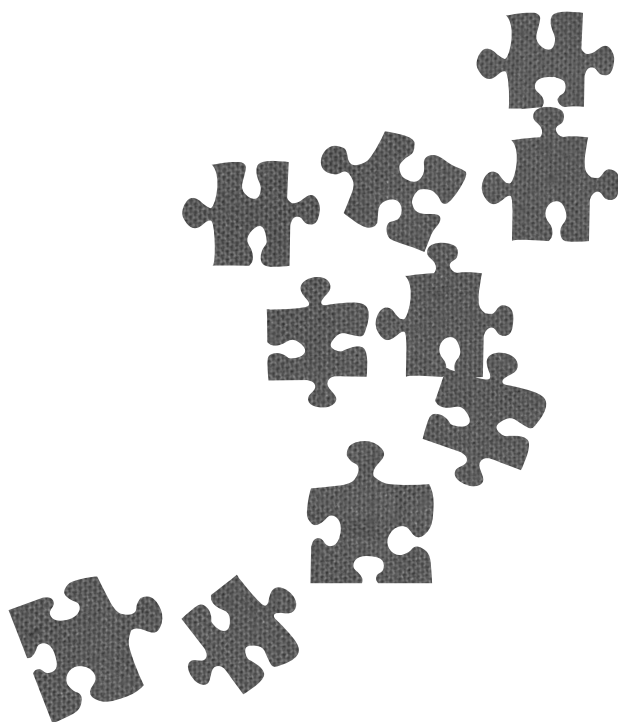


Psychodynamic Counselling in Action



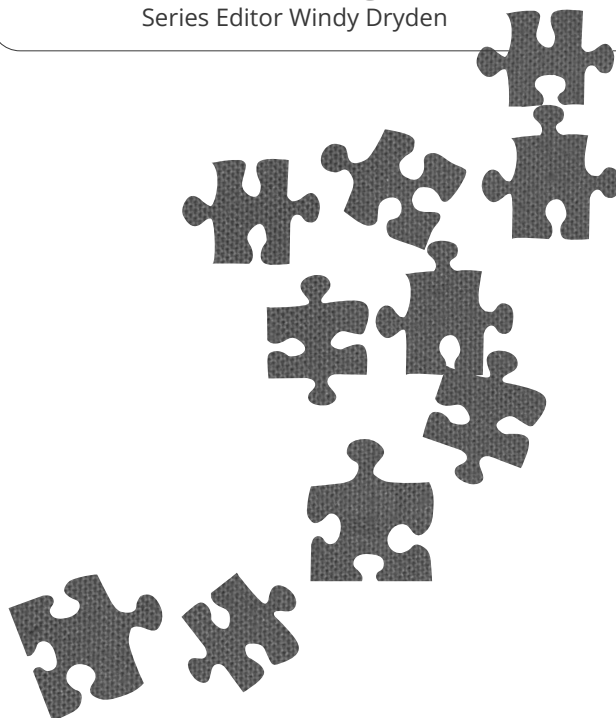
Psychodynamic Counselling in Action

6th Edition

Michael Jacobs

SAGE Counselling in Action

Series Editor Windy Dryden



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Contents

| | |
|---|-----|
| <i>About the Author</i> | vii |
| <i>Foreword by John D. Sutherland from the First Edition</i> | ix |
| <i>Preface to the Sixth Edition</i> | xi |
| <i>Dedication</i> | xv |
| 1 Introducing the Psychodynamic Approach | 1 |
| 2 The First Session | 29 |
| 3 After the First Session | 57 |
| 4 The Importance of Time and Boundaries | 91 |
| 5 The Middle Phase of Counselling: Reaching Deeper | 113 |
| 6 The Middle Phase of Counselling: The Centrality of the Therapeutic Relationship | 137 |
| 7 Breaks and Endings | 171 |
| <i>Afterword</i> | 191 |
| <i>References</i> | 203 |
| <i>Index</i> | 211 |

About the Author

Michael Jacobs was for many years director of the counselling and psychotherapy programme at the University of Leicester. He is one of the pioneers of psychodynamic counselling and therapy in Britain. He has written and edited over sixty books including Sigmund Freud (Sage, 2nd edition, 2003), D.W. Winnicott (Sage, 1995) and Reflecting on Therapy (Karnac, 2024). He has been a visiting professor at Leeds and Bournemouth Universities and has a PhD, his thesis being on psychoanalytic criticism of Shakespeare's *A Midsummer Night's Dream*. He has retired from practice as a therapist and supervisor, and as a teacher and trainer, but maintains a keen interest in the development of psychodynamic thinking and practice.

A cluster of light gray puzzle pieces is arranged in a circular pattern in the upper left quadrant of the page. The number 1 is printed in a large, bold, black font over the puzzle pieces.

1

Introducing the Psychodynamic Approach

An Important Question

Hannah perched cautiously on her chair as the session began. She looked out of the window for a second, then rapidly turned her head and fixed me with a rather threatening gaze. ‘Are you a psychoanalyst?’ she said, her voice indicating the same anxiety that her body language was telling me.

I paused for a second, wondering if the sense I had, of being threatened, reflected her own feeling that this was a threatening situation for her. I waited just long enough to see if she wanted to say more, but she clearly wanted me to respond. The brief silence gave me some space to frame my reply: ‘What does “psychoanalyst” mean to you?’

I had not answered her question, because I wondered what she was asking beneath the obvious. Hannah came straight back at me, quite forcibly, ‘Well, one of those men who see sex in everything – you know, Freud and all that. I’ve had enough of that sort of thing.’ She paused, and then said more wistfully, ‘I hoped I’d be able to see a woman.’ A suggestion of sadness crossed her face before her look of agitation returned.

‘You hoped you’d be able to talk to a woman,’ I said gently, ‘and you find yourself talking to a man. And you’re afraid I will only be interested in sex.’ It was a slightly risky comment, but I hoped that it was ambiguous enough not to be taken as too rapid an introduction of the significance of the relationship between us (rather than the significance of sex), because it would be our relationship that would form the basis of any future psychodynamic work with her.

‘So you *are* a psychoanalyst?’ Hannah replied, but this time with a hint of a smile. Perhaps she had caught my ambiguity, but it seemed more likely that her smile indicated some relief that I had grasped the nettle of an important issue. I hoped I had handled it gently, neither pretending that my being a man was not of some significance nor showing too obvious an interest in an area of her life that she had already made clear to me was in some way threatening to her.

‘No, I’m a counsellor and psychotherapist. But I *am* interested in what worries you about being here...’.

Psychodynamic Theory and Practice

Hannah’s initial question suggests a concern about therapy, as well as confusion about the relationship between counselling and psychoanalysis, which at the time I first saw her was not unusual in the general population. I return to this first session in the next chapter, but for the moment Hannah has raised an issue that provides a useful introduction to psychodynamic counselling and therapy in action.

