



3

Psychodynamic counselling

◆ Introduction

In Unit 2 we considered the main approaches to counselling theory and looked at some of the models that derive from these. However, it is probably true to say that all contemporary models of therapy and counselling are indebted – in some degree at least – to the ideas and techniques first described by Freud. In this unit and the next, we shall concentrate on those approaches which have retained many of the characteristic features of the psychoanalytic tradition. In order to understand and appreciate those distinguishing features, it is important to look more closely at Freud's early background and history and to consider the ways in which his ideas were shaped, as well as the ways in which these ideas and techniques have evolved. The counselling skills that are central to the psychodynamic model will also be considered, along with an appraisal of their usefulness, as well as their limitations in relation to some of the problems clients may bring to therapy.

Freud and his background

Psychodynamic counselling is derived from the classical psychoanalytic tradition, which has its origins in the work of Sigmund Freud, who was born in Austria in 1856. Freud studied medicine at the University of Vienna where he received his degree. Later, he took up a research post in neurophysiology and afterwards switched to clinical practice. Through his work and association with two colleagues, Charcot and Breuer, Freud became interested in the psychological processes responsible for producing certain physical symptoms. Both Charcot and Breuer had used hypnosis, in order to help patients with what they referred to as 'hysterical' symptoms, and Freud used it briefly as well. Over a period of time, however, he came to believe that talking was as effective as hypnosis in helping patients to locate the cause of their problems, and this belief in the value of the 'talking cure' was, and still is, central to psychoanalysis and to all theoretical models that derive from it.

Psychodynamic counselling: key concepts

The word 'psychoanalysis' refers to the form of treatment invented by Freud. It is also used to describe his theory of human psychological development and his hypothesis about the structure of the human mind. The word 'psychodynamic', however, is now commonly used to describe those models of therapy which have evolved from classical psychoanalysis. These models have retained many

of the skills and techniques that Freud pioneered, as well as most of the concepts derived from his original work. The ‘talking cure’ is just one aspect of Freud’s original work; there are several other important ideas, including the following:

- the role of the unconscious
- the structure of personality
- the psychosexual stages of development
- the importance of the past and childhood experience
- the use of ego defence mechanisms
- transference and the nature of the therapeutic relationship
- the significance of dreams
- free association, or the ‘talking cure’
- interpretation.

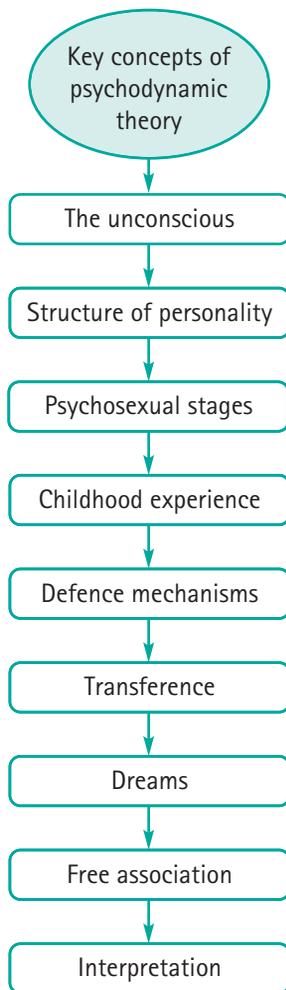


Figure 3.1 Key concepts of psychodynamic theory

The role of the unconscious

The role of the unconscious is a fundamental concept of psychodynamic theory. As a result of his clinical experience with patients in hypnosis, Freud (1923) came to see that many of their problems were the result of mental processes that were hidden to them. The idea that problems could be located in an unknown region of the human mind was a novel and challenging one. Long before Freud expressed these views, it was generally accepted that conscious experience was the motivating factor in all human endeavour. Freud was concerned to show that the mind is not, in fact, always clear to itself and that many inaccessible memories, wishes and impulses are often unacceptable to a person’s consciousness. Freud’s first description of the human mind is sometimes referred to as a ‘topographical model’ and includes three dimensions: the unconscious, the pre-conscious and the conscious. The pre-conscious is that area containing thoughts and ideas that are available to recall, so in this respect it is quite different from the unconscious, where thoughts, feelings and ideas are repressed and therefore unavailable to recall in the ordinary sense. In the 1920s Freud changed from his topographical to a structural model of personality, in which he renamed the unconscious the ID, and the conscious the EGO. A new and important addition appeared in this new model, which Freud referred to as the SUPEREGO. (Freud, 1923: 631)

CASE STUDY

Unconscious meaning

A 55-year-old man was very upset by what he described as 'sloppiness in dress or appearance'. He became especially irritated when he saw someone wearing a jacket or coat casually over the shoulders. In his view, coats should be worn properly with the arms inserted in the sleeves. Like many personal eccentric views, his opinion did not constitute a major problem for him or his relatives. On one occasion, however, he upbraided his wife for wearing her coat in this fashion. In response to this, she suggested that he should try to remember when he first started to think in this way since, after all, the problem was clearly his and not hers. Several days later he mentioned to her in surprise that he remembered an old man who lived in the neighbourhood where he grew up. This man was a frightening local character, who had lost an arm in the war, and frequently shouted at children in the street. Because of his injury, he always wore his coat draped over his shoulders. Once this association had been made by the client, his preoccupation with appearance diminished.

Comment: It can be seen from this account that the client, Mr Cater, was unaware at first of the origin of his strong feelings about dress and appearance. His response to his wife's style of dress was irrational, as he readily admitted. Many phobias are similar to this, and clients are seldom able to identify the factors which triggered them. With help and encouragement, however, it is possible for clients to locate the original (usually traumatic) event that prompted the fearful response. Mr Cater's wife was interested enough to encourage him to look for the cause of his irritation. The cause was, in fact, repressed and buried in his unconscious mind. Through effort, application and interest, he was successful in recalling this childhood event of the old man in the street who frightened him. Material which is repressed in this way is often of a frightening or disturbing nature, and this is exactly why it is repressed in the first place. However, as Mr Cater's example illustrates, the fact that experiences are consigned to the unconscious does not mean that they will cease to cause problems.

KEY TERMS

Unconscious motivation: As the term implies, unconscious motivation refers to a process outside conscious awareness. However, some motives have both conscious and unconscious components and occasionally a motive is discernible in distorted or disguised form.

Psychoanalysis: This term refers to two aspects of Freud's work. First, it denotes his theory of human development and behaviour, and secondly it describes the related therapy which he used to help patients gain access to mental conflicts. Among the techniques used in psychoanalysis are *free association*, *interpretation*, and the analysis of *resistance* and *transference*.

Psychodynamic: In the context of psychotherapy and counselling, the word 'psychodynamic' refers to an approach which originates in Freudian theory. The term is derived from two words, *psyche* (meaning mind) and *dynamic* (meaning active or alive), both of which are Greek in origin. Put together these two words describe the activity of the human mind, both conscious and unconscious.

EXERCISE

Unconscious processes

In groups of two or three, discuss the following short case studies and consider the unconscious processes which may be at work in each.

