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About the Author

Michael Jacobs was for many years director of the counselling and psychotherapy programme at the University of Leicester. He has written or edited some 60 books, including *Sigmund Freud* (SAGE, 2nd edition, 2003) and *D.W. Winnicott* (SAGE, 1995). Now retired, he is a visiting professor at Bournemouth University and still teaches occasionally in different parts of the country.

Foreword

It was the unique contribution of Freud to show that psychological conflicts unresponsive to reason or reassurance had to be understood as the products of unconscious motives and feelings. As others took up his ideas, they invariably encountered a puzzling phenomenon. Despite even desperate needs to be free of distress, those who began to explore their inner worlds soon wanted to give up the endeavour. There would ensue, for instance, an illusory sense of well-being or a negativity to the therapist and his work. Understanding the origins of this resistance, and how it could be overcome, thus became a crucial feature in the training of those who sought to relieve painful conflicts in others. Indeed, without this training, it can be said that little or no effective change can be achieved.

Freud's contribution has been developed by many thinkers, both those adopting his basic assumptions and others who have followed lines that were in some measure independent. Thus the field of knowledge is today a very wide one, usually referred to as 'psychodynamic', to give it a broader connotation than that of 'psychoanalytic'. Michael Jacobs gives in this book an outstandingly valuable account of the counselling process when this is informed by psychodynamic understanding. From his wide-ranging studies he gives well-balanced sensitive appraisals with the result that he shows in a clear and attractive way how it is applied in practice. He dispels naive expectations of psychological conflicts being overcome with little effort.

Nevertheless, he brings out from the progressive nature of the process of understanding one's self, the substantial gains that may be made within feasible periods, gains that permit a more satisfying life and which can go on being added to if the individual wishes. He also does the important service of banishing unrealistic expectations that this process can be administered to a passive subject. Instead, the individual embarking on this task shares the responsibility for his own self-development in a partnership with his counsellor. It is an investment in potential resources that can bring a valuable return in the whole sense of being.

A common difficulty for writers in this field is to safeguard the identity of their clients. Michael Jacobs makes brilliant use here of a novel solution. He takes some emotional stresses of ordinary people as described from the acute observations of human nature of one of our great writers – Charles Dickens. From these, he fashions imaginary 'case histories' that are remarkably convincing as samples of the real thing. Readers

who want to improve their counselling skills will be amply rewarded, as will those who wish to learn what counselling involves. For all, there will be a deeper understanding of human nature and an enriched appreciation of the great literature devoted to that aim.

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Preface to the Fifth Edition

It is nearly thirty years since the first edition of this book was published. In its different editions it has sold thousands of copies, as I come to revise it for a fifth edition. Although I have said it before, I am now of an age when I suspect that this could be the last time I will revise the book. As usual in the preparation of a new edition, the publishers have sounded opinion as to what might usefully be changed. Comments on some difficulty with the chapter previously subtitled 'Depth and Defensiveness' have made me rewrite that chapter – still with much of the same material, but rearranged and simplified somewhat in order to stress the value of defences and to soften what I now think was an undue emphasis on confrontation. I have also reworked sections on the therapeutic relationship, reflecting, I think, the way in which I work, and the way many of my supervisees work, with less emphasis on the transference, at least as it has been traditionally defined, and with more attention to the different forms the therapeutic relationship, and indeed transference itself, takes. In the process of reading through the text, I also realised that my style had somewhat changed over the years, both as a writer but also as a therapist, and this is reflected in rewording a large number of passages, while retaining the substance of the original.

One of the requests that has been expressed for additions to the book is for me to outline research into the efficacy of psychodynamic counselling. I realise only too well that this is, and has been for some time, a particular need when commissioning and funding counselling services. This has, however, never really been an area that interests me. The outcomes that matter to me are those that matter to my clients, and I have seen many good things happen. I have never wished to proclaim this to the wider world. I have never sought to measure this. Although I applaud (as long as the research does not interfere with the therapeutic process) those who try to measure outcome, and although I know that someone has to do it, I find little of interest in it, except to confirm what I already know through years of experience, with hundreds of clients. What I know is the value of the work in which I and many other psychodynamic counsellors and therapists engage – as indeed is the case with the many counsellors and therapists of different modalities. I value above all the talking therapies. I despise (yes, despise) the rivalry that sometimes occurs between the modalities, and I hope that too is reflected in my acknowledgement in the text that the psychodynamic approach is not unique, and that if sometimes it has influenced other modalities for good, and been influenced by them, it has also shared the value of many aspects of practice, sometimes given different names, but very much the same thing.