Hannah’s concern is one that is shared by a number of people, including some counsellors from other modalities, who are suspicious of anything that smacks of Freud and psychoanalysis. There is a certain irony in such antipathy. It is, of course, over 140 years since Freud first began to develop his theories and techniques, and since that time nearly every therapeutic method (other than cognitive-behavioural therapy) has evolved from or in reaction to his ideas and practice. Psychoanalytic ideas often underpin other therapeutic approaches, sometimes using different terms. Some of the models of therapy and counselling have developed his ideas. Others have dismissed the more controversial aspects of his theories, but so too have different psychoanalysts, who themselves have taken psychoanalytic theory and practice in different directions.

It is also clear when reading contemporary psychoanalytic writers, that Freudian theory and practice have evolved enormously and are in some instances very different from the popular image of Freud and of analysis. Given Hannah’s suspicion and her distress, it was inappropriate to explain this to her, or to point out what enormous influence psychoanalysis has had on modern Western thought and popular culture. Hannah’s picture of Freud was a one-sided, almost stereotypical one. She did not appear to know (but why should she?) that, for example, during his own lifetime

Freud extended his thinking beyond sexuality to look at the problem of death and aggression. (I have written about Freud at length elsewhere, summarising his life, his ideas and practice as well the influence of his theories; see Jacobs, 2003.)

Hannah raised the question of the emphasis that Freud put on sex. It is true that at the start of Freud's career he did ascribe the cause of many of the distressing symptoms his patients brought to sexual abuse. He was both right and wrong about such an explanation – wrong to suggest that it was necessarily so, as he later admitted; right, given the enormity of the issue of sexual abuse that is recognised today. It was already a possibility that Hannah's suspicion of me and of therapy was related to how she had suffered some kind of abuse.

The early opposition to Freud's ideas about infantile sexuality might have made him dig his heels in, and he resisted early attempts to refine his emphasis on sex. Carl Jung and Alfred Adler are two of the most significant of his followers who felt compelled to break with Freud, and they developed their own psychodynamic theories and practice. Before and since Freud's death in 1939 there has been both considerable reinterpretation and development within psychoanalysis of Freud's original models of personality, and much greater development of theories about psychological development in the early years of life. In Britain, in the last century key figures include Melanie Klein, John Bowlby and Donald Winnicott; in America, Heinz Kohut, Otto Kernberg and Daniel Stern to name but a few. Today we need to take full account of attachment-based therapy, relational psychotherapy, etc. when considering how contemporary psychodynamic practice is informed.

This is by and large not a book about psychodynamic and psychoanalytic theories. I have written about the application of these theories to psychodynamic counselling and psychotherapy (see Jacobs and Freshwater, *The Presenting Past*, 2023), and in this book I concentrate upon how psychodynamic counselling and therapy work in practice, or in action. But it is important to remember that psychodynamic counselling involves models of personal development from infancy through to old age, and ideas about mental functioning based upon past and present relationships. These are just as important a part of training as learning how to be a psychodynamic counsellor, to further understanding about what is happening in the client's life and in the relationship between client and counsellor. In the section on further reading at the end of this chapter and in the Afterword I suggest some books that reflect the many rich and different ideas that can be found in psychoanalytic literature.

Much that I describe in this book about the way a psychodynamic therapist might work comes from psychoanalysis, adapted to the situations in which many psychodynamic therapists work: face-to-face (not behind the couch), and once-weekly sessions, sometimes short-term, as well as medium- and long-term work (but not five times a week for years). What I will be describing has been called a 'technique', although I am very unhappy about that term, since it fails to recognise the importance of the personal relationship between counsellor and client. It also fails to acknowledge that although what a therapist feels and thinks when working with a client is important, there is another factor, impossible to describe well, which makes the difference – it is allowing the unconscious to speak.

My own position, developed like other practitioners over years of experience, is that I find it impossible to follow a single theory. I value the ideas put forward by Freud, Jung and Klein as part of a bank of resources to draw upon in my own thinking and understanding of the clients I have worked with. Some psychodynamic counsellors, think of themselves as more obviously Freudian, Jungian or Kleinian, but I am sure often draw upon concepts from independent post-Freudian ideas. In the examples in this book I will inevitably include a psychodynamic formulation with which other psychodynamic counsellors would disagree. A mature therapist works in their own way. Some of the differences evident in psychodynamic schools are questions of emphasis, or may even be semantic, and the same experience can be interpreted in different theoretical terms. What matters above all is how much sense an idea or a formulation makes, both to the therapist and to each individual client.

Those who go on to learn more about the psychodynamic approach can gain much from the discussions that take place about different concepts; but generally, such matters are best reserved for the training setting, for supervision and for casework discussion. What all experienced practitioners know is that theory must constantly relate to practice and to what the client experiences. Psychodynamic counsellors need to be centred on what the client experiences and what the client thinks – it is, without wishing to poach the term, truly person-centred. In speaking with a client, psychodynamic counsellors should also use words and descriptions that that individual can comprehend. A counsellor always has to translate theories into language that is understood by the client (and that is understood too by the counsellor!), and which by and large can be illustrated from what the client has talked about either in the present or in an earlier session.

I have already begun to use some theoretical terms myself. I need to explain the most common underlying terms and principles that typify psychodynamic work. In subsequent chapters, I return to Hannah and introduce a second client, in order to consider, in more detail, the ways in which these principles can be seen in action.

Why ‘Psychodynamic’?

Given the different theories that have developed from and within psychoanalysis, I believe the word ‘psychodynamic’ is a particularly useful one, partly because it encompasses the different schools mentioned above. The word ‘psychodynamic’ links psychotherapy and counselling with psychoanalysis, but in practice ‘psychoanalytic psychotherapy’ is the more usual practice for more intense long-term work, while psychodynamic counselling tends to describe once-weekly sessions, and includes short-term work.

The term ‘psychodynamic’ is also used as part of the ideas and practice of many who call themselves integrative, whether or not they attach significance to psychoanalytic ideas. Many humanistic therapists have adopted certain features of psychodynamic practice. There is also a strong psychodynamic component to Transactional Analysis. Regrettably there are still rather precious defences of the distinctions between different schools of therapy, and certainly as I was practising in my early career, psychotherapy culture wars between psychoanalytic societies and the rest. That is a second reason why I prefer to use the term ‘psychodynamic’, because I do not like to be associated with some of the preciousness and rigidity of some psychoanalytic politics. Having said that, I have always in my practice and thinking been immensely grateful for the imaginative and thoughtful work and experience of many extremely talented analysts, whose writing has contributed to a wonderful treasury of insight. Psychoanalysts and psychoanalytic therapists have contributed more ideas to their own discipline about practice and theory, and to applied psychoanalysis (of the arts, of society, etc.), than I believe has happened in any other modality.

