learning from and identifying with the process of others. Further, this SFBT type of group offers the benefit of seeing others’ use of unexpected resources.

Experienced SFBT counselors do not screen out clients who seem unable to appreciate their own resources. Instead, they search for the tiniest scrap of positive direction, and build on that. But for Jung, a patient usually came to him, not primarily as a result of pathology, but because of “an inner urge to work on his psyche” (Jung, 1964, p. 274). This suggests the possibility of an entire approach based upon a certain type of client. How likely is it that clients below a certain economic level would seek this journey into the unconscious? This difficulty becomes all the more stark when considering that a case with 35 sessions involving looking at 50 dreams was described as short! (Jung, 1964, p.275). A typical case took 3 years of analysis (Johnson, Bela 2009).

SFBT has possibilities of far wider application. It has been shown that it "can be incorporated into other therapeutic models and vice versa" (O'Connell, 2008, p. 59). It is harder to mix the Jungian mode with other approaches, though not impossible.

Internal consistency of assumptions

SFBT assumes that clients have untapped strengths and resources. The goals, techniques and views of abnormality all fit this assumption. That does not imply that it is foolproof or that there are not clients who cannot alter their mindsets sufficiently. And the fact that it is brief is no great drawback; brief counseling has been shown to have effectiveness at least equal to that of long-term counseling, as any cursory search of the literature will reveal.

Unlike the Jungian approach, SFBT has no cultural assumptions; it places no particular value or negative judgment on dreams or myths, on whether there are any “noumena”, or on the importance of the unconscious. There is no preference for “those who have a fairly active dream life” who need to “thank our lucky stars” that they do, if they want Jungian therapy (Harris, S., 2005). SFBT, in comparison, can "work within the client's frame of reference", and use their religious or nonreligious orientation (Miller and Berg, 1992, p. 7).

Assumptions

SFBT assumes greater potential in the client, rather than in the therapy. This reversal of older attitudes, in which, for example, total abstinence rehab centers tended to blame client unreadiness, reflects a belief about people (Miller and Berg, 1992, p. 21). It is a simple, open assumption. "Traditional … approaches often *start* with the most complex and difficult assumptions and treatment strategies” (Miller and Berg, 1992, p. 9). But this is an open and *unassuming* assumption! Jungians have a somewhat comparable assumption- that every individual has a calling. Assumed also, however, is a vaguely defined unconscious landscape of obstacles along the way; complexes, egos, personas, shadows, adopted archetypes, an unfolding myths.

If SFBT is denying the existence of obstacles, then it should have less success than it does. Studies show effectiveness at least comparable to other modes, and possibly better (Miller and Berg, 1992, p. 13; Knekt et al., 2008, p. 689; McDonald, Alasdair, 2007, p. 107).

Constructs

Cognition and behavior are foundational constructs for SFBT. People are seen more as beings of thought and action than as dreamers. However, even SFBT would not deny that dreams are there also as kinds of thoughts. And if a client were asked, in an SFBT session, to describe the last reduction in anxiety, and the client reported a helpful dream, this would not be discouraged. Hopefully, though, it would not stall the process.

A *re-orientation in thinking* is a construct than can apply to both modes. There are habits of thought, whether applied to drinks or dreams. Spiritual experiences or life changes can re-orient thought habits. It makes sense to be interested in changing thought patterns beneficially.

Analysis is a construct that attributes complexity to the mind. It attributes, by its use, importance to the unpacking of the pieces and the relationships of these pieces in the mind. Behind this construct lies an assumption that human minds (or some minds!) have the capacity of self-analysis. This epistemology is essential to the whole psychoanalytic outlook. Yet, if the mind knows itself spiritually, then there is a departure from the notion of analysis. Unlike Jung, SFBT does not use analysis. Instead of dissecting the mind, it simply expects there to be residing in it that which tends toward resolution, help, strength, or life.

Meaning: "Wherever one turns, meaning, beliefs, and personal definitions seem to lie at the heart of change." These are personal redefinitions (Gray, Richard M., 1997). In these experiences, "the world is transformed and meaning restored. Joseph Campbell, in *The Power Of Myth*, expressed it as following one's bliss" (Gray, Richard M., 1997). In religious experiences, there is "a radical restructuring of meaning in the convert's life." (Gray, Richard M., 1997). But what is this

"meaning"? To Jung, it was ultimately the numinous, the most essential self. It is the continuing experience of value, importance and direction. Jungian and many later modes use the term, and employ it with a sense that what the particular meaning is, is not of concern, as it varies person to person. It is a notion that tries to be undogmatic. It's something everyone wants, but Jung suggests it is better not to attach it to the lesser archetypes. SFBT talks less about meaning, but it does not need to, because people find meaning when undesirable habits of thought and action are replaced with better behaviors.

Reasoning

Substance abuse clients can experience considerable fear that their addiction will get the better of them, partly due to the fearful talk that has traditionally surrounded substance abuse. “If you take one drink, you are as good as dead” or “alcohol is cunning, baffling and powerful” are messages that are part of a culture that has cast clients as hapless victims responsible to overcome an overwhelming enemy. The simple logic of SFBT is to avoid engendering fear and to promote hope, instead, because there always is a truly hopeful element available. Simple logic again triumphs in SFBT, as its originators observed a kind of cat-and-mouse game in which clients are seen as “in denial” and authorities are viewed as being out to catch them slipping and prove the existence of their problem. Again, labeling people as problems is dropped for seeing a new path already present in them. It is not a stretch to say, "Why look for dirt when there are coins on the ground?" And further, is it such a hard notion to say, "If something works, do more of it"? The SFBT notion- of expansion or practice of new behaviors that they have identified- is totally logical. Expanding experiences of success in daily life will nearly always enhance confidence and self-efficacy.

