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Chapter 1: What Brings You Here?

Overview:

At the start of all therapy we ask, aloud or to ourselves, “what brings you here?” The counselor needs to think deeply and in an open and ongoing way about what counseling means. What is your definition of counseling? How will that impact the way you work?

Goals:

Students should be able to:

- 1) List their values and think about how their personal values will impact their work as “helpers”
- 2) Inventory their approach and apply Berecz’s zonal perspective to determine their biases when working with people
- 3) Compare and contrast general counseling with psychoanalytic counseling

The Case for Good Supervision

Case A:

Linda was a therapist in the community working with Heather, a six-year-old student referred by her teacher. The student’s house burned down in the fall, and her biological

Comment [S1]: Pagination will be different once this is in its design layout. For now, these Word docs need no attention paid to this.

Comment [S2]: Throughout:
*one space after all punctuation marks that call for any spacing.
*series comma (a, b, and c)
*title-capping headers and reference titles (excludes conjunctions and short prepositions that aren’t in phrase-initial position)
*spelled-out numbers rather than numerals

*placing “only” before a verb opens the sentence to meanings likely unintended
*many words and categories of words have lost capitalization-in-all-contexts status; some words: federal, government, state, century, winter, spring, summer, fall, navy, marine, army, armed forces; some categories: occupations, academic fields

father was in the hospital. Her mom was medicated for bipolar disorder and it was suspected that mom's new boyfriend was physically abusing mom. As the therapist, Linda was approached because Heather was acting up, constantly seeking attention by being a class clown, and there was a significant drop in grades.

Heather's teachers wanted to know how to help her in class. Linda felt they were looking for behavioral intervention; however, as she was trained as an expressive therapist, she wanted to use a slightly more psychodynamic approach.

Linda called the teacher and went into a lengthy discussion of what she thought psychodynamic treatment entailed. She noted that it was a slower process. The teacher would need to be patient and give Heather special attention and extra time with her subjects.

In supervision, Linda reported,

- Linda: When Heather came in for her next session, her mother said she was pulling her out of treatment with me.
- Supervisor: How come?
- Linda: The teacher said I was not going to be able to help. She suggested another therapist who would be a better fit and who was working with another student in Heather's class. I was angry and called the teacher, but she met me with cold indifference to the importance of the relationship that I had with Heather. She said she had been teaching for twenty years in an inclusion classroom and had a master's in special education. She said she didn't think I was going to be able to help Heather, and that was that. The case closed.

Of course the case would close! The task of the supervisor was now to work with Linda to see what got in the way of the working therapeutically. Linda didn't realize that when the teacher asked for help, she was really looking for something practical and perhaps magical—the elusive silver bullet. The teacher, who also had feelings, needed a little TLC. It is a good idea to treat all the **collaterals** (parents, teachers, insurance companies!) as you would the client.

In the beginning, Linda could have responded in a ways that were more validating and less defensive:

- Sample A: Sounds like Heather is hard to have in class!
- Sample B: Heather must be tough to have in class six hours a day, five days a week.

The Unconscious, Research, and Self-Awareness: Linda

In this text, you will find I am going to lead you through three themes in each case study. The first is the importance of understanding elements of the unconscious. The second is the importance of research. The evidence from cases will inform your practice. Finally, knowing yourself—your personal values and theoretical orientations. These come from impulses, thoughts, and feelings; many of which you are not currently aware of.

In case A, Linda failed to remember that what the teacher was saying was only part of the story. There needed to be exploration, facilitated by **joining**, to develop a more complete picture of the unconscious presenting itself.

From a research standpoint, losing the case before it began revealed that an error had occurred. If Linda thinks deeply about her work in the future, she will not begin her relationship with a teacher by lecturing or persuading. By lecturing, Linda unintentionally inflicted a **narcissistic injury**, implying the teacher wasn't already being patient and or giving extra time to Heather. Had Linda slowed down and just asked questions (gathered more data) such as, "what's been tried?" and "what is even possible?" she might have been more successful. Linda forgot her skills as a psychoanalytic counselor and research-practitioner. She gave advice and tried to fix the problem before understanding the dynamics of the case, the symbolic communications, and the unconscious.

Linda needed to develop a better sense of herself and to understand what "explaining" the process to the teacher said about Linda's own feelings. For example, Linda did not understand how the psychoanalytic counseling process works, what the teacher's concerns might be, and perhaps Linda saw herself as an expert or the teacher as less competent. Linda needs to believe that talking helps and that listening is really a gift! Rather than "talking down" to the teacher, it would have been more productive to give her a mini-therapy session. A mini-therapy session might have reduced the teacher's tension and established the beginning of a true working relationship.