The term ‘psychodynamic’ clearly needs some explanation. ‘Psyche’, the Greek root word on which psychology, psychotherapy, psychodynamic and so on are built, has often been translated in English texts as ‘mind’. This has also happened to translations of Freud’s work (see Bettelheim, 1983 for many examples of poor translation). ‘Mind’ carries connotations of intellectual processes alone, whereas ‘psyche’ also includes our emotions

or feelings. A secular age is not happy with notions of the soul, although some such word as 'spirit' begins to get closer to what psyche means. Psyche, especially as used in psychodynamic literature, means three aspects: thoughts, feelings and the spirit (or perhaps the essence) of a person. I cannot here discuss the complex ideas on the relationship between body, mind and spirit; nor do I know whether these three alone constitute the whole person, or even whether there is one Self or many selves. What I do know is that we have different aspects to our mental and physical processes, which make us who we are. (For a useful overview of the Self across different orientations, see Brinich and Shelley, 2002.) If we think about ourselves, we know there is more to us than mind and body, and more than thought and intellect. Emotions or feelings, mental and bodily, influence and are influenced by the constant interaction between our bodies and minds.

'Psychodynamic' refers to the way in which the psyche (as mind/emotions/spirit/self) is experienced as active, and not static. This does not simply mean being active in the sense that thinking and feeling are personal activities; nor does it simply mean forces within the psyche that actively seek expression or satisfaction. The weakness of such terms as 'instincts' or 'drives', which were a major part of Freud's early theory (Jacobs, 2003: 43–6), is that they describe a certain sort of activity, akin to energy, but do not appear to give sufficient weight to the relationships between people, or to the dynamic or the movement of energies within them.

What particularly distinguishes the term 'psychodynamic' is that the activity of the psyche is not confined to relating to people, or to objects outside the self (there are few who would contend that). There is a theory in psychoanalysis called Object Relations Theory (comprehensively described in its various forms in Greenberg and Mitchell, 1983, and in Gomez, 1996). The term 'object' in 'object relations' describes how we relate to people: they may be, for example, the objects of our love and hate; 'I', the observer, the lover, the hater am the subject. We also relate to and have feelings about non-human objects (Winnicott used the term 'transitional object' for the function of a teddy bear, or a comfort blanket, 1958: 229–42); and we may relate to part of a person. Psychoanalytic terminology uses the term 'part objects': the breast, for example, in the mother–baby relationship, or for a fetishist fixation on one part of the body. The object also influences us, which is why a psychodynamic approach stresses what is sometimes called 'the interpersonal' or the 'inter-subjective' aspect of all relationships between our 'selves' and all that is outside us and inside us.

As I say, psychodynamic does not just describe relationships outside ourselves. Psychodynamic activity takes place *within* the psyche, in relation to oneself. Yet ‘oneself’ is an ambiguous word, because the psyche, or the personality, as I have already suggested above, seems to consist of a number of ‘selves’. All this becomes clearer if we consider some very common expressions we use in everyday speech. (See the Exercises at the end of this chapter.)

Take the expression, ‘I don’t feel myself today’. Here the speaker presupposes that there is a normal self and not the one they are currently experiencing. In such a phrase the speaker refers to their self as both the subject of the phrase (‘I’) and the object (‘myself’), connected by the verb ‘feel’. Take another example: ‘It just came over me, and I felt so cross with myself.’ Here the speaker refers to at least *three* aspects of the self:

- a. ‘it’: as if there were something inside me, which took over for a while. The word used by Freud in German for this was the same, ‘Es’, which should be translated ‘It’. It has been badly translated in English texts by the Latin ‘Id’.
- b. ‘me’: which seems like a central part of the self which has temporarily been taken over.
- c. ‘I’: which here seems not to be a central ‘I’, but more like a critical, even a hostile, part of me.
- d. and ‘myself’ may mean my ‘It’ or may mean my ‘me’, that has made or allowed this to happen, and towards which ‘I’ feel cross.

To analyse such phrases in this way may appear unduly complicated, but it shows how internal relationships do not have to be connected with feelings towards anyone else, and do not rely on an external person for their promptings. We can just as easily love, hate, criticise or fear parts of ourselves as we can other people. This is the dynamic within the psyche, as well as between us and other people.

These parts of the self are described in different ways in psychodynamic literature. Such descriptions are attempts to make sense of what we experience, although the diversity of terms used, even in the psychoanalytic tradition, does not always lead to clarity. Freud used the terms It, I and Over-I if we are to more accurately translate his Es, Ich and Uber-Ich (rather than the better-known Id, Ego and Super-ego). These meta-psychological concepts illustrate his ‘map’ of the internal relations within the psyche (Jacobs, 2003: 61–4). Jung used rather more graphic terms, including the

persona, the shadow, anima and animus, painting a quite distinct picture of the different aspects that go to make up the whole person or the Self (E. Fordham, 1953; Samuels, 1985). Winnicott wrote about the True Self and the False Self (Winnicott, 1965: 140–52; see also Jacobs, 1995: 47). Melanie Klein developed the idea of ‘internal objects’ (Segal, 2004: 43–4). Although Transactional Analysis is quite distinct from these psychodynamic theories, it came out of psychoanalysis and has tried to simplify the terms used: it speaks of ‘ego-states’, parent, adult and child (Stewart, 2013). These ego-states do not simply describe a type of parent–child relationship between two people, one dominating for example, but can also be applied to an internal state: ‘your (internal) parent is getting at your (internal) child’.

These internal aspects (or ‘objects’) of the psyche are formed over the long years of a child’s development, as counterparts of the external relationships that predominate in early childhood, principally relating to parent figures. The objects of a child’s feelings or fantasies are both external (the parents as they actually are) and internal (the parents as they are experienced, particularly at times of stress). Sometimes the internal objects also represent the parents we wished we had had, as if we try to recover a time of blissful existence. The images formed in the child’s psyche become internalised objects, indistinguishable parts of the self, yet with an apparent life of their own. These aspects are more than pictures in the memory; they are as alive and as real within the psyche as they actually were at the time they were first experienced.

A psychodynamic approach gives serious attention to the powerful effect of fantasies. A young child ‘thinks’ in an uninformed way, less able than a mature adult to check perceptions against reality. A significant aspect of psychological development comes not simply from the way a mother and father relate to their child, but also from the way in which a child perceives and ‘pictures’ mother and father. Although these early perceptions and rudimentary understandings are gradually modified by the experience of a wider reality, they are never totally lost. Adults can on occasion view the world, or particular people, or even themselves, through the eyes of the child within them. This is especially true at times of stress, when we can be driven back (or to use a psychodynamic term we ‘regress’) to earlier ways of thinking, feeling and behaving (‘infantile’, in a non-pejorative sense). Psychoanalytic theory suggests, for example, that a child’s anger towards a parent can be projected on to the parent, making the parent, who is then internalised, a severe ‘bad object’ in the psyche that can turn on us in a punitive way.

Stronger emphasis can be ascribed to innate factors and predisposition, the nature versus nurture debate, although all psychodynamic theories pay equal attention to the importance of the child's early environment, as it promotes the foundation of later personality strengths or areas of vulnerability. Hence the importance that a psychodynamic counsellor attaches to experiences and feelings from the client's past, that are sometimes imagined but more often real, because they profoundly colour the present.

