

Theories & Foundations of Counseling

Class 3 – Psychoanalytic and Jungian
Therapy

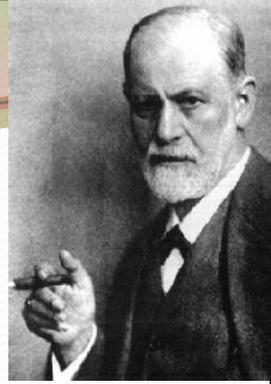
Class Objectives

- Be exposed to and exhibit knowledge of the Psychoanalytic and Jungian counseling theories that provide models to conceptualize client presentation and that help in the selection of appropriate counseling interventions
- Be exposed to, examine, and develop an understanding of the Psychoanalytic and Jungian models of counseling that are consistent with current professional research and practice in the field in order to begin to develop a personal model of counseling interventions
- Apply the strategies of these theories to promote client understanding of and access to a variety of community resources
- Compare, contrast, and evaluate these schools' strengths and limitations along with their contributions to the helping profession
- Evaluate these secular theories from a Christian worldview

Psychoanalytic Therapy

Foundational concepts for the field of mental health counseling

Sigmund Freud



- The founder of psychoanalysis
- Born in 1856 to Jewish parents in Freiburg, Moravia (formerly in Austria, now in the Czech Republic)
- The eldest of 8; his mother favored him; his father was authoritarian
- Family moved to Vienna when he was 4
- Excelled in academic work; decided on career in medicine
- Married in 1886 and had 6 children (Anna Freud being the youngest)
- Was exposed to work of Josef Breuer on hysterical illness
- In 1896 his father died and his relationship with Breuer began to deteriorate; a year later he began a painful 3-year process of psychoanalysis on himself
- He published his best-known work, *The Interpretation of Dreams*, in 1900
- In 1902 he formed the Wednesday Psychological Society later known as Vienna Psychoanalytic Society. Alfred Adler and Carl Jung were a part of that group
- Freud's inability to tolerate dissenting views and his insistence on having absolute control of what constituted psychoanalysis alienated many of his colleagues

The Structure of Personality

- ***THE “ID”*** —The Demanding Child
 - Ruled by the pleasure principle
- ***THE “EGO”*** —The Traffic Cop
 - Ruled by the reality principle
- ***THE “SUPER-EGO”*** —The Judge
 - Ruled by the moral principle

(Pleasure Principle)

ID

I want
it now.

(Moral Principle)

SUPEREGO

Nice people
don't do that.

EGO

Maybe I can find
a compromise.

(Reality Principle)



Conscious and Unconscious

Conscious:

What's on the surface
i.e. logic, reality



Unconscious (completely outside of conscious awareness):

What lies deep, below the surface. i.e.:
drives, instincts

The Unconscious

- Clinical evidence for postulating the unconscious:
 - Dreams
 - Slips of the tongue
 - Post-hypnotic suggestions
 - Material derived from free-association and projective techniques
 - Symbolic content of psychotic symptoms
 - NOTE: Consciousness is only a thin slice of the total mind

Anxiety

- Feeling of dread resulting from repressed feelings, memories and desires
 - Develops out of conflict among the id, ego and superego to control psychic energy
- Three types of anxiety:
 - Reality Anxiety
 - Neurotic Anxiety
 - Moral Anxiety

Ego-Defense Mechanisms

- ❑ Are normal behaviors which operate on an unconscious level and tend to deny or distort reality
- ❑ Help the individual cope with anxiety and prevent the ego from being overwhelmed
- ❑ Have adaptive value if they do not become a style of life to avoid facing reality
- ❑ Purpose t to relieve anxiety

Ego-Defense Mechanisms

- Repression
- Denial
- Reaction Formation
- Projection
- Displacement
- Rationalization
- Sublimation
- Regression
- Introjection
- Identification
- Compensation

Freud's Psychosexual Stages of Personality Development

- First year: ORAL STAGE
- Ages 1-3: ANAL STAGE
- Ages 3-6: PHALLIC STAGE
- Ages 6-12: LATENCY STAGE
- Ages 12-60: GENITAL STAGE

Eric Erikson's Psychosocial Perspective

- ***Psychosocial stages*** refer to Erickson's basic psychological and social tasks to be mastered from infancy through old age
- Erikson's theory of development holds that psychosexual growth and psychosocial growth take place together
- During each psychosocial stage, we are faced with a specific ***crisis*** that must be resolved in order to move forward.