Case B:

Lori was a therapist working with Jaleel, an eight-year-old who was hitting classmates. Jaleel's mother signed a release of information and the teachers approached Lori for help. Lori liked feeling useful and needed. She felt she was forming a bond with the teachers, but she was at a loss as to how to help them with Jaleel's problems.

In Case B, Lori was in touch with her "not knowing" and inability to solve the underlying issues prompting the hitting problem. She chose to work from a psychodynamic angle. She felt talking would eventually shed light on what the behaviors Jaleel exhibited meant. She knew that it might take a while. The teachers wanted help with Jaleel's behaviors now. She did not choose to act on her own. Instead, she went to her supervisor and discussed the case.

Lori developed a plan with her supervisor. First she joined the teachers in their wish for Jaleel to behave better. She also said that she knew it was hard to be responsible for an

entire classroom and give special attention to one child (more joining). She also admitted she was not sure what to do at the moment. She would continue to think with them and have conversations as they all learned new things. Just as Lori had her supervisor, the teachers now had Lori for help and support. The feeling was more collaborative than it was with Linda from Case A, who came across as talking down to the teacher.

Practically, the teachers worked from a behavioral viewpoint, which Lori acknowledged as necessary in their roles, but wondered if the teachers would also be open to having Jaleel write down what he was thinking or feeling right before he hit someone or broke classroom rules. This was Lori's way of bringing feelings and psychoanalytic counseling processes into the established classroom management's mostly environmental or external locus of control.

As the case developed, Lori also helped the teacher understand and appreciate the difference between saying, "Jaleel, stop hitting" (a direct attack or narcissistic injury) and a more **ego syntonic** statement like, "There is no hitting in my classroom." The teacher reported that the effectiveness of the strategy as she found it not only helped Jaleel, but the rest of the class was also reminded of the rule and no one was singled out.

Lori ended up getting a lot of referrals over the years from that teacher and others who heard of her good work. The teacher was helped. Jaleel was helped. Lori got to affect the emotional lives of more than just one child or one teacher.

The Unconscious, Research, and Self-Awareness: Lori

I want to start where Lori did with self-awareness. Lori was aware of her desire to help, but instead of acting on that, she sought help from her supervisor. The supervisor listened and demonstrated a supportive stance that helped Lori with her desire to jump into action and fix the situation. In turn, Lori could do the same for the teachers. To this end, Lori was able to be effective. When we see these types of ironies and reversals—as related to the concept of helping—we know we are in the realm of the unconscious. Considering data on "what works," the number of referrals that Lori got indicated that her psychoanalytic counseling approach worked. Compare her results to the case of Linda in which things went wrong very quickly.

Establishing Your Values and Your Orientation

So, what brings you here?

This is the first question I ask in a session or consultation. I want to know to:

What is going on now that brings you to therapy?

Why now?

What are your goals?

Often they respond telling me, who sent them (parents, significant other, or bosses). They also sometimes will joke that “a car” or “a bus” brought them.

The vagueness of the question is intentional. All questions used in counseling from a dynamic frame are purposefully open ended. This allows the patient to tell something about their character in both the content of their response as well as the process of their responses.

Content refers to what a person is talking about.
Process refers to the ways in which the content is given; and can be more about what is happening in the here and now of the therapy session.
Both are important.

I am asking you now, what brings you to the study of psychoanalytic counseling? Do you believe an unconscious exists? Or do you think that external controls (rewards and punishments) determine our actions? Knowing what you value and how you think people are “put together,” which I refer to as having a theory of personality, informs how you are going to approach counseling. Let’s start with

that simple self-analysis activity.

VALUES

What do you want out of this textbook? What do you want to learn about yourself? What do you want to learn about the clients you are working with?

Values are guiding principles that represent what you believe. They impact what you bring to the clinical work. Values are the rudder to your personal and professional life, whether you know what they are or not.

By completing the following activity, you may uncover some values basic to who you are.

A colleague of mine, Bethann Schacht, who runs Aroua Counseling in Natick, MA, utilizes such an activity with her clinicians. I have adapted it here, and invite you to complete it.

ACTIVITY: Take a minute to list your values. There are three methods to choose from.

You can choose from the sample list or come up with your own list.

Sample list of values: resilience, honesty, clarity, dedication, morality, curiosity, financial stability, integrity, compassion, perseverance, kindness, authenticity, intellect, punctuality, optimism, respect, discipline, humor, perspective, self-acceptance, family.