The Jungian approach is not so amenable to simple argument. Is there a favorable correlation between insight resulting from analysis and improvement? Doubts have been cast on

this; new behaviors and new experiences are needed also. And do we know that uncovering the unconscious will not wreak havoc? Jung took it careful step by careful step; he knew the language was learned slowly, and that clients took time to learn not to panic at the discovery of their pain. It is such a varied journey that it can hardly be called a method that can be studied and argued for. But neither can it be argued that this is not a worthwhile journey, for those given some preview, who still choose it.

Application

The applications of SFBT have few limits. Even with psychoses or personality disorders, whenever dialogue is possible, exceptions and strengths may be elicited, expanded, tracked and fed back. Even when dialogue is almost absent, there are still possibilities. This author worked with a young man who would barely converse and would not talk about his issues. However, it was discovered that he "talked" through his handcraft creations and artwork. Through interaction with those activities, a relationship and communication were built. It was in a school situation, and the "exceptions" were instances where, despite learning disabilities and school-related wounding, he invented his own ways to contribute, with his hands more than his words or writing. The solutions arose from the client; no theory brought to bear had suggested this. This author's only contribution was to notice and encourage these developments.

As has been suggested, in today's world, the clientele for full Jungian therapy is rather limited, due to economic, educational and interest factors, and due to the great difficulty of provided sufficient therapists in that mode. "Analysts must undertake their own analysis if they are to be considered fully trained … through "formal training at one of the Jungian Institutes" taking "formal curriculum for a number of years" (Harris, S., 2005). It is out of the reach of most of us. There may, however, be Jungian perspectives that are useful outside the context of full Jungian therapy. There is a "distinction between Jungian psychotherapy or a Jungian-oriented psychotherapist, and a

'Jungian Analyst.' A Jungian orientation … views the process from a Jungian perspective" (Harris, S., 2005). For example, there are ways to deal with clients' unconscious without ever being explicit about the fact that symptoms have unconscious sources. If, for example, a client exhibits dissociation, but appears nowhere near ready to own the other parts of the psyche, then this "other" can be spoken of in the third person, perhaps as a fictitious illustration or suggestion in a narrative, to facilitate a communication with the unconscious that is never overt (See Appendix One).

Position taken

How do people engage and re-integrate hidden parts of themselves? There are developmental aspects. Age can bring wisdom even without psychological awareness or interventions. A considerable percentage of alcohol-dependent people recover without any intervention. Self-help groups benefit some people. There was the case of one apparently intractable "alcoholic"; it became known that even Jung gave up on him, using the word "hopeless". However, Jung admitted his own incompetence. Still, Jung eventually suggested he "become the subject of a spiritual or religious experience … a genuine conversion" (Schoen, 2009, p. 15). Conversions, support groups, aging into wisdom, or even common sense can all help lead to resolution of inner conflicts. Change can happen simply. "Reframes can also be understood in terms of permissions." There is "the story of a man with a severe gambling problem that had destroyed his life. At one point in therapy he was told that he didn't have to enter the gambling hall. The permission came as a revelation and he never gambled again" (Gray, Richard M., 1997).

A reasonable perspective is that there are multiple solutions "out there", many of which are unpredictable. Even outside the SFBT realm, there is a movement away from a problem-focus. Others find that "belief about the nature of their problem is crucial … people who believe that they are addicts often respond less well to treatment than people who do not" (Gray, Richard M., 1997). There is a part for these attitude changes and solutions to play without any professional

intervention. However, professionals who become aware of the abundance of possibilities that exist, can be of great help to clients who do not yet have this perspective. SFBT is a clear winner.

Certainly, there is benefit to knowing Jung's theory. Within a framework of SFBT practice, the ways in which the unconscious communicates solutions, directions can be used to "hear" from clients the wordless "exceptions" that their bodies, artwork, music, hobbies or other behaviors reveal. These wordless exceptions can be reflected back in just as many creative ways, to enhance strengths.

The key difference between the two approaches is in the area of adaptability. Whether the solution turns out to be a re-frame, a dream, a change in exercise habits, improved medication, acupuncture, abandoning or embracing a religion, or a sudden caution or permission given, the SFBT perspective can help clients access their wisdom to choose well.

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Appendix One

This author, in a professional role, used to visit “Amy” in her home. She was in her late 70s or early 80s. She repeatedly told of night visitors into her home, a young man and a young woman. In her kitchen, they would frequently leave traces of their rather innocuous activities, never stealing anything. Over much time, friends and neighbors had kept watch and carefully checked her home’s security for evidence of actual visitors and had found nothing. Meanwhile, she stuck to her story and expressed her frequent fears at night. She was not clear about where in the house she was during these visits. All disparagement or skepticism was avoided, while listening for themes. Eventually she accepted a suggestion to leave friendly, welcoming notes out in the kitchen, for “them” to see, offering them understanding and spiritual comfort. Amy tried this for a while, and subsequently no similar reports were heard from her. Perhaps there was some reconciliation of dissociated parts. There was no apparent need to confront or offer insights about “hidden alters” or the like. Amy seemed too fixed in her ways, too traditional, and too fragile for that.