The Therapeutic Process

- The goal is to make the unconscious conscious and strengthen the ego so that behavior is based more on reality and less on instinctual cravings or irrational guilt
- Analysts use blank-screen approach to foster transference relationship
- Analysts help clients to achieve insight into their problems, increase their awareness of ways to change, and thus gain more control over their lives
- Pushing the client too rapidly or offering ill-timed interpretations will render the process ineffective

Psychoanalytic Phenomena

- 1. *Transference*** occurs when the client reacts to the therapist as he or she did to an earlier significant other
- 2. *Countertransference*** is the reaction of the therapist toward the client that may interfere with objectivity
- 3. *Resistance*** is anything that works against the progress of therapy and prevents the production of unconscious material

(1) Transference

- Clients projecting onto us earlier issues (e.g. we may become their fathers or their mothers)
- Clues to something to be explored
- “Grist for the mill”

(2) Countertransference

- Anything in our (the counselors') past that gets activated in our relationships with our clients
- We get triggered
- Can be an important clue to the client's experience
- We must recognize our own countertransference (personal issues)
- We cannot get defensive or blame a client for our reactions
- This is the importance of getting our own therapy
- We need to bring our countertransference situations to our supervisors

(3) Resistance

- Anything that interferes with psychoanalytic work
- Resistance is a natural phenomena
- Change is not easy
- Respect resistance and clients' readiness for change
- Explore clients' hesitancies

Psychoanalytic Techniques

- ***Maintaining the Analytic Framework***
 - Therapist uses a range of procedural and stylistic factors (e.g., the analyst's relative anonymity, the regularity and consistency of meetings)
- ***Analysis of resistance***
 - Therapist helps clients become aware of the reasons for their resistance so that they can deal with them
- ***Analysis of transference***
 - Therapist uses this technique as a route to elucidating the client's intrapsychic life

Psychoanalytic Techniques

- ***Free Association***
 - Client reports immediately without censoring any feelings or thoughts
- ***Interpretation***
 - Therapist points out, explains, and teaches the meanings of whatever is revealed
- ***Dream Analysis***
 - Therapist uses the “royal road to the unconscious” to bring unconscious material to light

Contemporary Psychodynamic Therapy

- ***Object Relations***
 - Emphasizes interpersonal relationships as these are represented intrapsychically, and as they influence our interactions with people
- ***Self Psychology***
 - Emphasizes how we use interpersonal relationships (self objects) to develop our own sense of self
- ***Relational Psychoanalysis***
 - Emphasizes the interactive process between client and therapist
- ***Brief Psychodynamic Therapy***
 - Applies the principles of psychodynamic theory and therapy to treating selective disorders within 10 to 25 sessions

Contributions of Classical Analysis

- Helps therapists understand:
 - Human behavior from a psychosexual perspective, which can be a powerful framework when paired with the psychosocial perspective
 - That unfinished business can be worked through to provide a new ending to events that have restricted clients emotionally
 - The value of concepts such as unconscious motivation, the influence of early development, transference, countertransference, and resistance
 - How the overuse of ego defenses keep clients from functioning effectively

Limitations of Classical Analysis

- This approach may not be appropriate for all cultures or socioeconomic groups
- Deterministic focus does not emphasize current maladaptive behaviors
- Minimizes role of the environment
- Requires subjective interpretation
- Relies heavily on client fantasy
- Lengthy treatment may not be practical or affordable for many clients