You may also find your values by completing the following statements:

“I believe that...”

“I believe in...”

Finally, you can identify those values important to you via a phrase or a mantra that guides your life, such as:

“Change happens slowly”

“If you want something done, you have to do it yourself”

“The truth will set you free.”

Now look at your list of values, and pick the top three that you wish to bring to your practice of counseling.

What does this tell you about yourself?

How might any one of these values help you when working with a client?

How might any one of these values hinder you when working with a client?

Some patients present a challenge for most practitioners. It takes a special person to work with a child molester, violent criminal, or a terrorist. What if one of these people called you for an intake? Would you see them? What if they were **polyamorous**? Although movies and television shows lead you to believe otherwise, most patients are the average suffering neurotics—depressed, anxious, and frustrated. There will be times when something a patient says will challenge one of your own personal values. You will have to decide if you are going to refer them elsewhere or if you are going to try to work with them. If you choose to work with them, will you be able to live with the discomfort?

Patient v. Client? An Example of Your Values Showing

Your choice of the word “patient” or “client” is a value-laden one. The term “patient” is a very medical one and implies a power differential. The word “client” lessens the power differential and suggests a more collaborative business-type nature. Which would you use?

I choose the word “patient.” I remember my analyst challenging me when I said I didn’t like the term “patient” being used to describe me. I preferred the word “client.” He said “What is this, a banking transaction?” He openly acknowledged the power differential between the counselor and client or psychoanalyst and patient. Why go to somebody who is just like you? Would you not want to see someone who is “better” and able to offer you something new and different? Psychoanalysts having had their own training in psychoanalysis (that is, they were psychoanalyzed by someone) should have some more maturity and insight—and although this is not always the case in practice, it is the ideal.

The choice of the word “patient” or “client” is only one of the many details that are grist for the mill. Throughout this text, I will use both terms, but basically admit to using “patient,” as that is my choice and view of the work. Your choice will be yours, but stop and think (analyze) what it might say about your approach and values to this work. In

thinking this way, you will begin to set yourself on the road of becoming a psychoanalytically informed counselor.

Activity: An Inventory of Your Approach

What is counseling? Write your own definition. There is no right or wrong on this one, just a chance for you think about where you are now so we can compare where you are at the end of the text.

Now write what fears and apprehensions you have about being a counselor.

Many times when I have students do this, they come up with words like “helping” and “advising” in the definition and then have a fear about “giving bad advice.” The good news is—with supervision and support—you can learn to be helpful from a psychoanalytic frame and not give advice! Instead, you will follow the client and learn what they have to offer and what gets in the way of what they already know they have to do.

Students I have asked for a definition of counseling, mention fears about giving bad advice. This is a great reason to engage in active listening and exploring over giving advice. Good supervision and training will help and alleviate some of your fears. It is the heart of a good psychoanalytic practice.

Theoretical Dilemmas Inventory

We started with values, but now I want to look at other elements of counseling. What are the tenets of your approach? Kotter and Sheppard, in their 2007 book on counseling, created the theoretical inventory listed in the [Theoretical Dilemmas Inventory](#). Follow the directions, making sure to force yourself to pick one answer. Then, as you go through this text, look at how that might change over time and be challenged as you have more experiences. [I know you will want to pick more than one sometimes, but this is forced choice—you don’t have to like it, just do it! Most students struggle and that is OK! It is part of taking an inventory.]

Comment [S3]: place holder

Theoretical Dilemmas Inventory

Directions: For each of the following items, select the one position that most clearly articulates your own beliefs. Be prepared to defend your position with some evidence based on your experience.

Views of People

- People are basically good, want to be the best, rise to the top; society is responsible for most mental illness and woes.
- People are basically animals, and society is what “civilizes”; without it, we would be in *Lord of the Flies*.
- People are born basically neutral; they are shaped to be what they are by the environment.

Legitimate Focus

- Counseling should focus primarily on feelings.
- Counseling should focus primarily on thinking.
- Counseling should focus primarily on behavior.

Content

- Counseling content should deal with the past.
- Counseling content should deal with the present.
- Counseling content should deal with the future.

Skills

- The most important counselor skill is structuring—taking charge and shaping the session.
- The most important counselor skill is interpreting—understanding what the client/patient needs and wants based on what they are saying and feeding it back to them in a digestible way.
- The most important counselor skill is reflecting—helping the client feel heard.

Counselor Directiveness

- Counselors should be active.
- Counselors should be non-directive.
- Counselors should allow the client to decide what is best.

Counselor Role

- The counselor should be an expert.
- The counselor should be a friend.
- The counselor should be a consultant.

