

Psychoanalytic Counseling: An Evidence-Based Approach

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~~Psychoanalytic Counseling: An Introduction~~

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~~An Introduction to Psychodynamic Counseling~~

Preface

This textbook is intended to be unique. There are few if any textbooks today that discuss the day-to-day practice of psychoanalysis. Sigmund Freud shunned the accepted medical training practices of his day for his trainees. Much of what he said about sexuality was shocking to Victorian Europe, thus giving his contemporaries in medical professions more reason to exclude his teachings from their institutions. He chose to train people whom he treated with his “talking cure”, establishing the tradition today that a psychoanalyst must first be analyzed themselves before treating patients. We now live in the world of Madonna, Lady Gaga, and Pink. In spite of the fact that sex is no longer a shocking topic and Freud’s ideas are clearly firmly entrenched in our vernacular (slips of the tongue, oedipal conflicts, sexual drives), clinical psychoanalysis still remains outside the texts and training courses in today’s educational institutions. Many may still feel that such a textbook is not appropriate and I urge those people to respond to the challenge. The more discussion we participate in, the better we will be able to define ourselves and strengthen our specialties.

In the past, two terms “evidenced-based approach” and “research-based practice” were not used enough in good psychoanalytic writing. By not participating in the debate as to their importance, psychoanalytic practitioners lost the battle to be heard by failing to participate in the definition of what is evidenced based. (There is an irony that a profession that emphasizes that talking helps has missed the debate!)

Even psychoanalytic training institutes—again borrowing from the Freudian tradition and staying outside of traditional halls of academia—have produced fellows and trainees who believe psychoanalysis doesn’t have goals, doesn’t treat symptoms, and isn’t research based. I hope to address this in the text, but let me introduce a few key concepts that might also help frame the focus of this text.

Goals

Psychoanalysis has a goal: to help the patient talk. Although the various forms of psychoanalysis conceptualize that differently, we are basically talking about helping the patient have a new emotional experience that is corrective, possibly bringing what was previously unconscious into conscious awareness, for the sake of freeing the patient to make more and better decisions.

Symptoms

Psychoanalysis will often talk about symptoms; however, they are not viewed in the negative and pathological light that very often the medical model brought. This has not always been the case. Remember Freud was trained as a physician first. But modifications to psychoanalysis have really changed the way symptoms are viewed. Most psychoanalysts view a person's way of being not as pathological, but rather as a defensive way of getting through the world—which has served a function for the patient successfully by fending off certain impulses, feelings, and thoughts. These “ways of being in the world” can become maladaptive or not enough, thus bringing the patient into treatment.

Research

Plaut (in Wharton, 2005) argued that “the practice of analysis is an art and that events in analysis are unrepeatable, and therefore not subject to scientific measurement” (105). If we are using “nomothetic” synonymously with the term “research,” then we are making a grave error. Idiographic research, which I believe is good psychoanalytic research, is valuable in many clinical settings.

Good psychoanalytic counseling approaches must use good research and standard methodologies to establish efficacy. There is always trial and error at the start of each new case. At the heart of the search, the psychoanalytic counselor or psychoanalyst is guided by the directive to understand the unconscious dynamics in the room and guide the patient through that understanding and help them choose new ways of being. This often means working with **repetition compulsions** and being aware when they are in play. We bring the unconscious to the conscious.

The American Psychological Association statement pertaining to Evidenced-Based Practices in Psychology (<http://www.apa.org/practice/guidelines/evidence-based-statement.aspx#>) identifies “a number of competencies that promote positive therapeutic outcomes,” which I believe psychoanalytic research can meet. These competencies include assessments and case formulations, self-reflecting and acquiring new professional skills, and having cogent rationales for clinical strategies. Good evidence-based psychoanalytic work incorporates these in an ongoing way through extensive one-hour requirements with patients, presenting cases to supervisors, and of course, personal analysis.

Although other approaches are currently dominating the journals and media as evidence-based for specific groups of symptoms and diagnosis, it does not mean that psychoanalytic approaches are not evidence based. Psychoanalytic approaches are often more single-case studies. They are ideographic—meaning they are about character change and options for an individual client—as opposed to specifically molecular and interested in active changes in symptomatology.

My goal is to help you, the reader-practitioner, understand the value of thinking deeply about cases and, in your role as a counselor, to begin to use the longstanding, tried and true (researched) techniques of psychoanalysis to understand what goes on in the patients' emotional lives.

I am using a counseling frame to explore the topics presented and to dissect case studies. You don't have to be a psychologist, social worker, or psychiatrist to use this text. In addition, the text will not make you a "psychoanalyst." Becoming a psychoanalyst requires experiential training in one of the many institutes found in most large cities. Rather, through case studies, self-reflective journals, and by introducing some practical how to's, the book intends to start you on a road to listening with an ear for the unconscious and becoming a psychodynamically informed or psychoanalytic counselor.

Since its inception, classic Freudian analysis has defied manualization. As a result, it has been both protected and suffered exclusion from the mainstream. It survives today as the oldest form of mental health treatment. (Some might argue physiological intervention such as shock therapy, or herbs and pharmacological interventions are older.) By manualization, I mean approaches that say, "In session one you do ABC," and "in session twelve you do XYZ and that's the end of treatment." The lack of manualization in psychoanalysis has created issues for new practitioners who are trying to learn the approach. As a result, those looking to start working in an agency after a two-year master's degree in counseling or social work are left with little but the manualized treatments of behaviorism and CBT.

There is more! Psychoanalysis works!! Talking Helps!!!

I hope you enjoy reading the book as much as I enjoyed thinking and writing about it.

For more on evidenced-based and research-based practice, check out: (<http://www.apa.org/practice/guidelines/evidence-based-statement.aspx#>).

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