- 1 Bill is often invited next door for dinner. He likes his neighbours and enjoys these visits. However, on each occasion he spills wine on the tablecloth, even though he is normally well coordinated and certainly does not drink too much. His neighbours are very gracious about this and always invite him back. They are well off and enjoy Bill's company.
- 2 Phyllis is 36 years old and has to stay overnight in hospital for a minor procedure. The night before she goes into hospital, she packs a small overnight case, which includes a soap bag containing a wash cloth and some cosmetics. As she does this, she is suddenly overcome with feelings of sadness and loss. The smell of the soap reminds her of an earlier stay in hospital when she was a child of five. She always felt she had coped very well with this at the time, and her parents had commented on her bravery and stoicism.
- 3 Sarah has recently applied for promotion. She wants to get ahead, but is not totally convinced that management is the job for her. The night before her interview she dreams that she is in the driver seat of a large lorry. She is trying desperately to operate the gears, but is unable to do so. After a while she gets out and goes over to a small car. She gets into this and drives away quite happily.

The structure of personality

Freud (1923) came to believe that human personality is made up of three connecting systems: the Id, the Ego and the Superego. These three areas of personality constantly interact with one another as a means of regulating an individual's behaviour.

The **Id**, which is the most primitive part of the system, is present from birth and is derived from Freud's concept of the unconscious. The Id can be seen, therefore, as the repository for everything that is fixed, instinctual and inherited in a person's make up. The Id is also, according to Freud, the repository of all our impulses, especially those relating to sex and aggression. These impulses are constantly demanding attention and expression, but because of the constraints placed on us by society and the need for civilised behaviour, immediate gratification of instinctual urges is not always possible or desirable. The Id, which is governed by the pleasure principle, needs, therefore, to be modified or regulated, and this function is fulfilled by the Ego, the second part of Freud's system.

The **Ego** is sometimes described as the arbiter, the manager or the executive, of the total personality system, since its function is to deal with the demands of the Id in a realistic way. The Ego is governed by the reality

principle – which means that it must devise ways of satisfying the demands of the Id, while simultaneously deciding what behaviour and actions are appropriate at any given time. At about the age of one to two, children begin to learn that they must wait for certain things and that very often it is a good idea to ask. This second part of personality is rational, logical and incorporates problem-solving abilities, memory and perception too. Skills such as talking, planning, negotiating and explaining are important dimensions of the conscious Ego; and, whereas the Id is concerned with subjective needs and internal reality, the Ego is concerned with things as they exist in the real world.

The **Superego**, or morality principle, is the third psychological process which Freud included in his model of human personality. This develops at around the age of three and is composed of internalised values, ideals and moral precepts, all of which derive from parental and other authority figures. The Superego is that part of personality which is concerned with right and wrong and is capable of generating guilt when people transgress their own, or society's moral code. When children develop this aspect of personality they become effective, over a period of time, in regulating their own behaviour. Before this mature stage is reached, however, parents and teachers socialise the child through a system of rewards and punishments. Once society's standards have been incorporated, any infringement of them is likely to produce anxiety or guilt. For some people, the Superego can develop as excessively punishing so that attitudes of perfectionism are fostered, which can, in turn, lead to depression and other psychological problems. The task for the Ego is to maintain a balance or equilibrium between the demands of the Id, on the one hand, and the strictures of the Superego, on the other. Integrated behaviour is dependent on this balance, and on an accurate perception of external reality.

The psychosexual stages of development

Along with his theories of the unconscious and the structure of personality, Freud's three essays on the theory of sexuality (Freud, 1924) make it quite clear what he considered to be the most significant aspects of mental life. It is difficult for us today to realise just how revolutionary his ideas must have seemed at the end of the nineteenth century and the beginning of the twentieth. Although Freud was living and working in Vienna, his was nevertheless a Victorian and sexually repressive era. One of his most outstanding achievements was to focus on childhood experience and, in doing so, to consider the ways in which children develop to sexual maturity and the stages through which they pass in order to achieve this. The subject

of sexuality in children had been neglected and even absent before Freud, so his descriptions of infantile sensations and experience were startling and certainly controversial. Freud himself pointed out that previous opinion had inclined to the view that sexual instinct only awakens at puberty (Freud, 1924). He was concerned to show that events take place much earlier and that sexuality evolves through a series of stages, which are commonly referred to as the 'psychosexual stages of development'. The following is an outline of the theoretical framework Freud proposed.

The oral stage: birth to 1 year approximately

This is the first phase of a child's life – from birth until about 18 months – when pleasure is concentrated on the mouth with the experiences of feeding and sucking. In fact, it is probably true to say that the mouth is the centre of existence at this stage, since survival is dependent on taking in nourishment. The word 'Libido', which Freud uses to describe this energy, is a broad term. It does not refer to sexual feelings in a narrow sense; instead, it denotes a comprehensive force or vitality, which is bound up with feelings of pleasure, comfort and the need to survive (Freud 1924: 285–286).

There are two phases during this stage of development: the first is the sucking phase when only fluids are taken, and the second is the biting phase, which is linked to weaning and eating. Weaning can be traumatic for babies, especially if it is introduced abruptly or without sensitivity to emotional needs, and problems associated with either the earlier or later oral stages can be carried over into later life. Food and love are closely linked in infancy, and when early feeding experiences are negative, this link between food, love and security may persist into adult life and become manifest through eating disorders, alcohol or drug addition and smoking. Sarcasm and gossip, which stem from aggressive impulses, are also sometimes associated with problems arising at the weaning oral stage. If weaning is delayed, difficult or emotionally traumatic, for example, the natural activities of chewing and biting may not be given adequate expression and may then seek expression in destructive ways later on. Adult problem behaviours, linked to either of the stages of weaning, tend to become more pronounced at times of stress or unhappiness.

The anal stage: age 1 to 3 years approximately

This is the second important stage of a child's development; during this time the young child is beginning to understand what is expected by parents and society generally. The Ego is beginning to emerge, and the reality principle is replacing the Id or pleasure principle. At this time also, a toddler is subjected to a major socialising process in the form of toilet training.

Conflict can and does arise between the wishes of parents and the impulses of the child. These areas of conflict concern issues of power and control. On the one hand, the child derives pleasure from both withholding and

expelling faeces, while on the other hand, there is the desire to please parents and to establish the kind of routine they demand. The issue of hygiene is an important one too; so several major learning experiences are undertaken in a short space of time. Parents often reward small children for using the toilet at specific times. This teaches children about the need to defer gratification. Parents may also seem disapproving when mistakes are made, and these parental attitudes are linked to the emergence of the Superego in the child.

Attitudes to cleanliness and order are fostered at this stage; if these are punishing, problems can develop in adult life, leading to habits of compulsive cleanliness and order. On the other hand, there are those people who tend to spread disorder and mess wherever they go, habits which may have begun at the anal stage when toilet training was not rigorous enough. In psychodynamic literature, faeces and money are often associated. This means that faeces are regarded as a young child's first possession and, in later life, this unconscious association remains with the adult (Freud, 1908). Attitudes to money can, according to Freudian theory, shed some light on an individual's toilet training experiences. If we consider some of the expressions commonly used in relation to money and its possession, we can see the unconscious connection with toilet training more clearly. These expressions include 'filthy rich', 'stinking rich' and 'rolling in the stuff', to name just a few. As we shall see in the next unit, however, contemporary psychodynamic theory offers some interesting and quite different views about human characteristics generally.