Criterion for Success

- The most important predictor of good counseling is knowledge of theory.
- The most important predictor of good counseling is mastery of core skills.
- The most important predictor of good counseling is a healthy personality.

Responsibility for Outcomes

- Clients have primary responsibility for counseling outcomes.
- Counselors have primary responsibility for counseling outcomes.
- Responsibility is shared equally.

Scope

- Counseling should concentrate on specific goals.
- Counseling should concentrate on broad themes.
- Counseling should concentrate on the process of what takes place.

Theory

- Counselors should become experts in one theory.
- Counselors should become proficient in several theories.
- Counselors should combine several theories:
 - And be eclectic: mixing from several different theories, a “fruit salad”; each individual fruit could still be picked out
 - And be integrative: have a bowl of different things to choose from, a “fruit smoothie,” in which individual fruits are no longer separable.

Adapted from Kotter and Sheppard (2007)

Next I would like to borrow from Berecz’s (2009) zonal perspective on personality. Berecz’s construct includes four basic zones: the insight, the social, the situational, and the physiological. In order to find your zone, you have to plot where you are on the x- and y-axes of his chart. The x-axis is a scale of locus of control—how much control comes from within. That is, does character come from inside the self in terms of genes, neurochemicals, or the unconscious? Or is it more controlled by the outside—other people using reinforcements or punishments, or perhaps social issues like poverty, war, or famine.

The y-axis of the chart considers macro to molecular approaches to putting character together. If a conditioned response generalizes to bigger ones, then your approach is on the bottom half of the y-axis. Your approach is also on the bottom if you are looking at a gene being responsible for character traits. Those are molecular reasons at the root of macro behaviors.

If your approach is more macro at the start—say a Freudian idea like being anal retentive, then you are on the top half of the zonal perspective. You are also on the top half if you look at social policy and say the way we educate our children shapes their lives. These ideas are large macro things that filter down to define each part of us.

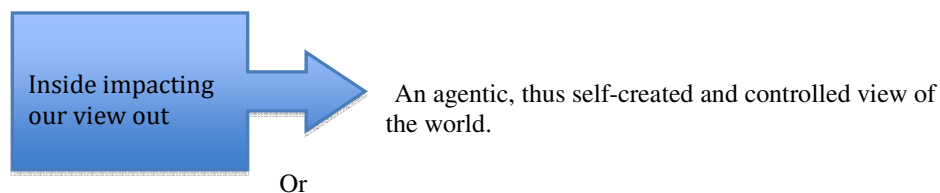
When plotted, you are able to get yourself into one of the four zones. The insight zone denotes character comes from within and from a macro view (looks at larger dynamics). The social zone is also big picture in approach, but considers outside forces as being the actual agent of change. The great thing about this continuum is that you can find yourself anywhere between the most extreme insight or agentic (inside controlled) orientation, to the most extreme social or outside-of-the-self- (other) controlled orientation. For instance, although social work evolved from a strong place of social justice and policy, many social workers in practice actually fall in the insight zone, dealing with the person and their feelings in the room. Some do get more involved in helping clients apply for food stamps, reduced-rate housing, job programs, but most of the time case workers in agencies do that work now. Likewise, counselors who are often in the insight zone can work or dabble in social policy—finding domestic violence shelters, getting social service agencies involved, etc. Also, many therapists get active in politics, which would be intervening from the social zone.

The situational zone in the bottom right corner holds the radical behaviorists (think Skinner or Watson!). All of the theories in that quadrant are going to manipulate the client directly by manipulating the situation that they are in. The requirements of managed care companies now, to use treatment plan goals and objectives that are observable and written in behavioral lingo, have driven many to believe that this is the only zone that is important, but the reality as you will see in this text is that when pushed, most practitioners don't believe we are mindless trained animals. We are actually free to make decisions, even when it appears we have none. (We will return to this idea many times in the text.) The final zone, the physiological zone, is pretty easy to understand. The source of character (and therefore pathology) is rooted in one's genes or chemical makeup. Interventions from this zone would include medications and, I suspect in the very near future, gene manipulation.