This description of the meaning of 'psychodynamic' may seem a long way from early Freudian ideas of the child as a bundle of mainly sexual instincts, waiting to be satisfied. Psychoanalysis and other psychodynamic approaches no longer think in terms of a dominant primitive part of us hungrily waiting to be fed, bursting to defecate, or longing to have sexual release. These are certainly moments of our experience, but they in no way represent the whole. Psychodynamic functioning is both more complex and more complete than such a parody. It includes the powerful feelings in relationships, both between people (parent and child, partners, within a family or a group) and between the different aspects of a person's psyche. The term 'relationship' is more significant than might be apparent from reading early Freudian literature, and far more important to modern psychodynamic theory than Freud's instinct or drive theory. The stages of Freud's original developmental scheme (Freud, 1905b), the oral, the anal and the phallic, can be understood as metaphors for a whole number of features attached to, but not unique to, each point of life (see Jacobs and Freshwater, *The Presenting Past*, 2023).

All these factors contribute to the dynamic forces or activities within the psyche, to the internal relationships between different parts of the self, and to the way they can be 'acted out' in relationships with other people. Object relations theory expresses more clearly the way in which psychodynamic thinking has developed, even if the word 'object' at first looks very impersonal. An approximate synonym for 'object relations' is 'personal relationships', the phrase preferred by the American post-Freudian Harry Stack Sullivan. Apart from relationships to whole persons, the psychodynamic therapist and counsellor is therefore concerned to understand the relationships the client has to their internal objects (the internalised aspects of the personality referred to above), to 'part-objects', and to non-human objects. The therapist may detect in their own interactions with the client clues as to how significant these different aspects of relationships are.

Such ideas are admittedly complex, but I introduce them to show how important the 'dynamic' is in the term 'psychodynamic'. I prefer to call

myself 'a psychodynamic therapist' rather than 'a psychoanalytic therapist': 'psychodynamic' describes how the psyche is continuously active, constantly humming with life, with feelings and thoughts, both when we are awake and when we are asleep, even when we are seriously focusing on reading a book: memories are recalled, feelings are aroused, ideas tumble around. I have only scratched the surface here of parts of ourselves that we will never manage to grasp. But it is what makes the task of a psychodynamic counsellor and therapist so enthralling.

The Unconscious

Another term that is one of the principal hypotheses of psychodynamic work is the concept of 'the unconscious'. Freud distinguished between mental activity that is conscious, what we are currently thinking and feeling; the preconscious, that which is not conscious but easily becomes so, such as a memory of a fact, a feeling or an event that is readily recalled; and the unconscious, which Freud describes as 'mental processes or mental material which have no easy access to consciousness, but which must be inferred, discovered and translated into conscious form' (Freud, 1940: 20; Jacobs, 2003: 34–6).

The term is not original. It was a concept current in some of the literature and philosophy of his day (see Edwards and Jacobs, 2003 for a full examination of the term in psychoanalysis and in other models). Freud gave more substance to the term, because he illustrated that what we might call unconscious thoughts and feelings are very significant for understanding features of daily life, as well as psychological distress. It was using hypnosis that first alerted Freud to the influence of the unconscious, since he found that certain memories seemed accessible only to this form of suggestion. Freud stopped using hypnosis when he realised that it was not as effective in the long term as talking therapy, and it has never been part of psychodynamic practice since. Nevertheless current uses of hypnosis, whether used therapeutically or for rather dubious entertainment, still demonstrate the way in which mind and body can be influenced during and even some time after an hypnotic experience, and how controlling the unconscious can be.

The problem is that the unconscious contains memories, thoughts and feelings of which, by definition, we are not conscious. In itself the unconscious is therefore unknowable. One aim of the psychoanalytic approach

is to help bring to consciousness that of which we are unaware, but which may be causing different reactions, of which we are aware. Some memories readily come to mind, ready to spring into consciousness given a prompt: what is/was your mother's middle name? Most of us will recall that fairly easily as long as we once knew it. This suggests Freud's distinction between the pre-conscious and the unconscious is a useful one. But some memories, and some thoughts and feelings in the present, are more difficult to access, and to remember them or recognise them is unpleasant, making us feel uncomfortable, guilty, ashamed or frightened. Sometimes we may remember events and situations fairly accurately but cannot remember how we felt at the time. What this suggests, is that when we do not want to remember what happened, or how we felt, or do not want to acknowledge even to ourselves what we are currently thinking or feeling, we 'repress' (to use a psychodynamic term) that which we do not want to admit to consciousness. But the thing is this: we do not even know we have repressed the unacceptable; we forget that we have even forgotten.

Repression is something we do unconsciously, whereas, to introduce yet another term, we can sometimes 'suppress' a thought or feeling: we do not want to go there, so we force ourselves to think or say something different. Or we do not want to tell the counsellor because we are anxious about what the counsellor will make of it. But we know we have experienced it. Knowing that clients suppress what they actually think and feel is as important in psychodynamic counselling as helping the unconscious to become conscious.

To illustrate this, I will jump to a much later session with Hannah, when she was recalling the time when she and her grandfather were evicted from their home. I had suggested she might tell me precisely what happened. She spoke in a rather matter-of-fact way, telling me what occurred, but not speaking about any feelings she had at the time. She said she had felt very sad, but she did not show her grandfather how she felt, because she did not want to upset him (as she was also not wanting to show me). She had suppressed her sadness. As she spoke and recalled that it was her grandfather's behaviour that was responsible for their eviction, I could see from her gestures and hear in the tone of her voice that she was actually very angry with him; and she recognised that indeed she should have felt very angry with him at the time. When she caught a glimpse of her anger, she said, 'I never realised that's how I felt.' Her sadness at the time was *suppressed* – unexpressed but not forgotten; her anger was *repressed* – not only unexpressed but also forgotten. I had said nothing, although had she not seen it for herself I might have offered my

observations to her. She might of course then have denied it: it is always more convincing to a client when they see something for themselves. Nevertheless, given the time constraints of short-term work or once-weekly sessions, it is sometimes better for a counsellor or therapist to share what they observe or detect in a client, which they think the client may not be aware of, if the evidence is sufficiently clear and they think the client could consider it. The therapist is an observer, trying to pick up what the client has not yet recognised, and reflecting it back to the client in an acceptable way. (See Chapter 5 for further explanation of working with a client's natural defensiveness.)

There is no need to unduly mystify the term 'unconscious'. It is a useful shorthand term, a metaphor for that side of ourselves that is hidden from us because the thinking and feeling attached to some experiences are too threatening or too painful for us to acknowledge.

Different Layers of Understanding

Many books have been written in which these and other psychodynamic concepts are discussed, and in which attempts are made to structure a psychodynamic understanding of personal development and of the internal relationships within the psyche. It needs to be stressed that the raw material from which such theories are developed normally comes from the practice of psychotherapy and counselling. Indeed, some psychologists and other critics observe that the weakness of psychoanalytic theories is that they are based too much upon individual practice, and not on extensive research using greater numbers of people. For myself, that is its strength, because I have always learned, from the experience of directly working with many people, about the many different ways in which they think and feel and react to the various situations in their lives.