The phallic stage: age 3 to 6 years approximately

During the phallic stage, a child's interest becomes focused on the genital area; in psychodynamic theory this applies to both sexes. The Oedipus complex – which is integral to this phase of development – is also applicable to both boys and girls, and represents a family drama in which individual roles within the group become clearer to the child. In formulating his theory, Freud was influenced by the Greek tragedy *Oedipus Rex*, in which Oedipus kills his father and marries his mother. However, Freud was also influenced by personal experience, because in 1896 his father died. During the next three years Freud became preoccupied with self-analysis. He came to see that he had repressed feelings of anger and resentment towards his father. In addition, he experienced shame and impotence at this time, which he linked to early childhood experience. Freud was convinced that as a small boy he had been in love with his mother and jealous of his father. This personal scenario was to underpin his subsequent theory of early sexual development.

According to classical Freudian theory, boys at the Oedipal stage become very interested in their mothers and envious of their fathers. Father is, after all, the person who is closest to mother, and to a small boy this represents an impediment to his own – often explicitly stated – ambition to own or 'marry' mother. Since these aspirations cause anxiety to the child – father might

become angry and punish him – the situation is resolved through a process of identification. The identification occurs when the child begins to emulate and adopt his father’s mannerisms, style, goals, interests and ambitions. Such a response solves the Oedipal problem and serves a dual purpose: on the one hand, the child has established a male role model for himself, while, on the other hand, he is beginning to learn about the structure of society, in general, and his own place within it. The family, as a microcosm of society, is the setting in which this important learning experience takes place. The onset of genital sexual feelings at the phallic stage also prompts an interest in sex roles, as well as an interest in reproduction and birth.

The Oedipal drama is one aspect of psychodynamic theory which students frequently misinterpret. Often it is taken to mean sexual interest in the opposite-sex parent only. In fact, it is a much broader concept than this and incorporates those personal and sociological elements already mentioned. Girls are considered to experience a similar constellation of impulses, except of course that in their case the mother is seen as the rival and the father as the object of desire. The concept of ‘penis envy’ is linked to this stage of development in girls, for according to Freudian theory small girls blame their mothers for the fact that they are anatomically different from boys. The punishment which a boy fears from his father (castration) cannot happen to a girl; what she fears, therefore, is that it has already taken place. The situation is resolved for her through eventual identification with her mother. Needless to say, this is a much disputed theory, and in the next unit we shall look at some post-Freudian theories and consider the very different ways in which they interpret female development and the role of girls within the family.

The latency period: age 6 to 12 years approximately

During latency all available energy is directed towards the development of social and intellectual skills. Friendships, especially those with members of the same sex, become very important and recreational activities, including hobbies and sport, are a central focus of this stage. The sexual feelings, which are repressed during latency, will, however, return at the next (genital) stage of development.

The genital stage: age 12 years to adulthood

The hormonal changes which take place at this stage encourage a resumption of sexual interest generally. This interest is, however, much less auto-erotic than it was in the Oedipal stage and has the added purpose of establishing romantic, loving and intimate bonds with other people. The main focus of concern, according to Freud, is in forming heterosexual relationships with a view to lasting commitment and marriage. From a strictly Freudian viewpoint, therefore, mature adult sexuality with a member of the opposite sex is the outcome of successful progression through all the earlier stages. Gay members of any student group are frequently concerned to question

this theory and to discuss the ways in which it may have contributed to present homophobic attitudes. This is a topic worth discussing (and, unfortunately, often avoided) but it should be pointed out that Freud's views on homosexuality are complex and thoughtful, and he certainly did not believe that therapy should seek to change a person's sexual orientation. It is a fact, however, that in the history of psychoanalysis, the idea that everyone is constitutionally heterosexual has been a dominant theme.

For those students who would like to do some further reading on this subject, Freud's *Three Essays on the Theory of Sexuality* (1924) is a useful starting point. It is also important to consider contemporary psychodynamic views on the matter and to look at the ways in which ideas concerning the nature of sexuality have been revised and updated, as a result of research and changing attitudes. An overall survey of these latter ideas is contained in *Freud and Beyond* (Mitchell and Black, 1995).

The importance of the past and childhood experience

One of the most important contributions to the psychodynamic approach is its focus on childhood experience and the way this experience can influence adult life. In the latter part of the nineteenth century, Freud (1896) decided that many adult problems originated from early childhood abuse. His theory provoked disbelief and hostility and, in fact, this reaction was so pronounced that Freud felt obliged to abandon his original idea. Later on he suggested that his patients may have been mistaken in the memories they recounted. Perhaps what they thought were memories were, in fact, really unconscious fantasies and wishes? This second idea led to Freud's theory of the Oedipus complex (Freud, 1900) and to his conviction that many of the experiences people discuss in therapy are indicative of unconscious conflicts and wishes. Freud was effective, therefore, in drawing attention to the significance of early experience, even though he did seem to abandon his early, and we now know, probably correct, conclusion. It is clear that many children do indeed suffer sexual and other forms of abuse in childhood. Freud's original discovery proved to be prophetic in a sense, and by focusing on childhood experience he succeeded in bringing the subject to public awareness in a way never achieved before. It is probably true to say that Freud started something, although he certainly did not finish it. Ideas about child development and experience continue to evolve. In the next unit we shall consider some of the contemporary ideas relating to childhood experience. It would be a mistake, however, to assume that it is only sexual trauma or other child abuse that is significant in psychodynamic theory. Children encounter numerous problems while growing up, and many of these can also cause difficulties in adult life.

EXERCISE

Childhood experience

Working individually, spend about 20 minutes recalling aspects of your childhood experience. At this early stage, focus on positive rather than negative aspects. Consider the following questions to help you get started:

- 1 What is your earliest pleasant memory of childhood?
- 2 How have early pleasant experiences helped to form your adult personality?
- 3 Can you recall any childhood feelings of rivalry towards one of your parents or carers?
- 4 What positive aspects of your childhood do you most value today?

The use of ego defence mechanisms

We have already seen that human personality (from a Freudian viewpoint) is made up of three components – the Id, the Ego and the Superego. The Ego, which is governed by the reality principle, has the task of coping with the demands of the Id, while constantly appraising external reality and making decisions about the kind of behaviour that is appropriate at any given time. The threat of punishment from the Superego is another factor to be considered, and the combined pressure from these forces (Id and Superego) has the effect of generating anxiety for the individual.

Psychological processes

The conflict that occurs between a person's wishes and external reality is dealt with by the use of defence mechanisms. These are psychological processes people use, in order to protect themselves against extreme discomfort and tension. They are also effective in maintaining mental composure and self-esteem in a variety of what might otherwise be very painful situations. Defence mechanisms operate at an unconscious level, and all of us use them occasionally. However, prolonged and persistent use of them is counter-productive, because such defences serve to distort reality and falsify experience. They also require a great deal of energy and vigilance, which, if liberated, could be used in much more creative ways. The following is a summary of the main defences.