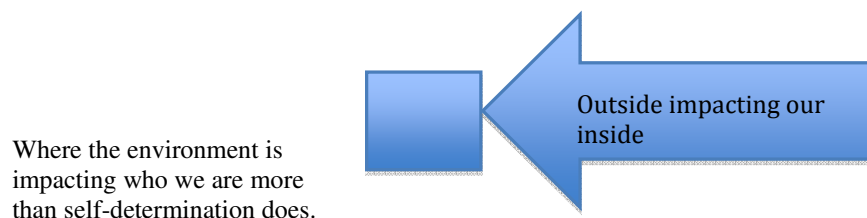
Combining Kotter and Sheppard's (2007) inventory with Berecz's (2009) zonal perspective, you can begin to place yourself on a grid that will represent what your current approach to "helping" might be. Through the course, this might change—or it might get solidified. For simplicity's sake, I am going to use only the x-axis idea, and represent it this way:

Figure 1

Inside-out Model



Outside-in Model



This graphic is significant and one worth taking a moment to understand. The size of the arrow for instance, in the more inside-out model, denotes that the mind (box) is bigger and more important and the arrow leaves from it. In the second image, the mind (box) is

smaller, and the size of the arrow coming in denotes the environment has a bigger effect. An example will help.

As a psychoanalytic counselor, you will be interested in how the patient views the world, not the “truth” that is out in the real world. Their transferences, how they live their lives and view the world, all impact what happens to them and the analytic job is to figure out if the patient can come to understand their “insides” and—if they want—change or try to “view and do” things in a different way for a different result.

Other approaches, say radical behavioral, look instead at environmental impacts—conditions of learning, for instance. Personality (and pathology then) comes from people’s rewards and punishments. Behavior rewarded get repeated and more likely to occur again. Behavior punished gets less likely to occur again. For as cold and calculated as the sounds, it is amazing how many times we like to attribute reasons for behaving on external forces. There are many reasons this is desired—it’s always easier to blame the outside than the in, and outside is easier to observe.

The Unconscious, Research, and Self-Awareness: Character Prevails, Inside-Out

I give internal (and drive theory) precedence in my approach because I have never found something that comes outside in that changes every character the same way. A case in point: on September 11, 2001, Americans were impacted by terrorist attacks. At the time, I was working with an ambulatory schizophrenic woman. Prior to 9/11, she was paranoid and convinced people were out to get her, and struggling with affect regulation. Immediately after 9/11, I found her to be completely reasonable and far less tense. This was at a time when everyone else I knew was considerably tenser.

Comment [S4]: this is spoken, but not written

What I realized was that although many Americans felt the same way I did, this outside event was not felt the same way by my patient. This made me realize that I was processing the events through my own mind (my self-aware moment in this case), and she was processing the event through her mind. Although difficult to accept, the event itself can be viewed as neutral; impact was instead determined by the mind of the subject: what is in their unconscious.

I point out that it is hard to know if my patient had reduced symptoms (maybe as a result of the outside world reflecting so much of her inside for a change) or if perhaps I had become paranoid myself (theoretically matching her in a way I never did before). This, however, would be the research question to study. It is interesting to note that I found each of my other patients, when I truly listened, to have different feelings about the event, and although many overlapped popular views, they were all tainted with the patient’s character as I knew it before 9/11. Also, the more time elapsed, the more their character prevailed, or the inside impacted the behaviors and feelings of the outside.

Activity

Let’s return to the theoretical inventory. Draw a line across a piece of paper. On the left, write “agentic” or “self-determined.” On the right, write “environmentally determined.”

Place a coin in the center and move it as directed left and right along the line based on your answers to each item in the inventory. How much you move the coin will be determined by how strongly you feel about your answers. That is, if you answered one strongly and clearly, you can move the coin a lot. If you were on the fence or didn't care too much one way or the other, then move the coin left or right only a tiny bit. By the end, you will find your coin where your "theory" is based: either outside impacting in, or inside impacting out.

Views of People

If your views of people were that they are neutral, shaped by the environment, move your coin to the right. If you feel that people have an innate tendency to be good (like the humanists) or instinctual self-serving animals needing to be civilized by internalizing the rules of your culture, then move it left.

Legitimate Focus

Likewise, if you said that counselors should be focused on behaviors and what someone is observed doing, then move your coin right. A focus on thoughts might move you either way, depending on if you think those thoughts are self-talk (move left) or coming in from outside messengers (friends, media, etc., then move the coin right).

A focus on feeling moves you slightly to the right, since you as the observer can only interpret the patient's internal motivations, that is, infer what might be going on and continue to gather more data to support or reject that idea.

Content

If you selected the present as the focus of the content, leave the coin where it is. This is one of those that can go either way. If you chose a focus on the past (often associated with classic psychoanalysis and insight types of therapy) then move the coin to the left. (You will see that different versions of psychoanalysis vary on how much of the past is used and required from the patient, although both classic **neo-Freudians and Modern Freudian** all plot in the insight zone. More on that to come in this text.) Finally a focus on the future might be something associated with the humanists and their striving forward, but that still is a move left.