For a psychodynamic counsellor, psychoanalytic theories provide signposts. They act as rough maps that serve as guides through the often bewildering territory into which the counsellor is led. The primary purpose in psychodynamic counselling is: first, to help clients to make sense of the current situations, which they often introduce at the first session; second, to encourage the expression of feelings and thoughts evoked by those situations; and then third, where possible, to think about memories that might be associated with their present experience, some of which spring readily to mind, and other memories which may rise to consciousness as the counselling develops. In addition to memories (which are not always

precise or accurate) a psychodynamic therapist is interested in exploring fantasies and dreams, past and present. What marks out a psychodynamic approach is the identification of links between present feelings and fantasies and past experiences with their associated feelings and fantasies. This is not an intellectual exercise, not acting like a psychic detective, but gradually building up a picture (some call it an interpretation, although Freud called it a construction) of the way the past and the present link in a powerful way, affecting our present thoughts, feelings, fears and desires, and above all our relationships. As later chapters will show, this is often linked to the way the client and counsellor themselves relate. Inevitably, psychodynamic counselling is sometimes shorn of the luxury of time which longer-term psychodynamic therapy permits, and so only concentrates on a segment of the complete picture. But short-term, focused psychodynamic counselling, with concentration on a particular focus, can be equally therapeutic (see Mander, 2000; Coren, 2009; Garrett, 2010).

Hannah's Opening Question

I return now to that extract from Hannah's first session with me, to illustrate the way psychodynamic counselling approaches her apparently straightforward question: 'Are you a psychoanalyst?' The question can be understood in a number of different ways, and hence it could be addressed in different ways. I could have assumed Hannah wanted a factual answer, and just said 'No, I'm not.' Some might say that in a first session I should have answered it, said that I am a psychodynamic therapist and explained how I work. I do not favour such an approach unless the client asks specifically what my orientation is. Even then I would probably ask whether that mattered. I might have assumed that Hannah was training on a psychotherapy course and was required to experience psychoanalytic psychotherapy. I could then have asked whether that was what she was looking for in a therapist. Or I could have asked 'Why do you ask?', to clarify what kind of answer she was looking for, although I try to avoid 'why' questions.

Counsellors in other modalities would have picked up, as I did, the rather attacking way she asked the question. They might have asked how she was feeling about coming to counselling. That is not an unreasonable response, but as a psychodynamic therapist I am interested not just in feelings, but in meanings, that is in the way a client thinks as well as feels. What did her question mean? It could have meant any of the possibilities I suggest here, and more. That is why I ask her 'What does "psychoanalyst" mean to you?'

And her answer was potentially revealing. She was concerned that if I were a psychoanalyst this would mean that sex was going to be the main focus of our work together. This may have meant that she was unsure of talking about sex. Because she is a woman and I (the counsellor) am a man, she might find it difficult to talk about such intimate matters. Or she might (though her manner suggested not) have wanted to talk about sex. She added that she had had enough of that, that is, enough of sex. And what did that mean? I did not ask, because that would be treading on her sensibilities about sex too much at such an early stage. She was warning me that this was a subject she was not readily going to talk about. I noted that, stored it away in my memory – remembering is really important for a psychodynamic counsellor, because I often have to wait to see exactly how significant these apparently throw-away remarks are. So I wondered to myself: was it that she was worried in case I was like some other man who had been too pushy about sex, or had even abused her?

I did not know, but I knew from experience that a client's first words can be a pointer to an underlying issue, and that a first session would probably contain all that I needed to know, if only I knew what it was! Many a time I have looked back to my notes on an opening session, much later in the therapy, and seen for the first time what I now knew but did not recognise then. Those opening words were actually hints that Hannah was presenting me with an important aspect of her current problems, whatever they might be. That is the reason why, apart from showing a client where to sit and trying to convey a welcome in my manner and facial expression, my first action is simply with an open gesture of my hand to invite the client to speak.

It is this way of approaching what clients say (and sometimes do not say) that contributes to the core of psychodynamic counselling and therapy: how they say things; how they sit; how they respond verbally and non-verbally; how they feel now and what they felt then as they talk about what has happened to them; what they thought then and what they are thinking now; and any of the possible meanings of what they are presenting in the session – this is psychodynamic counselling in action. The opening moments of the first session with Hannah presented a number of possibilities, which I stored away in my mind until such time as there was some confirmation of the significance of any of them. This led me to consider other questions about her present and past relationships and previous and present experiences, but I was not going to ask those yet. I hoped that in due course Hannah would tell me without me having to ask. I might ask more when the opportunity arose: What had happened in Hannah's past and what was happening now? What had she experienced or was she

experiencing, both in reality and in her perception of reality? These were all pertinent questions, even though at this stage I had no idea of whether or not such history would turn out to be relevant, or how it might relate to her present problems.

The two case histories that run throughout this book provide examples of the significance of a client's history, and illustrate the interaction of the past and present, including the way history is repeated in the relationship between the client and the counsellor.

The Counselling Relationship

I have referred so far to the external world and the inner world, to the conscious and the unconscious, to the apparent meaning and deeper meaning, the past and the present, and the dynamic between these different aspects of the one person. A psychodynamic approach believes there are constant links between external and inner 'worlds', between relationships to others and the internal relationships within the psyche, between past and present experience. Equally, there are always subtle links of one kind or another between what a client describes in their experience 'out there' – that is, outside the counselling session – and what might be happening in the relationship between counsellor and client. Sometimes these links are noticeable: psychodynamic counselling concurs with many other counselling methods in that in the immediacy of the counselling situation there are sometimes obvious signs of the way the client relates and responds to others outside the counselling relationship, because they are apparent in the counselling room too. At other times they are not so obvious. Hannah demonstrated this when she talked about not really wanting to see a man, hinting at the possibility, but it had yet to be confirmed, that she might find difficulty relating openly or trustingly to me and to other men.

It has been well demonstrated that perhaps the most important factor in any talking therapy is the relationship with the therapist – meaning by this the manner and attitude of the therapist towards the client, how safe the client feels with the counsellor, and the model of good relating evident in their work together. I want to foreground this and emphasise that it is essential in psychodynamic counselling as well. I fully support the core conditions that form the basis of person-centred counselling, congruence, unconditional positive regard, and deep empathic understanding. As Peter Lomas says, too many therapists (and here he means psychoanalytic therapists) are too modest to claim that the client is helped by 'my

warmth, integrity, courage, strength, sensitivity, realism, honesty', instead saying it is the technique that is most important (Lomas, 1973: 135). But note, he does not simply refer to warmth and sensitivity. I have myself written, with the humanistic and integrative therapist John Rowan, about the authentic therapist (Rowan and Jacobs, 2002).