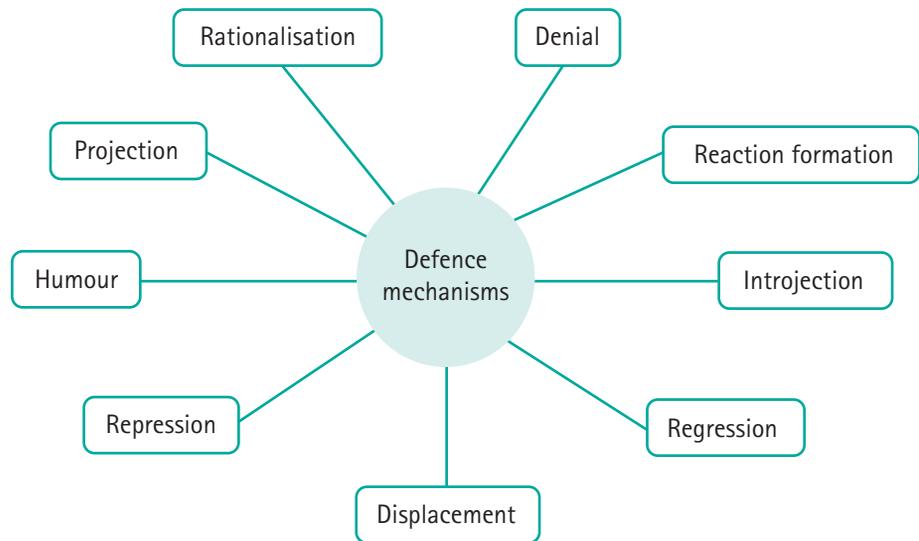


Figure 3.2 Ego defence mechanisms

Repression

Repression is a process whereby traumatic or painful experiences are forgotten, or pushed out of consciousness. This is the most fundamental of all the defence mechanisms and, like the others, is operated unconsciously. A child might, for example, repress a truly threatening experience like abandonment or loss, since this may be the child's only method of coping at the time. Repressed material does not go away, however, but continues to exist in the unconscious (Freud, 1909). Occasionally, disguised signals break through into consciousness, and these may take the form of physical symptoms. Repressed material may also surface in dreams, or at times of stress or illness. Certain major life events may prompt the re-emergence of repressed material. The following short case study illustrates this last point.

CASE STUDY

Repression

An 18-year-old student left home to attend university. During this time she became involved with a boyfriend and fell in love with him. This was her first serious involvement, and it brought into consciousness a painful memory from early childhood. The memory concerned an occasion when she had seen her father being physically abusive towards her mother. The student had forgotten the traumatic incident, but details of it began to surface once she found herself getting close to her boyfriend. She then realised that she had been very reluctant (in her early teenage years) to become involved with boys. This inhibition with the opposite sex stemmed from her fear of involvement and from her wish to avoid her mother's experience. Her first serious encounter served as a catalyst to release the repressed and painful memories from childhood. During a subsequent period of counselling, she was helped to uncover the memory more fully and to understand its effect on her.

A great deal of mental energy is needed in order to ensure that repressed material does not surface into consciousness. However, the force that prevents unconscious material from becoming conscious is particularly strong and is known as **resistance**. Like repression, resistance is unconsciously motivated and used as a means of avoiding the anxiety awareness of repressed material would entail (Freud, 1909).

Denial

Denial is used as a defence mechanism when reality is unpleasant, or disturbing in some way. A person with a serious illness might, for example, deny the condition. This denial may serve a useful purpose initially, since it helps to protect the person against anxiety and high levels of stress. In the long term, though, its use will distort reality and prevent the adjustment and acceptance that are important at such a time. Denial is also used frequently by people who have been bereaved. In this context, it also works effectively in the short term but can lead to complicated grief reactions in the long term.

Rationalisation

Rationalisation is a face-saving defence, which people often use to explain away personal failures, vices or inadequacies. Instead of accepting that failure has taken place, 'rational' explanations are given, and these explanations are sometimes partly true. A parent may say that a particular child is 'difficult', for example, and this label may then be used to excuse parental aggression towards that child.

Projection

The defence mechanism of projection ensures that internal anxiety or discomfort is directed outwards towards other people. It is a way of attributing our own faults to others. A person with a tendency to be hypocritical may, for example, suspect or even accuse other people of hypocrisy. In a similar way, someone who is aggressive or domineering may see these characteristics in others, but fail to recognise and own them personally.

Displacement

Unacceptable impulses and desires are often aimed at the wrong person. This is most likely to happen when the real target is seen as too threatening to confront. Thus, a man who has had problems with his boss at work might be tempted to take it out on someone else – his wife or children, for example. Strong feelings are also sometimes displaced towards authority figures in public life. A person who has had a difficult relationship with a parent may develop hostile attitudes towards the police, judges or even the Pope.

Reaction formation

Reaction formation is a defence in which the conscious feeling or thought is exactly opposite to the unconscious one. An example of this is the person

who expresses strong views against liberal sex attitudes, while at the same time fighting to control personal sexual impulses. Reaction formation is evident in many areas and may be implicit in a variety of attitudes. People who claim to dislike lateness may have a tendency in that direction, while those who deplore bad manners may well lack social confidence themselves. It is probably true to say that when strongly held views are evident there is some likelihood that the opposite impulse is present. The degree of emotional investment in the view expressed is a fairly reliable indicator of this particular defence.

Introjection

This describes the process of taking in the views and attitudes expressed by other people. This can work in either a positive or a negative way. One example of positive use is the process whereby children incorporate the values and standards of parents and teachers. Introjection is problematic when less healthy experiences are taken in and held as part of the self. An extreme example of this is the person who has been kidnapped and, in order to survive mentally, identifies with the captors and their cause. A less dramatic, though equally problematic, use of the defence is evident when abused children absorb their experiences and then pass them on to the next generation. With regard to the last point, however, it is important to remember that not all abused children become abusing adults in this way.

Making assumptions about people and attaching labels to them is a mistake that people who work in a caring capacity are liable to make. Counsellors are no exception in this respect, and this is why regular supervision is an essential component of their work.

Regression

People often retreat to an earlier stage of development in the face of threat or failure. Regression is a defence that hospital nurses are familiar with: patients often revert to less adult forms of behaviour once they find themselves in hospital. This defence works well for people in many situations, since it ensures that care and attention are elicited from others. It works well for victims of trauma, who certainly need the added care and attention. Regression is a problem when it is used habitually as a way of being noticed.

Humour

Some people use humour as a shield or barrier against painful experience and trauma. It is interesting that many comedians have suffered from depression, which would seem to indicate a close link between humour and sadness. Humour is, of course, not always used as a defence mechanism; it is quite possible to be funny without any underlying agenda. Freud refers to the 'high yield of pleasure', which people derive from humour (Freud, 1907: 437). However, clients sometimes use humour as a way of avoiding serious and reflective consideration of their problems. Humour may have become an habitual defence with them, and one that is difficult to relinquish.

The concept of anxiety

Anxiety is an important concept in psychodynamic theory and, in Freudian terms, is seen as the catalyst that signals impending danger to the Ego. Defence mechanisms are used in order to reduce anxiety. Danger situations include fear of losing another person's love, the fear of punishment (by others, or by the Superego) and the fear of abandonment (Freud, 1932).

EXERCISE

Looking at defences

Working individually, identify any defences you have used in the past at times of anxiety or stress. How did the defences help, or hinder, you at the time?

Transference and the nature of the therapeutic relationship

Transference is a term which – in psychodynamic literature – refers to the client's emotional response to the counsellor. Clients' emotional responses are, of course, highlighted in all the theoretical approaches, but the concept of transference is especially significant in the psychodynamic model. Freud was the first person to identify the phenomenon; while working with his colleague Breuer, he witnessed it at first hand and later described it both in lectures and in his writing (Freud, 1909).