Comment [S5]: are neo-Freudian and modern Freudian different?

Skills

The differences here are murky, but **if you feel you are manipulating the environment and expecting a change through a client doing homework you assign, completing tasks you give, etc., then move the coin right.** Interpreting moves you to the left, as you are "reflecting" something inside. It is certainly associated with classic psychoanalysis, but as you will see, when you are not working with Freud's traditional neurotic patients, you may not be interpreting aloud—these modifications to techniques are presented late in this text. If you put "listening empathically," then clearly you'll move the coin quite a bit to the left. This approach of "listening" as the cure is the calling card of Carl Rogers and the humanist movement; so again, an insight.

Comment [S6]: Pls reword. The main thing to tweak is "if you feel you are giving skills"

Counselor Directive-ness

For this one, the client both leading and deciding what to do as well as the non-directive counselor are traits of the psychoanalyst and humanist (insight zone), so move left. A more directive approach probably comes from any of the other three zones, so move right. (There are times when modern analytic counselors might give a directive, but, you guessed it, more on that later.)

Counselor Role

There are few very successful counselors who take a friend role. Otherwise, why would there have to be a different title? We would just be professional friends who bill your time to insurance companies. The role of friend does not lend itself well to treatment scenarios. That doesn't mean that if you are a friendly person, you cannot use that trait (you will have to if that is who you are), but at no point are you a friend. (This is a concept difficult for many new counselors and when we talk about supervision, you will see that there are many times that I am helping clients to realize the outcome of therapy is not to have the patient like you.) With that said, I am a fan of the counselor being an expert and consultant. Those responses really are insight-oriented answers, so move the coin left. Otherwise, leave it where it is.

Criteria for Success

Answers in all three of these likewise don't necessarily represent a specific zonal placement. Rogers' research on effective psychotherapy does indicate that a good empathic stance is important and regrettably psychoanalytic work often gets labeled as cold and impersonal, but that is a myth (see Meadow, *The Myth of the Impersonal Analyst*). In many ways, going deeply, accepting, and exploring, without the judgments of deciding what is "best" for the client, makes analysis the BEST of possible empathic approaches. Rogers was a master at this as a humanist, but many well-trained and supervised analysts do it superbly. Many, however, do not. (One thing you will see is that intellectual interpretations are often one road that leads to the idea that analysis is impersonal. Intellectual interpretations, no matter how correct, are often felt as narcissistic injuries if the patient isn't ready to receive it.) Winnicott said we interpret only to show the limits of what we understand.

For this one, don't move your coin at all.

Responsibility for Outcomes

Clients have primary responsibility for counseling outcomes—this one is obviously going to be on the left side of the x-axis—in the insight zone if you are talking about thoughts and feeling about character, or in the physiological zone if you are talking about their genes, hormones, and levels of neurochemicals.

Move yourself toward the right if you think counselors have primary responsibility for counseling outcomes.

Stay if you answered that you think that responsibility is shared equally.

Scope

In terms of scope, if you indicated that counseling should concentrate on specific goals, move yourself right on the line.

If you commented that counseling should concentrate on the process of what takes place in the moment, here-and-now of the room, move yourself toward the left (again, a more insight-zone approach common with both psychoanalytic and humanistic approaches).

Theory

Leave your coin where it is and mark the spot. Do you agree with what you thought you would have: either a more agentic or more environmental bias of human behavior? Don't worry if it is not where you thought it might be. In my Theories of Personality class, students are constantly reminded that no test is 100% accurate. I always challenge tests and measures, as there could be some confusion over terminology. That may happen here. This is intended only as a concrete way to engage you in the earliest stages of developing your theory of counseling.

If you ended on the agentic half of the continuum, you probably are reading the right textbook.

If you ended up on the environmental (outside-in) side, you might wonder about reading the rest of the text! I encourage you to: it might help you further your stance if you feel the research and case studies don't make a convincing argument, or you just might start thinking of things in a new way. (Of course, the opposite might happen as well!)

If you haven't figured it out yet, I place high value in your knowing something about yourself (a trait of insight-oriented approaches): shift the coin to the left.

Realize that I am asking you to sit and really think about where you are in these zones. I believe that it is a mistake to become too much of a jack of all trades and master of none. I find clinicians without depth and expertise in one area tend to be all over the map when working with clients. This is different from using various approaches with a sound theoretical base! Once you "know" your base—really understand what you feel—you can help people change, you can integrate approaches in an eclectic way. I call that the fruit salad because the image I have is that there are distinct pieces you might pull from other approaches into your own, but you own it in the way that you think it leads to change.