A Biblical Perspective on Psychoanalytic Therapy

1. Freud's negative and pessimistic view of human nature (ego mediating the extreme id and superego) :

- Is somewhat consistent with the biblical view of human nature as sinful and fallen (Rom. 3:23)
- But it asserts that one's personality is already formed by age 5 or 6
 - Overlooks that we were created in the image of God (Gen. 1:26-27) and therefore have the potential to be somewhat like God in our character, especially if we are new creations in Christ (2 Cor. 5:17) empowered by the Holy Spirit (Rom. 8:29)

A Biblical Perspective on Psychoanalytic Therapy

2. Freud's emphasis on the unconscious and the need to gain insight to make the unconscious conscious:

- Is consistent with the biblical teaching on the need for wisdom and awareness of the darker side and interior part of human nature (Ps. 57:6; Jer. 17:9)
- But Freud's narrow focus on aggressive and sexual instincts in the motivation of human behavior is unbalanced
 - Overlooks other human motivations such as spiritual longings for God, including agape love for God and for neighbor (Mark 12:30-31)

A Biblical Perspective on Psychoanalytic Therapy

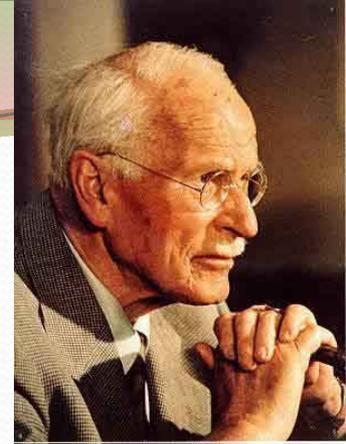
3. **The traditional therapeutic stance in staying as neutral and anonymous as possible (to facilitate the transference):**

- Is problematic from a biblical perspective that emphasizes the centrality of agape love in all human relationships (1 Cor. 13), including therapeutic relationships
- However, contemporary approaches have modified traditional analytic stance so that a more mutual and reciprocal relationship between the analyst and the client can be achieved, based more on agape love



Jungian Therapy

Carl Jung



- The founder of *analytic psychology* (Jungian therapy)
- Born in 1875 in the small village of Kesswil in Switzerland
- The eldest son and had a sister 9 years younger
- His father was a clergyman whose own father was a well-known physician and classical scholar
- His mother's ancestors included many theologians, including her own father; eight of Jung's uncles were pastors
- His childhood was not a happy one; he often felt lonely and had a number of insecurities and fears
- He also tended to be an introspective person
- When he was 3, his mother was hospitalized and absent from the home for a significant period which Jung felt abandoned
- Jung was close to his mother, but experienced her in a divided way: intuitive including interest in more mysterious things that he feared; and warm and maternal
- Completed medical school in 1900 and chose psychiatry as his specialty
- Was Sigmund Freud's colleague; met in 1907 but agreed to end their close relationship in 1913 because of growing differences
- Then experienced a six-year period of deep introspection and exploration of his own unconscious by analyzing his visions and dreams
- After this stage, he became much more productive in his teaching, writing, and practice

Jung's Analytical Psychology

- An elaborate explanation of human nature that combines ideas from history, mythology, anthropology, and religion
- Places central importance on psychological changes associated with midlife
- Achieving ***individuation***—the harmonious integration of the conscious and unconscious aspects of personality—is an innate and primary goal

Jung's Analytical Psychology

- To become integrated, it is essential to accept our dark side, or ***shadow***
- Dreams are aimed at integration and resolution; they contain messages from the deepest layer of the unconscious, the ***collective unconscious***, our source of creativity
- The images of universal experiences contained in the collective unconscious are called ***archetypes*** (the persona, the anima and animus, and the shadow)

Jung's Analytical Psychology

- More optimistic and positive than Freud's pessimistic and deterministic view
- Summarized under four major areas:
 1. Levels of consciousness
 2. Archetypes
 3. Personality attitudes and functions
 4. Personality development

Therapeutic Goals

- Self-knowledge
- integration of the personal conscious with the personal unconscious
- Individuation (integration of conscious and unconscious processes; occurs when there is an awareness of self, acceptance of ones own strengths and weaknesses and making the unconscious conscious)

“But the great thing is the here and now, this is the eternal moment, and if you do not realize it you have missed the best part of your life; you will have missed the realization that you are the carrier of a life contained between the poles of an unimaginable future and an unimaginably remote past. Millions of years of untold millions of ancestor have worked up to this moment. Anything that is past is no longer reality, anything that is ahead is not yet reality, reality is now.”