Transfer of feelings from client to counsellor

Clients may 'transfer' to counsellors feelings that are either positive or negative. These feelings stem from childhood emotional responses to parents and other important adults and are, therefore, not based on any real relation between counsellor and client. Transference feelings operate at an unconscious level, so the client is unaware that responses to the counsellor may be inappropriate, or out of date. Evidence of the client's early emotional life is, therefore, often clearly seen in the counselling relationship. When transference feelings are positive, a client may regard the counsellor as helpful and understanding, but when transference feelings are negative, the client may see the counsellor as unhelpful, perhaps rejecting or even hostile. Both these attitudes are potentially helpful for the client. By looking more closely at them, the client (with help from the counsellor) should be able to link current relationship styles with earlier relationships that may have been problematic. The case study (Transference) included in this section illustrates this last point. In *Five Lectures on Psychoanalysis* (1909), Freud emphasises that

therapy does not create transference, but ‘merely reveals it to consciousness’ (Freud, 1909: 84). He adds that when transference is revealed in this way, the client is empowered to gain control over it.

It is important to make clear that transference is not a mysterious occurrence only seen in counselling and therapy. People may experience strong emotional responses in a variety of ‘helping’ situations. These situations include patient – doctor and nurse – patient relationships and, indeed, any other context where one person is depending on another for assistance or support. Nurses, doctors, social workers and ministers of religion are aware that the people they help often respond in inappropriate emotional ways. Problems often arise because helpers do not understand the reasons for such feelings and may, in fact, be flattered to receive them. This is especially true when the feelings transferred are loving, idealising, admiring or erotic. Abuse of clients can arise in these circumstances, so the underlying dynamic of transference needs to be understood and the central role of supervision for counsellors recognised.

Another important point made by Freud concerns the universality of transference and its importance in determining the outcome of any helping relationship. In his autobiographical study (1925) he stresses that therapy is an ‘impossibility’ when there is no transference of emotion in the relationship (Freud, 1925: 26). Freud’s writings are the clearest exposition of psychoanalysis and psychodynamic theory; and they are the most rewarding to read on any aspect of his work. However, as we shall see in later units of this book, other approaches have developed their own theoretical models of transference. Some of these stem from Freud’s original work, but others, while acknowledging the importance of the therapeutic relationship, place a different emphasis on it.

CASE STUDY

Transference

A 26-year-old client became angry because his counsellor had gone into hospital for a minor operation. The client (Colin) had been told in advance that the counsellor would be away for a week, but this notice did little to reassure him. During a subsequent counselling session he discussed his reaction with the counsellor. At first he was puzzled by the strength of his own reaction, but he later identified some earlier experiences that had some bearing on his heightened emotional response to the counsellor’s absence. Colin’s parents had divorced when he was five years old, and shortly afterwards his father had been ill with allergy problems. No one had taken time to talk to the small child, nor had he been taken to visit his father in hospital. One consequence of this was that, for many years, Colin blamed himself for his father’s illness and departure. Once he was able to explore all these issues, Colin understood why he became angry and frustrated when the counsellor left to go into hospital. The feelings he had transferred to the counsellor were really feelings stemming from the past and his relationship with his parents. In exploring them, however, he was able to look more realistically at his childhood experience of loss and at the burden of blame he had carried for so many years.

Countertransference

The word ‘countertransference’ refers to the counsellor’s emotional response to the client. Counsellors are also capable of displacing feelings from the past into the present situation with the client. If Colin’s counsellor (see the case study above) had taken his attitude personally, such a response would have been inappropriate in the therapeutic context and would not have helped the client in any way. The counsellor needed to understand that the client was not angry with her personally. Colin’s reactions – which were unrealistic in the present context – were used by the counsellor in order to help him achieve deeper understanding of his problems.

However, counsellors, since they are human, may never be wholly objective in their response to clients. Counsellors have life histories which can colour or affect their reactions, and these areas of personal bias are defined as countertransference. Once again, this highlights the importance of supervision for counsellors, since it is only through supervision that they can identify and deal with their countertransference reactions.

Some forms of countertransference are more common than others. Seeing clients as helpless, or as victims, is one form. When this attitude is pronounced, over-protection or even advice may be offered by the counsellor. This kind of over-protectiveness says a great deal about the counsellor’s need to be in control, and it will certainly inhibit the client’s self-development and autonomy. Countertransference responses may also appear in the counsellor’s inability to confront, or disagree with a client. This may stem from a fear of being disliked, or of being seen as incompetent. Counsellors may also feel themselves to be in competition with particular clients, or to feel envious of them. These responses may be related to childhood problems with siblings and parents. Whatever the reason, it is essential that counsellors monitor their countertransference feelings and discuss them in supervision. Issues concerning supervision will be dealt with in Unit 9.

On the subject of countertransference, however, it is important to remember that every imaginable human prejudice or bias may present itself in this form, and when such bias is left unexamined, it will ultimately distort the therapeutic relationship and work against clients. It is also possible for counsellors to have biased feelings towards certain people, or groups of people. One example of this is the kind of partiality which may be extended to specific groups such as women, minority groups or people seen as disadvantaged in some way. The crucial point to make here is that individual clients are entitled to be treated as individuals and not as stereotypes.

CASE STUDY

Countertransference

Elliot, who was a qualified psychiatric nurse, completed counsellor training to diploma level. Afterwards he worked for an agency that specialised in addiction counselling. Although he received regular supervision, Elliot was surprised by the strength of his responses to one of his clients.

When he was a child, Elliot's parents were neglectful and dependent on alcohol, and, as a teenager, he experimented with drugs and alcohol too. From an early age he had learned to fend for himself; he often took care of his parents, cooking for them and shopping when there was some money to do so. After his turbulent teenage addictive phase, he decided to make something of himself, studied at night class and then went into nurse training.

One of Elliot's clients was a middle-aged man, who had been addicted to alcohol for many years. As soon as he met him, Elliot sensed some characteristics in the man which reminded him of his own father. Supervision provided an opportunity for him to discuss his feelings about his client; nevertheless, on several occasions Elliot found himself 'taking care of' his client in ways that were inappropriate. He had, for example, worried about his client and had more than once given him direct advice. In addition, Elliot wanted his client to like and approve of him. At other times, he felt strong negative feelings towards the man and, although he was careful to conceal these, they were sufficiently disturbing to prompt Elliot to seek extra supervision.

Comment: This case study illustrates some of the points already made about countertransference. It indicates the importance of past experience in determining the way counsellors may respond to certain clients. Elliot did not react like this to every client he had, but this particular man resembled his father in certain ways. These similarities were not directly obvious, but they triggered something in the relationship between counsellor and client that was reminiscent of Elliot's early relationship with his father. This meant that Elliot was relating to the client as he would have to his own father. It is not difficult to see how unhelpful this would be for the client, who was not seen as a separate individual in his own right. The case study also highlights the importance of regular supervision for counsellors. It is only through supervision that these often complicated countertransference feelings can be identified and seen for what they are.

Projective identification and countertransference

The term 'projective identification' was first used by Melanie Klein (1932), whose theories we shall consider in more detail in the next unit. It is important to consider the concept of projective identification

in this section because it is a form of countertransference, though its manifestations are often complex and more difficult to define. Klein originally used the term to describe an infant's ability to split off uncomfortable or 'bad' parts of 'self' and project these into the mother (Solomon, 1995: 4). We looked at the defence mechanism of projection earlier in this unit and saw that it is a way of ascribing unacceptable aspects of ourselves to others. However, other people are not usually aware of what is being projected onto them, unless, of course, a verbal accusation accompanies the projection. Projective identification, on the other hand, is actually felt by its recipient in the same way that an attentive mother will feel aspects of an infant's distress or discomfort. The mother is thus identified with her child who, at this stage, is unable to express basic needs verbally.