But just as person-centred therapy involves a lot more than the core conditions, so too psychodynamic counselling involves a lot more than creating and sustaining a good relationship. For myself, practising as a psychodynamic therapist, I regard the core conditions as necessary but not sufficient. Psychodynamic therapy and counselling pays particular attention to two aspects of the therapeutic relationship, to what are known formally as transference and counter-transference. I discuss these and other aspects of the counsellor–client relationship in Chapter 6. To my mind, there is too much mystification of transference, which is now widely recognised as a common feature of relationships, particularly in those relationships that are close or involve authority and power issues. How to recognise transference and counter-transference is not always straightforward. What I want to stress here is that from the very beginning, how Hannah relates to me and I to her are to the forefront of my mind. We may both be anxious – her probably more than me, although her opening question has thrown me and made me particularly careful in how I respond to her. I need to try to create the beginnings of a relationship where she can trust me. But however much she might begin to trust me, that concern about working with a man remains an issue.

Transference and counter-transference do not simply occur in psychoanalytic and psychodynamic therapy. As a supervisor of counsellors and therapists of different persuasions I have seen how transference and counter-transference pervade all counselling relationships, without having to be made explicit. Counsellors rightly stress the necessity of unconditional regard – the ability to accept others, whatever they say or do, without preconditions. Viewed psychodynamically, this quality in the counsellor means that a client can begin to experience the counselling relationship as one that repeats the best aspects of a good parent–child relationship. Understood from a psychodynamic perspective, this is known as a positive transference relationship between counsellor and client. Where a client feels suspicious or hostile to a counsellor from the outset, this is known as a negative transference. For the most part a positive transference calls for little or no comment. If, however, a client's previous experience of parents, teachers, even of other therapists, has led to distrust and defensiveness, this negative

transference needs, over time, to be understood and worked through, partly through a different experience with the counsellor; but (and this would be an important part of a psychodynamic approach) through identifying a pattern which is likely to intrude on other relationships outside counselling as well.

There are important differences between the type of counselling which attempts to provide a positive corrective experience for the client through the attitudes of the counsellor and the more deliberate use of what I think is rather misleadingly called 'the transference relationship'. It is misleading because transference to the counsellor is only one part of it, as I explain further in Chapter 6. A psychodynamic counsellor will seek to identify and discuss feelings in the client transferred from other relationships, and work with the client to understand them. For example, with Hannah I suggested to her that she was afraid that, like Freud, I would be interested only in sex. I thought that she had a perception of Freud that she had transferred on to psychoanalysis as a whole, and on to me as a counsellor in particular. It was far too early for me to want to look for an explanation of this, or of her anxiety; but I stored away in my mind the possibility that she might be transferring on to Freud, about whom she probably knew only from stereotypical opinions, and on to me as a putative representative of Freud, some past experience of feeling a man's salacious sexual interest in her. The reader will have to wait, as I myself did, to see whether there were indeed any grounds for such a hypothesis.

The Repetition of Failure

There is a further important aspect to the idea of the negative transference, which makes a psychodynamic view of the role of the counsellor rather different from many other counselling approaches. It is not just trying to detoxify a client's negative transference towards the therapist, but to recognise that this has therapeutic value in another way. Providing a corrective experience of how well a relationship might work is of course important. If this can be internalised, so that a client can relate to themselves more positively as well, this is a bonus. Yet a positive transference can be frustrating, and the more positive and idealised it is the more frustrating, because a therapist is not available outside the counselling session, in the week between appointments, or beyond the time when counselling must come to an end (which in these days of pressure of counselling services is sooner rather than later). It is

impossible for a counsellor to be the constant good and loving parent-figure the client might have wished for. The counsellor will also *inevitably* repeat the failures and shortcomings of those people whom the client has known and suffered from – from childhood into adult relationships. '[The therapist] can never make up to clients for what they have suffered in the past, but what he [*sic*] can do is to repeat the failure to love them enough ... and then share with them and help them work through their feelings about his failure' (Winnicott, quoted in Malan, 1979: 141).

Counselling can at times involve as much disappointment for the client as it does satisfaction. Counsellors are not miracle workers. A counsellor does not usually provide clear guidance and advice, which the client might initially expect. The counsellor cannot be a friend or an intimate partner in the way that a client may sometimes wish. In these and so many other ways, the counsellor, simply by acting as a counsellor should, repeats some of the negative experiences that still influence the present; including the frustration in past experiences, perhaps even in present relationships. While some problems are caused by obvious, deliberate and traumatic maltreatment on the part of parents and others, all too often the 'failure' of relationships occurs in what is *not* done as much as by what is done. This includes the unavoidable failure of the parent to be the ideal figure whom the child somewhat unrealistically wished for, or the idealised partner whom a person unrealistically believes to exist. An internalised parent figure goes on being mourned, or even punished, in the child's inner world. Psychodynamic theory also takes account of the power of these fantasies to distort perceptions and relationships.

An example of this failure on the part of the counsellor occurs in the opening moments with Hannah. She had wanted a woman for her counsellor. I drew attention to the fact that she found herself talking to a man, wondering whether she might respond, either by expressing her negative feelings about me being a man or, alternatively, by saying what talking to a woman would have meant for her. Again, we have to wait and see whether this disappointment meant more to Hannah than she had so far voiced and, if so, what that disappointment signified.

One way in which the counsellor may fail a client is through the ending of sessions and the conclusion of counselling itself, because despite what a therapist may give, they can never give enough. That failure is felt in a variety of ways: some clients feel let down through not having achieved as much as they had initially hoped for; others feel rejected by the counsellor; some feel angry, others sad, a few even feel glad to get away. I look at

endings in Chapter 7, but here draw attention to a further central feature of psychodynamic therapy and counselling, which is the emphasis on working with ending and working with loss, including loss of the counsellor. Although the brevity of some counselling contracts does not allow most clients to become accustomed to a regular weekly opportunity to be with a counsellor, even short-term counselling promises some hope to a new client, who may expect that more can be achieved than is actually possible. Whether counselling is short-term or long-term, appointments last for less than an hour, there are breaks in its continuity at holiday time, occasional alterations because of illness or other exigencies, and at some point there has to be an end to the work together. These breaks and endings repeat the limitations and losses which everyone experiences throughout life, but which were felt more acutely in early childhood. They therefore provide opportunities for clients to work through early frustrations as well as losses in the 'here-and-now' in the relationship between client and counsellor.

Using Defences and Resistance

Another major focus in psychodynamic therapy and counselling is understanding and working with defensiveness, which can take the form of resistance to aspects of the counselling process. Resistance is another term used in psychoanalysis. It describes different ways that a client may consciously or unconsciously adopt when they cannot talk freely, or cannot acknowledge thoughts and feelings, because they are afraid of what they might say or feel and of the counsellor's reaction. It is closely linked to the concept of defences, natural ways in which we defend *ourselves* against acknowledging painful, shameful, unacceptable thoughts and feelings.

Counselling and psychotherapy require time to be effective (although it is surprising how much can be achieved in a short contract especially where the counsellor is experienced). The process cannot be hurried, although in short-term work it can be actively focused. Clients have to work at their own pace. It takes time for the strength of defences to be recognised. However much clients want to change, or wish things could change, at the same time they can be anxious about what they will learn about themselves in the process, or what may happen if they alter ways of being, relating or acting.