Nor do I think many of my readers are ultimately interested in proving through research the efficacy of this particular approach above the other talking therapies. It is just that a psychodynamic approach suits me and often suits them. It holds so much of interest to the enquiring mind, looking not just at symptoms and results, but at the ways we think, the ways we feel, the ways we relate, and particularly the relationship between what this book describes early on as the inner world and the outer world. If the reader (or the teacher using this text) wants more on research, then consult those who know: for example, in a much-cited article in *American Psychologist* in 2010 (available in full on the internet), Jonathan Shedler's meta-analysis of research into psychodynamic therapy showed the outcomes for psychodynamic therapies are as large as other treatments that are evidence-based, that the benefits of psychodynamic therapy are lasting and extend beyond remission of symptoms, and that the benefits often increase after psychodynamic therapy has ended (Shedler, 2010: 90–109). BACP has a web page on research in counselling and psychotherapy, summarising the results of different studies. Jessica Yateley and Peter Hobson summarise research into psychodynamic psychotherapy on the Royal College of Psychiatry website, last updated in 2013 (search under their surnames and 'evidence'). Mick Cooper refers to several other studies showing the efficacy of short-term psychodynamic psychotherapy (Cooper, 2008: 2164–6), and observes that overuse of transference interpretations is contraindicated by research. Much depends on what is meant by transference interpretations, since the term is often misused, as I discuss in Chapter 6. But if it means what I would call the 'pure' form of transference, almost to the exclusion of other aspects of the relationship, I can understand why the research shows that. My position, as the reader will see in that chapter, is that the various elements of the therapeutic relationship cohere and interpenetrate, and all are equally important. There will always be arguments about the validity of different research methods, and about the relative efficacy of short-term and long-term psychodynamic and psychoanalytic therapy, which I leave to those who know best. I only know what I know and which this book illustrates.

When the book was first published I explained my reasons for choosing to describe two fictional characters. Given my editor's brief at the time – to write about the psychodynamic approach to counselling from start to finish – it seemed right to take the reader through two cases from beginning to end. This presented difficulties. Whereas case vignettes can be sufficiently disguised to prevent identification of the client, lengthier examples run the risk of giving away too much information. The alternative was to disguise them so much that they read more like a figment of the counsellor's imagination than the facts of a case. Furthermore, to alter identifying features is less easy than it sounds.

I chose instead to take two characters from Dickens, and to imagine that they had presented themselves to me with some of the emotional difficulties which Dickens himself gives them. In fact, no sooner had they appeared on paper before me, and in dialogue with me within my mind, than they ceased to be creations of Dickens and became as much my own, although, as I reveal below, they were perhaps neither Dickens's nor mine, but had a life of their own. I could never write a novel, but I understand what novelists mean when they say their characters take over. Where possible I used events in their lives as they appear in the books. Dickens presented me with the dilemmas and most of the facts; I had to provide the counsellor! I had, however, to increase Little Nell's age to present a cogent twentieth-century picture, and, for similar reasons, to

alter Doctor Manette from a French doctor, imprisoned in the Bastille, to an Eastern European refugee, although even that is now a matter more of history than a reflection of contemporary Eastern Europe.

The danger was that I might use such fictions to idealise my approach and so present perfect examples of technique. As it turned out, it was easier to record some of my own mistakes in relation to fictional characters than it would have been to clients who were still identifiable to me. As I imagined Little Nell (now Hannah) and Doctor Manette (now Karl) before me, I introduced disguised examples of actual work with a range of clients, particularly where interactions in actual practice were similar to the counselling that my imagination was pursuing. There is nothing in the text that could not have been said in the course of one of my sessions – indeed a client recently started the first session by saying almost precisely what Karl said when I first ‘met’ him. The understanding that I brought to my two ‘clients’ reflects the thinking I would myself have done had they been ‘real’ people. But Dickens did not provide the psychodynamic hypotheses!

But if Dickens did not do that, I found that he, like other great novelists, dramatists and poets who wrote before Freud, had anticipated many of Freud’s insights. Anyone who doubts that Dickens prefigured Freud should read Part II, Chapter 19 of *A Tale of Two Cities*, where the explanation and the cure for Doctor Manette’s shifts of personality are brilliantly described. Manette and Mr Lorry discuss whether the disorder of a man’s mind could be renewed by studying too much. Doctor Manette replies, ‘I do not think that anything but the one train of association would renew it... some extraordinary jarring of that chord...’ Then Dickens writes: ‘He spoke with the diffidence of a man who knew how slight a thing would upset the delicate organisation of the mind, and yet with the confidence of a man who had slowly won his assurance out of personal endurance and distress.’ By my last chapter the reader will see how ‘the one train of association’ helps us to understand Karl. Similarly, as with Hannah, sexuality and separation brood over Little Nell throughout *The Old Curiosity Shop*.

What is also curious is that I had intended that Hannah (a name chosen, by the way, as a sort of tribute to Anna Freud and Hannah Segal) should be the client with whom I had some ‘success’. Similarly, I had decided that Karl (again chosen as honouring Carl Jung as well as Carl Rogers!) would represent a failed piece of work (not that I attribute failure to either original Carl!). Remarkably, against my initial intentions, as I stayed with the Dickens text and adapted it to my own purposes, I could not prevent Hannah going the way of Little Nell, or Karl recovering as Doctor Manette did – though no particular thanks to me. And when I wrote the last section of Hannah’s journey, I felt (and still feel now when I read the last paragraph of that vignette (see pp. 132–3)) the same intense sadness that overwhelmed Dickens and his readers at the death of Little Nell. How can it happen that despite my conscious intentions to change the outcome for Hannah/Little Nell and Karl/Doctor Manette I am led back to the original? Yet another interesting question from a psychodynamic perspective...

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