In the context of therapy, projective identification is manifest in a particular way, though its underlying motivation is unconscious. A client may, for example, project onto the counsellor a feeling, or constellation of feelings that cannot be expressed through language because they occurred at a primitive developmental stage of life. Furthermore, these client experiences originate from a time when boundaries between self and others were not discernible, but blurred. As a result, the counsellor will experience the projected aspects of the client, and may even feel a sense of being 'controlled' by the client.

What then are the feelings a counsellor may experience in relation to a client when projective identification is a prominent dynamic in the relationship? In fact, these feelings encompass an infinite variety, but may include the following:

- sadness
- fatigue
- disinterest
- dullness
- confusion
- anger.

The next case study illustrates one counsellor's experience of projective identification.

CASE STUDY

Kylie

Kylie, who was having difficulty with her coursework, came to see the college counsellor. During their sessions together the counsellor felt increasingly and unusually tired. Kylie's mother had died when she was a baby, so Kylie had very little memory of her. Her father remarried and Kylie was later sent to boarding school. During holiday periods Kylie felt awkward on going home; she didn't get on particularly with her stepmother, though there was no outright animosity between them. It was just, she said, that she hardly knew her stepmother, so they were more like strangers when they met.

During counselling sessions, Kylie smiled a lot and said she believed in being upbeat and confident. It was just that she was having difficulty in concentrating on her college work. The counsellor (Aisling) was puzzled by her own feelings of fatigue, which she thought were incongruous considering Kylie's cheerful demeanour. In supervision, Aisling discussed her experience, and the supervisor advised her to stay with the feeling of tiredness, in order to identify its meaning. Aisling followed this advice, and in a later session Kylie fleetingly mentioned her mother and then changed the subject. After a while, Aisling referred back to the subject of Kylie's early bereavement and her mother's death. For the first time, Kylie looked deeply sad but began to talk at length about her mother. She expressed her sorrow about the loss of her mother and about being sent to boarding school, which, to her, represented a rejection by her father. As she spoke, her body language changed: she sat hunched up in her chair and all of the pent-up feelings she had withheld came pouring out. She remarked how exhausting it had all been to deal with. Afterwards, she returned for further counselling sessions and covered many of the issues she had previously avoided.

In supervision, Aisling was able to identify exactly when the debilitating feeling of tiredness left her. It was during Kylie's cathartic reminiscences about the early traumatic events she had endured. The counsellor had been able to hold on to the extreme tiredness until the client brought it into conscious awareness and experienced it. Projective identification is therefore a special form of communication, in which aspects of the client's inner world are actually 'felt' by the counsellor.

EXERCISE

Student self-assessment

Working in pairs, identify some of the countertransference feelings you have experienced in relation to the people you help. How did you deal with these feelings, and what, if anything, did they tell you about yourself? Take turns to discuss your individual experiences.

The significance of dreams

Freud regarded dreams as ‘the royal road to a knowledge of the unconscious activities of the mind’ (Freud, 1909: 47). It follows, therefore, that in classical psychoanalysis, dream interpretation is a central component of therapy. Dream interpretation is important in all other psychodynamic models of therapy and counselling too. The difference here is that whereas in the past psychoanalysts might have devoted long periods of time in the analysis of just one dream, psychodynamic counsellors and therapists focus on them only when clients request or understand such a focus. The point to be made is that not all clients are regularly in touch with their unconscious and dream life, although it’s probably true to say that any client who requests psychodynamic counselling is aware of the importance given to dreams and to dream interpretation. Such interpretation is, of course, entirely subjective; only the client can say what the dream means for him or her personally, though counsellors who work from a psychodynamic perspective can help clients to examine the symbolism contained in dreams and to discuss what they mean. It is important to add here that dream interpretation through the use of standardised symbols found in popular self-help texts is not useful for clients. This is because dreams are unique to the individual dreamer. Later in this unit, we shall look at some of the skills that can be used to help clients interpret their dreams.

Free association or ‘the talking cure’

All theoretical models of counselling are based on the premise that clients need to talk through their problems, in order to make sense of them. The term ‘free association’ was first used by Freud to describe the process of encouraging his patients to say whatever they liked, on the grounds that whatever occurred to them would be relevant and revealing (Freud, 1909: 46).

In psychodynamic counselling, clients are encouraged to talk at their own pace and to express their feelings and thoughts, no matter how insignificant these may appear to be. What clients wish to say is obviously important to them in any case, and it is never the counsellor’s task to decide what should be voiced by clients during sessions. What is important is that counsellors listen carefully to clients, respond appropriately and at the right time.

Free association also forms the basis of dream interpretation. When clients use this technique in relation to their own dreams, significant links are often made so that apparently disconnected symbols come together and form a more coherent picture.

Skills used in psychodynamic counselling

All the basis skills described in previous units are applicable to the psychodynamic approach. In addition to these skills a number of others

are used, which have evolved from the original Freudian psychoanalytic model. Psychodynamic counselling is obviously very different from psychoanalysis, however, so the techniques, methods and skills of psychoanalysis have been adapted to suit the approach and to facilitate the client's needs. The following is a list of skills that are central to the psychodynamic approach:

- establishing a contract
- listening
- observing
- clarifying
- giving reflective responses
- linking
- interpreting
- attending to transference
- looking at defences and resistance
- drawing parallels between past and present
- looking at dreams.

The importance of structure: contracts

We have already seen that counselling takes place in sessions that last for 50 minutes. Clients need to know the basic details of counsellor–client contracts well in advance of sessions, if possible, so that structure and stability are an integral part of the relationship. It is essential to establish clear boundaries with clients, a practice that is not, of course, exclusive to the psychodynamic approach. However, the difference is that in psychodynamic counselling the client's response to such a contract has special significance. A client who misses sessions, for example, or who arrives late, is clearly expressing something that is not being said in words. Clients can, of course, arrive later for sessions or miss them occasionally because of transport or other problems. But when poor timekeeping is habitual, there is always the possibility that some form of resistance is operating within the client. Such resistance is usually unconscious, or outside the client's awareness.

In a situation like this, the counsellor's task is to encourage the client to look closely at the underlying meaning of the behaviour and to place it in the context of any other problems, or difficulties, the client is experiencing. It may be that the client is avoiding some painful subject, or it may be that he or she feels unable to disagree with the counsellor, or to express negative or angry feelings. Even though clients come into counselling with the intention of sorting out and understanding their problems, the exploration this involves is often so difficult for them that the temptation to resist further self-scrutiny is often hard to overcome. The following case study is an example of this last point.

CASE STUDY

Lydia

Lydia, who was 30 years old, wanted to talk to a counsellor about her relationship with her grandmother, who had died. She attended three counselling sessions and seemed to be keen to understand why she continued to feel depressed, even though two years had passed since her grandmother's death. In the third session, Lydia referred to the fact that she had gone to live with her grandparents after her parents split up. This was a difficult subject for her to talk about and it gradually became apparent to the counsellor that Lydia wanted to avoid it altogether. In addition to the fact that she obviously wanted to avoid the subject, she also decided to leave early, and on the next occasion arrived late for her session. The counsellor offered a tentative interpretation of Lydia's behaviour in the following way:

COUNSELLOR: You talked a little about living with your gran and grandad last time we met. Then I sensed that it was difficult for you, and that you wanted to leave it.

CLIENT: It's not difficult really . . . [pause] . . . I usually don't mind talking about it. I loved staying with them, although I was sad about my parents.