The integrative approach can be a bit of a mix; so much so that there is no singular driving force and direction, and with some patients, that will spell disaster.

Therefore, I count the expert answer to be in any zone.

The Counseling Career Path v. Psychoanalytic Counseling

Comment [WS7]: Move to chapter 2

Clear agreed-upon terminology is not common in psychoanalysis. I want to spend some time talking about what I mean by psychoanalytic counseling. This can also be called psychoanalytically informed counseling versus more general approaches to counseling. Let's discuss the typical career path of the "counselor."

Comment [S8]: In US Eng, when an adverb ending in ly is used as an adjective, the hyphen isn't used.

Most counselors are trained to the master's level. As part of this training, you are exposed to various approaches in classes. In real-world internships, however, due to the length of a college semester, short-term twelve-week therapy is often the only experience. There is little opportunity for any of the in-depth work and understanding to develop that is central to psychoanalytic counseling.

Although there may be some optional concentration in child and adolescent work, the focus of many schools is in working with adult populations. The most discussed modality is usually individual therapy, and upon graduation, the master's-level clinician is eligible to sit for some state examination and eventually become a licensed mental health counselor (LMHC), licensed independent clinical social worker (LICSW), or some state-specific variation of that title. (You should be able to check a state's board of allied mental health to find out the licenses that are available where you plan to practice, as this could help in choosing a program and school.) The period between graduation and independent licensure is two years in most places. During those two years, you are usually working, earning a paycheck usually for the first time in the field, and working under the supervision of a more senior, independently licensed clinician.

People who develop specialties in working with a specific population often develop that specialty as a result of their post-graduate training and supervision around their work. For example, if you happen to get a job right out of a master's program working with the geriatric population and with the supervisor who has worked with the population for some time, you may become an expert in geriatric counseling. If instead you are working in a halfway house or agency that treats many people who have substance-abuse issues, you may find yourself becoming an expert in that population. In other words, take a job where you might want to be: you could get typecast, so to speak.

In addition, if you are working at a job that requires you to run some groups, you may develop an interest in the group therapy modality (this is common in many residential, day treatment, hospital, and agency settings). As you are reading this, it hopefully becomes apparent that where you work early in your career might affect what you are going to be doing in your professional career.

Psychoanalytic counseling is usually something that requires more than a two-year master's program. The work of personal analysis alone that is often required can take many years and is often an ongoing process after graduation. The modality is often individual work; however, many psychoanalytic counselors develop very good group counseling practices.

What separates psychoanalytic counseling from, say, short-term and solution-focused work or CBT, is a basic understanding of the existence and purpose of the unconscious. The unconscious contains transferences and resistances to treatment and the maturation process. An unconscious that is limitless, often containing conflicts from both sides of an argument, and a depth that requires time to get to.

My Career Trajectory

When I graduated from high school, I was convinced that I wanted to be a teacher. I enrolled in a secondary education program with a concentration in social studies. I became a teacher at a school in which I was given the opportunity to teach a psychology elective. I quickly became interested in why some students would learn a lesson and others would not. That led me to a master's degree in school psychology. What I did not realize at the time was that many schools hire psychologists to conduct tests, run meetings, and make sure that the schools meet legal requirements for students on IEP plans. I was not going to be able to pursue my question of why Johnny couldn't learn a lesson.

This is what brought me to the study of psychoanalysis. I wanted to study in a field that I would be able to ask questions about why someone was motivated to do something (or not do something). I happened upon the Boston Graduate School of Psychoanalysis and eventually was able to receive a master's in psychoanalytic counseling and then a doctorate in clinical psychoanalysis. In the state of Massachusetts, there is no license for a psychoanalyst (at the time of this writing) so I received an LMHC, and became certified as a psychoanalyst.

I developed a private practice working with children and adults. I conduct individual, group, family, and couples therapy sessions with a psychoanalytic frame—sometimes having the individual patient lying on the couch, sometimes running a session more like a counseling session, in which I am thinking in terms of transference and resistance, but without the couch.

In the course of developing my private practice, I was able to work with children in schools and eventually became engaged in consultation work with teachers. I also had the opportunity to teach at the university level and continue to do so. I am happy that I have been able to create a job and do all the things that interest me—from my love of education and working with students to engaging with patients one on one and in groups.