Hannah showed a hint of a possible resistance when she mentioned having had 'enough of that sort of thing', with reference to sex. She was making it

clear that I might get metaphorically slapped down if I explored that particular subject. What distinguishes the psychodynamic approach is the recognition that resistance has to be handled by understanding the *reasons* for such defensiveness. The counsellor is as interested in understanding the defence as in anything that the client might be defending against. Only the client can withdraw the resistance, although a skilful and sensitive helper tries to help the client understand the reasons for their resistance. Resistance renders the results of short-term work less penetrating than might be the case in longer psychotherapy. I discuss this issue further in Chapter 5.

A 'Rule' for the Counsellor and a 'Rule' for the Client

By deliberately holding back at points when in normal social conversation they would usually say more, nearly all counsellors encourage clients to follow their own agenda and to explore their feelings, thoughts and fantasies. Such holding back on the part of the counsellor is known in psychodynamic work as the 'rule of abstinence'. It does not mean total silence, nor does it mean presenting an impersonal blank screen; but it does involve being careful not to intrude upon what the client is trying to express. The counsellor's abstinence can give rise to negative feelings in the client, who may see in the counsellor's withholding the same failure to provide good enough care that they could have experienced from parents as a child. With some clients it is necessary to prompt rather more in early sessions than a counsellor would wish, but always with the aim of trying to encourage the client to take the initiative, as well as to tolerate moments of silence.

This attitude on the part of the counsellor or therapist complements another feature of psychodynamic practice: the rule of 'free association'. Freud asked his patients to express 'everything that comes into his head' (Freud, 1940: 407). Freud tells us he put it this way:

You will notice that during your narrative a number of thoughts will occur to you, which you would like to reject because of certain critical objections. You will be tempted to say that this does not fit in here, or it's completely unimportant, or it's pointless, therefore you don't need to say it. Don't give in to this criticism, but say it anyway.

(Freud, 1913/2002: 56)

Most counsellors prefer to encourage this freedom of expression, without laying it down as a rule, since this might only serve to increase a client's anxiety or resistance. The reason for this 'fundamental rule' (as Freud called it), and the 'rule of abstinence' on the part of the counsellor, is to encourage the client, to put it simply, 'let things slip out': not just the feelings behind the words, nor just the facts about a situation, but all the apparently insignificant details as well, since such a free flow provides the opportunity for further understanding of the client's fears and fantasies. Free association on the part of the client, and a similar freedom to allow thoughts and feelings to come to mind on the part of the therapist (known as free-floating attention), distinguishes the psychodynamic approach from those modalities where the counsellor takes a much more active role.

There is an early example of the use of this rule of abstinence in the opening of the 'conversation' with Hannah. When she asked me, 'Are you a psychoanalyst?' I did not initially answer her question, as I might in any other conversation. I wanted to know what the term meant to her, because I wanted to discern the possible fears and fantasies she might have about coming to see me. Her reply furnished some initial possibilities for thinking about her internal world and her past and present relationships.

I use the term 'rule' because that is the way Freud describes it. But it is a rule that is neither rigid nor immutable, and it is, as Hamlet says, 'more honoured in the breach than the observance'. It is an ideal at which we always aim. Psychodynamic counselling is not to be characterised, as Mearns and Thorne (2013: 23) mistakenly think, as obsessed with structures and boundaries. Psychodynamic counselling is not about techniques or theories: if it sometimes appears as if these are central, it is only because they are an aid to encourage the development of a framework within which each counsellor can work thoughtfully with each individual client. There are times when rules cease to be helpful. Techniques need to be adapted to each situation. Theories are always open to adjustment and change.

But to return to Hannah, the reader will have noticed that I did answer Hannah's question, but not immediately. I wanted to ease her anxiety, and I had gained enough from my initial abstaining from answering her question to be able to tell Hannah that I was not an analyst. Indeed, it was important not to mislead her into thinking that I was other than I am. To abstain further would have laid claim to a false status, and I am not into that.

Psychodynamic Counselling and Psychoanalysis

Hannah's question to me about whether I was a psychoanalyst had led me to explain that I am not a psychoanalyst. I do not particularly want to tell her that I am a psychodynamic therapist and counsellor, since these distinctions really do not matter outside our professional rivalries and our need to define ourselves as therapists against each other, as well as for registration purposes. I am clear that counselling is not psychoanalysis, nor is it long-term psychotherapy. Psychodynamic counselling has many resemblances to psychodynamic psychotherapy, and where the contract becomes at all extended, and where the work becomes focused on the interpenetration of past and present and the nature of the therapeutic relationship, then the two terms are to my mind interchangeable. There are interesting questions about differences, but they are not easily resolved, as demonstrated by the process of discussion between six counselling and psychotherapy bodies, and the ScoPed agreement, eventually finalised in 2022.

My reader is perhaps someone starting training as a psychodynamic practitioner, and probably as a counsellor rather than as a psychotherapist. Some may go on to train as a psychodynamic or psychoanalytic therapist. Counselling courses where there is a high level of expertise in supervisors, or counselling agencies that draw upon experienced therapists as supervisors, can produce counsellors who are as effective as any registered psychotherapist. But inevitably those who are trained as counsellors find that as they gain more experience and add to their initial training, they are functioning as much as a psychotherapist as a counsellor. They take on clients whom they would have felt ill at ease with when they started their practice. They may undertake long-term work rather than the short-term therapy that their first placements offered.

What interests me more than the labels we use to describe ourselves is our capacity to develop more understanding and insight, to learn more about theories of personality development, about research methods, about the fine-tuning of assessment skills and of evaluations of effectiveness. The development of an internal supervisor; a greater capacity to contain anxiety, and an honesty that means we can learn from mistakes as well as feeling more at ease with not knowing the answers: these are all qualities that a practitioner aims to acquire through ongoing personal and professional experience.

There are certainly adaptations that have to be made in order to use the psychodynamic approach in counselling, where, on the whole, contracts

are shorter and assume a significance that is not so apparent in long-term therapy, where there may be no definite time limit. I discuss contracts further in Chapter 4 (see also my chapter in Sills, 2006). Working once a week with a person, rather than several times a week, puts some limits on the type of client who can be seen, although experienced psychodynamic counsellors often see clients who are as damaged as any seen by psychotherapists. I examine the question of suitable clients in Chapter 3. Aims in brief counselling are necessarily more limited. Finding a focus for the counsellor's attention, and even for the client's goals, may sometimes be desirable, given the mass of information which some clients produce. There is a sense in which a counsellor has to think more quickly, while at the same time maintaining the right pace for the client, because the opportunities for accurate and helpful interventions are much reduced. Psychodynamic counselling involves adaptation of the psychoanalytic method, while maintaining awareness of how complex both the process of therapy and the workings of the human personality are. However perceptive the insight of client and counsellor change is nearly always slow. Despite the limited objectives of the counsellor, the careful application of the psychodynamic method helps significant shifts in perception to take place. The psychodynamic approach, which the counsellor shows in action in their work with the client, becomes internalised by the client in the way they begin to think about themselves, as the process becomes another of the internalised objects in the client's psyche.