COUNSELLOR: The sadness about your parents, tell me about that.

CLIENT: [long pause] I suppose I never really allowed myself to think about it. I felt I had to be strong for Gareth [her brother].

COUNSELLOR: Not thinking about it and being strong for Gareth; all that meant that you could never get a chance to grieve for the upheaval in your life.

CLIENT: I think in a way my depression is linked to that . . .

COUNSELLOR: To your parents splitting up . . .

CLIENT: Yes, for ages I thought it was to do with my gran's death. Maybe it has more to do with other things.

COUNSELLOR: Things you thought you had best avoid.

CLIENT: Yes. But then the depression doesn't go away . . .

COUNSELLOR: The depression stays with you as long as you don't let yourself remember how it felt when the break-up happened.

Comment: It can be seen from Lydia's exchange with the counsellor and her previous actions and behaviour that she wanted to avoid the anxiety that awareness of repressed material would entail. The counsellor used the skills of listening, observing, clarifying, linking, interpreting, giving reflective responses and drawing attention to past events and present behaviour, in order to help the client become conscious of experiences she had previously avoided. In making

CASE STUDY Cont...

these responses, the counsellor was precise though respectful in the way she framed them. If the client had not sensed the counsellor's respect for her defence against deep feelings of anxiety, it is unlikely that she would have been willing to continue in counselling. The client, Lydia, was sufficiently reflective, thoughtful and courageous to benefit from psychodynamic counselling. She was also capable of insight and self-awareness, so the interpretations and links the counsellor made were carefully considered by her before she either accepted or rejected them. Clients are free to accept or reject interpretations, because what is said must make sense to the client and should, moreover, 'feel' right and appropriate if they are to be helpful.

Students often ask about the similarities between confrontation and interpretation. On the surface it may seem that they are very alike, and in some ways they are. Successful interpretation does contain some degree of challenge and confrontation. Moreover, it is quite possible to use the skill of interpretation in a challenging way with clients. A client who is indirectly expressing suicidal thoughts, for example, could benefit from this kind of interpretative approach. The following case study is an example.

CASE STUDY

Confrontation and interpretation

A middle-aged man was referred for counselling because he suffered from panic attacks following his redundancy. He had some ongoing problems in his marriage as well, and six months earlier financial difficulties had also featured prominently in his life. During counselling sessions he often referred to the fact that many young people were out of work, so why should he, a middle-aged man, feel entitled to a job? He spoke of his life as if it was already over and, though he denied feeling depressed, the counsellor sensed that he was masking some deep presentiments of despair.

COUNSELLOR: You mentioned several times that other people are more entitled to things than you are; that maybe you are not entitled to hope for much now?

CLIENT: I do feel like that sometimes, yes.

COUNSELLOR: Is that something you feel about your own life . . . that you are not entitled to it either?

CLIENT: [slowly] I had not thought about it in those words. I suppose I have been that despairing.

The counsellor's interpretation here was effective in making the client aware of something which had previously been outside his awareness. He had not consciously thought about suicide, but it was, nevertheless, a recurrent though disguised motif in his communication.

Cooper (2008: 136) points to research that supports the skill of interpretation used in psychodynamic counselling. However, he adds that when interpretations are used, their effectiveness and value depend on several factors including accuracy, tentative wording and the establishment of a 'strong therapeutic alliance'. It should be added that this client also received medical help for his depression and continued to see the counsellor on a weekly basis. It is important to mention here that counselling is limited in its application and usefulness. Many clients require other forms of help, and one of the counsellor's essential skills is the ability to identify those areas which need extra attention and support.

In Unit 1 we looked at the people who use counselling skills and saw that many are professionals who are qualified in other areas. This makes a great deal of difference as far as counselling is concerned, because a sound professional foundation also means that a fairly comprehensive knowledge base is already in place. This knowledge base should ensure that potentially serious medical conditions can be identified, and further help is enlisted for the client when needed. If a counsellor is also a qualified nurse, occupational therapist or social worker, for example, then it is reasonable to assume that sufficient knowledge will have been acquired in the course of training to ensure this kind of competence. On the other hand, it would be wrong to suppose that people without this kind of training are never in a position to function effectively when extra help is required. What is important is a willingness to pursue further and specialised training, as and when necessary, and to remain aware of personal and professional limitations at all times. Supervision helps in this respect and is an essential component of counsellor training and practice, a fact that cannot be stated often enough.

EXERCISE

Identifying skills

Read the following passage and identify the counselling skills you could use to help the client. Identify the basic skills (for example, listening, asking questions) as well as the psychodynamic skills that may be applicable in this instance. Discuss your ideas with a partner, highlighting any helpful techniques you think a psychodynamic counsellor could use.

Lynda, who is 30 years old, has a history of relationship problems. Her first boyfriend was addicted to drugs and was emotionally abusive towards her. A later boyfriend left her when he met someone else, and shortly afterwards she joined a dating agency in the hope that she would meet someone more reliable. Although she met several interesting people through the agency, Lynda was unable to form a lasting commitment with anyone. In counselling she talked about her childhood and her father, who was distant and emotionally uninvolved with her. She is confused about her present situation, since she feels that she is 'full of affection' and has a lot to offer in a relationship.

Attending to transference

We have already looked at different aspects of transference and the way these may be manifest in the counselling relationship. Attention to transference is, therefore, an important aspect of psychodynamic counselling. Transference is, after all, the mirror in which the client's past is reflected in the present. Clients bring all their early experiences with them into counselling, and these experiences are frequently demonstrated in the relationship the client forms with the counsellor. Because they know very little about the private lives of the counsellors who help them, clients use imagination to fill in the gaps, and the imagined figure that emerges from this process may bear little resemblance to the real person. In order to form a picture of the counsellor, the client will draw on past experience, especially on earlier relationships with important figures like parents. This process is carried out at an unconscious level, so clients are unaware that the information they are using is unrealistic and outdated. From a psychodynamic viewpoint, counsellors can help clients to use this information in a way that will help them to understand some of the problems they may have. A client may treat the counsellor as a mother or father, for example, and, depending on the nature of the relationship the client had with the parent, respond to the counsellor in either a positive or a negative way. The following is an example.

CASE STUDY

Attending to transference

A middle-aged woman, who was completing a course at college, attended counselling sessions because of problems she was having with her elderly parents. Her parents were controlling and demanding, and the client (Sylvia) felt that they constantly criticised her. In particular, they accused her of being 'dependent' and lacking in initiative. Sylvia did, in fact, live with her parents and she was financially dependent on them. In her relationship with the counsellor, who was a woman, she was timid and sometimes ingratiating. It was clear that she desperately wanted to please and be a 'good' client. The counsellor drew attention to this attitude of wanting to please, but she did this only after she had established a trusting relationship with the client.

COUNSELLOR: You mentioned yesterday that it was sometimes difficult to know if you were getting it right, that you were worried about getting it right with me.

CLIENT: Yes I do worry about it. It's hard to say why, but I feel I would like to be more myself.

COUNSELLOR: You would like to be more yourself with me and not feel concerned with pleasing me in the way you try to please your parents?

CLIENT: I'm always trying to please them and I suppose that's what I'm doing with you. Yes, I probably do it with everyone, come to think of it.