Many therapists whom I've talked to from a variety of approaches, if they stay with a career in counseling long term, do eventually find themselves in some psychodynamic or psychoanalytic type of work and supervision. Others often end up expanding their career

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path and maintain part-time private practice while engaging in some other endeavor like real estate, giving talks, involvement in a professional organization, or taking a directorship with an agency. The path that you decide to take may not be clear at the moment, but hopefully if you have completed the earlier values orientation and inventory, you have an idea about the direction in which you would like to go.

Case Example: Taking the High Road

Whenever I find myself in a sticky situation, I realize I have not been following my training as a psychoanalyst.

I once mediated a dispute between a couple, both therapists. [Counselor A Allison](#) complained about [Counselor B Jamil](#)'s untidy office space. [Counselor B Jamil](#), using good active listening, said that he understood A's system, but his system worked for him. This only made [Counselor A Allison](#) more anxious and unable to express herself fully in the face of such a logical argument. She felt unheard. As a result, she loudly and aggressively reiterated that the space needed to be clean and neat. [Counselor B Jamil](#), under the onslaught, impulsively countered less-than-therapeutically that she was being controlling. She countered that he was being inflexible.

The Unconscious, Research, and Self-Awareness: [Alison and Jamil](#)

There were a lot of unconscious dynamics here. As I shared in the first case study in this chapter, there was more than the content of what was being said. The process of mediating this dispute brought up anxious feelings in me, which I listened to and realized had something to do with this case. After exploration of these feelings, it was evident that the argument was not about the tidiness of the space. It was about fear and her anxiety around her practice not growing. Also, this is a good indication that we are leaving the logical and real world and entering into the illogical and primary process world of the unconscious.

When the psychoanalytic counselor mines their own feelings and reactions in the service of understanding what's going on, they are contributing to research. In my experience, when a patient repeats something, like [Counselor A Allison](#)'s repeated complaints about the untidiness of the office, even though [Counselor B Jamil](#) reflected and joined it, there is something more. Good psychoanalytic researchers will dig to find out what isn't being said.

[Counselor B Jamil](#), had he been aware of his anger mounting, could have remained more psychoanalytically informed. He might have gone with her feelings and statement and been open to hearing what she was really saying—or not saying. But that is often difficult and comes at a personal cost. Balancing when to go deeper and be the mature person versus when you just want to satisfy an impulse is difficult for many. As a psychoanalytic counselor you will be making that decision, hopefully more consciously, as you learn the skills and better understand your **impulses**.

As an example, Counselor BJamil could have joined her perception, “Yes, I can see the desk is messy,” and Counselor AAllison might have opened up a little more about all the things that were bothering her.

Summary

We began this chapter with the same question that I ask of my patient at the start of therapy. What brings you here? I asked you to consider this question for both *content* and *process* reasons. I wanted you to reflect on the *content* of your answer; that is, to start thinking about your values and theoretical orientation. I asked you to engage in the *process* of psychoanalytic counseling to give you a felt experience of what it is like to be in the room with a patient.

In the hope that knowing more about your values and theoretical orientation, you would begin to connect your values to your professional orientation. Something as simple as whether you choose to use the word “patient” or “client” in your work makes a difference.

As we explore psychoanalytic counseling in this textbook, you will want to continually be aware of how your values are playing out and continue to reassess what you really believe in terms of a school of thought. It is my hope that you will be able to deepen your understanding of the field and find your place in it.

Next, we utilized a theoretical inventory to help you discover and align yourself with one of the major schools of thought: insight, social, physiological, situational, or behavioral.

In Chapter 2, we will take a look at psychoanalytic counseling in an even deeper way, challenging the notion that it is solely for the “young, attractive, verbal, intelligent, and social client.”

End-of-Chapter Activity

We talked about some of your values and reasons for wanting to get into the field. As we progress through the book, you will see that many times I emphasize that the work to being a psychoanalytic counselor requires a lot of self-awareness and exploration—you are the most important tool in the room, so you have to work on yourself to be available to the widest assortment of patients.

These questions come from Jeff Hudson, who is a group psychotherapist in Austin, Texas. He challenged members of a training group to consider these questions as a starting point to figure out what might you be bringing as the therapist that could get in the way of treatment. Answer each question and discuss them with your therapist or supervisor. Look at your current cases (or relationships) and see if any of these things get worked up and out.

Emotional Experience in My Family of Origin

1. What was the most significant loss your family experienced when you were a child? How did people grieve?
2. How did you know when people were angry? What expectations did you develop about how people manage angry feelings?
3. What happened when family members were afraid?
4. When did you feel loved in your family? What functions were you valued for performing?
5. Who did you hate the most when growing up? What did you do with your hatred?
6. How might your answers in 1–5 be seen in your current or future work as a therapist?

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