Such is the influence of psychoanalytic theory on Western culture that the psychodynamic approach is not as strange as it might appear in cold print. In this chapter the main distinguishing features of psychodynamic counselling, modelled as it is on longer-term psychotherapy, have been introduced. These are: the interrelationship of external and internal worlds, regression under stress, object relations, the unconscious, the significance of the past and its repetition in the present, the relationship between client and counsellor, the value of failure on the part of the therapist, the use of endings, the importance of understanding resistance, and the value of free association. Later chapters show these various features in action.

Although some of the terms I have used are specific to psychoanalytic and to psychodynamic therapy, my guess is that counsellors of different theoretical persuasions already use some of these ideas and have this understanding, without knowing that they are also part of psychoanalytic and psychodynamic therapy and counselling. While it is important that what I concentrate upon in these chapters is distinctive, I want to stress that

certain basic approaches are common to different methods of counselling and are equally important in psychodynamic work. Some of these basic ways in which counsellors work are also seen in the development of Freud's own approach to listening, when he moved away from more directive and questioning methods into hearing what his patients were wanting to tell him. Early in his practice one of his patients 'said in a rather sullen tone that I should not always ask her where such and such a thing came from, but should let her tell me what she had to say. I agree to this' (Freud and Breuer, 1895/2004: 64).

If there is much in which the different counselling approaches share, it follows that my psychodynamic approach in counselling Hannah that I describe in the chapters that follow is bound to include responses and ideas with which other counsellors will concur, as well as features which are more distinct. It is my hope that what is common to various forms of counselling in action will help the reader feel more at ease than Hannah did at our initial meeting; and that anything which turns out to be unique to psychodynamic counselling, and therefore perhaps new to the reader, will help expand the range of possibilities open to the counsellor.

Further Reading

All books and articles in these sections on Further Reading are listed in full in the References at the end of this book.

I am aware that this book is essentially a primer for training in psychodynamic counselling – and in some cases in psychodynamic psychotherapy. It does not engage directly with the variety of theoretical approaches within psychoanalytic thinking, all of which can inform the thinking and practice of a psychodynamic counsellor or therapist. Here, I point to some reading that provides a way into learning more about the ideas of some of the key figures in psychoanalysis. I also refer to various resources in the Afterword.

Psychoanalysis was initially developed by Freud, whose writing still has much to offer. I continually go back to Freud to read what he wrote, since he is often misrepresented. He was not always right in his explanations, but his observations are perceptive, and his humanity and humour shine through his work. Start perhaps with the case studies of Katharina and of Fräulein Elisabeth von R. in his *Studies in Hysteria* (the Penguin Modern Classics translation is particularly good; Freud and Breuer, 1895/2004), in each case reading as far as 'Critical Analysis'. And then turn to his *Introductory Lectures on*

Psychoanalysis (1916). For an overview of Freud's life, theories, practice and influence, see my own *Sigmund Freud* (Jacobs, 2003).

If you are interested in Jungian analysis, then Ann Casement, *Carl Gustav Jung* (2001), is a good first step, and Andrew Samuels, *Jung and the Post-Jungians* (1985), is an excellent discussion of Jungian theory, translating much of the metapsychology in Jungian theory. My own position is more within the British psychoanalytic 'schools', of which there are three: the Freudians, taking their lead from Freud and his daughter Anna Freud (see her *Selected Writings* (2015)); the Kleinians, taking their lead from Melanie Klein, but with many prominent post-Kleinians (start with Julia Segal's *Melanie Klein* (2004)); and an independent group including such people as John Bowlby, and D.W. Winnicott (see my own *D.W. Winnicott* (1995)). For succinct accounts of the many leading figures in the independent tradition, see Eric Rayner, *The Independent Mind in Psychoanalysis* (1990), or G. Kohon, *The British School of Psychoanalysis: The Independent Tradition* (1986).

A huge influence on me, since he was my own therapist, is Eric Rayner's *Human Development: An Introduction to the Psychodynamics of Growth, Maturity and Ageing* (2005), which is another indispensable text. An excellent introduction to the theories that lie behind psychodynamic practice is Juliet Higdon's *Psychodynamic Theory for Therapeutic Practice* (2012). My own *The Presenting Past* (Jacobs and Freshwater, 2023) illustrates how much of this strong psychoanalytic tradition applies to the understanding of how and what clients present in therapy. Also valuable is Josephine Klein's *Our Need for Others and its Roots in Infancy* (1987). For those more independently minded, Peter Lomas has been a strong influence on my practice (see his *True and False Experience*, 1973).

There is an equally rich American psychoanalytic scene. There are post-Freudians such as Erik Erikson, and neo-Freudians such as Erich Fromm (e.g. *Fear of Freedom*, 2001). Since the 1970s there have been major contributions from Heinz Kohut on the psychology of the self (A.M. Siegel, *Heinz Kohut and the Psychology of the Self*, 1996), and Otto Kernberg on narcissism (*Love Relations*, 1995). A psychodynamic counsellor or therapist has a wonderful treasury of texts and ideas to draw upon. For those who have access to it, perhaps through a university library (since it is expensive to subscribe to individually), the most comprehensive database of psychoanalytic literature is available online from Psychoanalytic Electronic Publishing, which in 2023 had the complete text of the premier psychoanalytic journals with over 144,000 articles, 100 classic psychoanalytic books including the complete works of Sigmund Freud, and more than 100 videos (www.pep-web.org).

Exercises

1. Consider and where possible discuss with another or others the following quotation:

What, then, we can ask, is me? Me consists of a number of me's and I can make the mistake of identifying myself entirely with only one of them. There is, first of all, the me I put on for the benefit of other people. Then there is the me I put on for my own benefit. Then there is the me I have locked away out of sight (my own sight) in a dark cupboard because it is too painful to look at, since it is a me damaged and made ugly by the adverse chances of life. But this me, locked out of sight though he may be, can still exercise a malign influence on the me's I put on for my own benefit and that of others. (Williams, 1982: 353)

2. A psychodynamic perspective believes that just as relationships are important to a person, so also is the way a person relates internally to the different parts that go to make up what can be called 'my self'. On your own, or with another or others, write down as many expressions as you can think of which illustrate the different aspects of 'self'. For example:

I don't know what came over me.
I wasn't myself.
I was so angry with myself.
I put on a good face.
I am my old self again.

3. Different psychodynamic theories refer to various parts of the self, often using technical terms. For example:

Freud: ego/id/super-ego [or I/It/over-I]
Jung: ego/persona/shadow/Self
Klein: the good internal object/the persecutory internal object
Berne/TA: parent/adult/child ego states
Winnicott: false self/true self
Fairbairn: central experiencing ego/libidinal ego/anti-libidinal ego

As far as you understand these terms, do any of them fit the phrases you have written down?

4. Is there a real you?
5. Do you recognise an inner self, which is at all distinct from all the external influences upon you throughout your life? If discussing this with others, you do not have to go into your innermost secrets, but think together about the idea of there being a dynamic relationship between the different parts of yourself.