Many factors can cause transference reactions to occur in counselling. These include the counsellor's physical or behavioural characteristics, voice sound and accent, similarity in dress and, indeed, any characteristic that acts as an unconscious reminder of significant people in the client's past. Once the transference reaction is brought into the open, it serves as an important vehicle for learning, and clients can identify from its faulty patterns within their own behaviour in relation to others. Counsellors are not always automatically aware of transference reactions from clients, and occasionally it is experienced or 'felt' by the counsellor before it comes into consciousness. The counsellor's own countertransference response acts as an indicator of its presence, and once the counsellor is fully aware of the transference it is possible to use this knowledge for the client's benefit.

Attending to countertransference

Unit 9 discusses the importance of countertransference issues and supervision in counselling, in addition to the importance of continuing professional development (CPD) and education for counsellors. All of these areas have either a direct or indirect bearing on a counsellor's ability to function at an optimum professional level with clients.

Looking at dreams

We have already considered the importance of dreams in the psychodynamic approach to counselling, and the point has been made that only clients themselves can interpret their dreams accurately. However, counsellors can encourage clients to become more interested in the contents of their dreams and to record them as an aid to self-knowledge and greater awareness. Some clients are keener than others to do this, and there is no doubt that certain clients have an intuitive or innate knowledge of symbolism and the language of the unconscious. The following case study is an example.

CASE STUDY

Dreams

A 40-year-old woman recounted two dreams she had before she came for counselling. Both dreams convinced her that she needed to talk to someone. The counsellor encouraged her to recount these dreams in the present tense, a technique which gives immediacy and vividness to the experiences of the dream.

'I am going on a journey, on a train or a bus. It is a double-decker vehicle. An old woman directs me on to the lower section. I have a small child with me and I feel very responsible for her. We travel along and eventually get out at a large area of wasteland. There are bars all around this area, like a prison.

In the next dream I am due to see a therapist, who is a well-known person or celebrity. She lives in London, and I find myself there. I have a child with me in a pram. I climb the steps to the therapist's house, taking the pram with me. The therapist is sitting in a room which is too big. It is uncomfortable, too open and there are too many people around. The therapist is not really interested; she gets up, and then comes back with a book. Meanwhile, the child has gone.'

CASE STUDY Cont...

During counselling this client was able to identify several important key elements in both dreams.

COUNSELLOR: And the old woman and child in the dreams?

CLIENT: I think they are two aspects of me; one is the old worn out me, the other is the new beginning which I would like to develop.

COUNSELLOR: The journey . . . what you have just come through, your mother's death and the changes you have had to make.

CLIENT: Yes. And those I still have to make.

COUNSELLOR: So the challenge is between staying with the old (and with the wasteland), or getting onto the top deck, which might be harder to get to but where you can see more?

Comment: These two dreams are very rich in symbolism and meaning, and the client was able to learn a great deal from them. Before she came for counselling there were many futile attempts to enlist help from others, but none were successful. The client could see clearly that the therapist in the dream, for example, represented her hopes and her frustration at not getting help.

EXERCISE

Looking at dreams

Think about any dream you have had recently. Try to recall as much detail as possible, and then write it out in the present tense. Then complete the following:

- 1 Give the dream a name.
- 2 Describe, in one word, the emotional atmosphere of the dream.
- 3 Describe, in one word, the location of the dream.
- 4 Describe, in one word, any aspect of time in the dream, for example time of day, time of year, time of life.
- 5 List the various elements of the dream.
- 6 Start with the most recognisable element and free associate to it, for example say whatever comes into your head in relation to it.
- 7 Put yourself in the position of each element in the dream and say what you are doing in the dream. If a door features in your dream, for example, pretend to be the door, describe yourself and explain your presence.

EXERCISE Cont...

- 8 Consider the ways in which the dream has any relevance to current issues or problems in your life.
- 9 Circle any key words in the dream.
- 10 Circle any key people in the dream.

When you have completed this exercise you should have some idea of what the dream means to you. This is an individual exercise, which you don't have to share with anyone else, unless you wish to. Dreams are, by their nature, private, and it is often the case that dream interpretation reveals intimate information about ourselves. If you are interested in your own dreams you should keep a record of them. Working with dreams takes time and dedication, but unless we are aware of our own inner lives it is presumptuous to expect clients to be familiar with theirs. Finally, this is not an exercise designed for use with clients: it is meant as a student exercise.

Clients who benefit from this approach

Though we may not agree with all of it, Freudian theory has taught us a great deal about human personality and motivation. We know, for example, that influences from the past are frequently implicated in current problems. Knowledge of Freudian concepts is very important, therefore, in our understanding of people, and in this respect all clients should benefit – if only indirectly – from this approach. The concepts of transference and countertransference are central to Freudian theory, and this is another area of knowledge that is essential for every counsellor – regardless of the theoretical approach used.

There are many other examples of Freudian theory which have contributed a great deal towards our understanding of clients. Psychodynamic counselling is appropriate for clients who are interested in looking at past experience in relation to current difficulties. This would include clients who have experienced trauma in the past and people who feel compelled to repeat destructive patterns of behaviour, or relationships. It is also suitable for some health-related problems and anorexia nervosa. Short-term psychodynamic counselling is suitable, too, for clients with depression and, according to Cooper's analysis of research, for some forms of addiction, particularly opiate addiction (Cooper, 2008). Clients who are interested in personal growth and increased self-awareness are also likely to benefit from psychodynamic therapy.

Some limitations

The psychodynamic approach is adaptable for use with many clients providing, of course, that counsellors who use it are adequately trained in terms of both theory and practice. Short-term counselling is available in many areas now, and there are numerous counsellors who incorporate aspects of psychodynamic theory in other theoretical approaches. An exclusively psychodynamic approach is probably not suitable for clients in crisis (crisis intervention), or for those who are recently bereaved. People in this last category will probably benefit more from bereavement counselling, or from participation in a support group with others who share their experiences. Clients who are addicted to certain drugs or to alcohol are unlikely to benefit from a purely psychodynamic approach. This is because they may be extremely anxious, disorientated or uncommitted to the change needed to overcome addiction. People who have problems of addiction may also need extra support and back-up services. In relation to mental illness, some clients do benefit from psychodynamic therapy, though they are more likely to do so when there is medical support, and hospitalisation when required.

SUMMARY

In this unit we considered the basic principles of psychodynamic theory. These have evolved from the work of Sigmund Freud and from classical psychoanalysis. Freudian theory is based on the assumption that much of what we think, feel and do is determined by unconscious motivation. There is an emphasis on sexual and aggressive drives, and on key stages of development from childhood until adolescence. The Freudian structure of personality (Id, Ego and Superego) was discussed, along with the defences people use to guard against anxiety. The importance of childhood experience was highlighted, and this was linked to the ways in which people transfer emotional experience from the past into the present. Clients' experiences in counselling were described, along with the key concepts of transference, countertransference and projective identification. We looked at dreams and considered their significance in psychodynamic theory. Psychodynamic counselling skills were also described, and examples of these were given. The usefulness of these approaches was also discussed, along with consideration of some of their limitations.

In the next unit we shall look at the way in which psychodynamic theory has evolved over time, and we shall discuss the effectiveness of these approaches for different client groups.

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Further reading

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Resources

Websites

www.psychotherapy.org.uk

The United Kingdom for Psychotherapy.

www.bps.org.uk

The British Psychological Society.

www.psychoanalysis.org.uk

The British Psychoanalytical Society.

www.psychoanalytic-council.org

An association of training, professional and accrediting bodies.

Journals

Online Journal of Psychodynamic Practice: Individuals, Groups and Organisations. London: Routledge.