(Jung in Wilmer, 1987, p. 3).

(1) Jung's Levels of Consciousness

1. Conscious Level: An individual's accessible side, with conscious awareness of thoughts, feelings, senses, desires, and behaviors
2. Personal Unconscious: That aspect of personality in which thoughts, feelings, and experiences, and perceptions that the ego has screened out of conscious awareness and stored below the level of consciousness
3. Collective Unconscious: A deeper level within the psyche that is not conscious and contains materials that are transpersonal and universal to all human beings in their common ancestry

(2) Jung's Archetypes

- Have form but not content
- Provide possible ways of perceiving patterns or themes present across cultures and history
- Connect the collective unconscious to the conscious and therefore can influence behavior in an individual
(i.e., mother earth/father sky; birth/death; male/female; good/evil, etc.)

Jung's Most Crucial Archetypes

The Persona	The Anima/ Animus	The Shadow	The Self
<ul style="list-style-type: none">• Derived from Latin word, 'Mask'.• The different social masks worn in different situations/groups• Form of protection	<ul style="list-style-type: none">• Anima = Feminine• Animus = Masculine• The opposite gender qualities and attributes of the psyche• Represents 'true self'• Combination = Syzygy	<ul style="list-style-type: none">• The dark side of the psyche• Consists of repressed, memories, ideas, emotions, weaknesses, desires, instincts• Represents wildness, chaos and the unknown	<ul style="list-style-type: none">• Unification of the conscious and Unconscious• Individuation and self-actuation• Contains all aspects of an individual

(3) Jung's Personality Attitudes & Functions

- Two main personality attitudes
 1. **Extraversion** – preference for the outer world
 2. **Introversion** – preference for the inner world
- Four main personality functions
 - Irrational functions for perceiving the world
 1. **Sensing:** Using 5 senses
 2. **Intuiting:** Having a guess or hunch
 - Rational functions for judging experiences
 3. **Thinking:** Intellectual processes
 4. **Feeling:** Making evaluations based on having positive or negative feelings
 - Personality test, *Myers Briggs Type Indicator* is based on this.

(4) Jung's Personality Development

- Not as systematic or well developed as Freud's psychosexual development
- Jung identified four major stages of personality development
 1. Childhood
 2. Adolescent (or youth and young adulthood)
 3. **Middle age**
 4. Old age

Jungian Therapeutic Techniques

- Identifying unconscious process (this includes collective unconscious and archetypical themes)
- Analysis/interpretation of transference/counter-transference
- Analysis/interpretation of resistance
- Dream analysis
- Word association
- Projective methods (art, empty chair)
- Confession
- Elucidation
- Education
- Transformation

A Biblical Perspective on Jungian Therapy

1. **Jung's more optimistic and positive view of human nature (acknowledging the wisdom / potential in one's personal / collective unconscious as well as the darker, shadow side):**
 - Is more consistent than Freud's with the Biblical view of humankind as fallen and sinful (Jer. 17:9; Rom. 3:23) yet created in the image of God (Gen. 1:26-27)
 - But, his conceptualization of evil is inadequate
 - Overlooks the need for redemption from sin and evil through the saving work of Christ

A Biblical Perspective on Jungian Therapy

2. Jung's view of the importance of dreams and how they can be religious messages from a transcendent source beyond the individual:

- Has been well received by some Christian therapists and clergy who also see dreams as possible messages from God
- But, he does not seem to believe in a personal Triune God
- Overlooks the death and resurrection of Jesus Christ to save and transform sinful human beings

A Biblical Perspective on Jungian Therapy

3. Jung's goal of self-realization or self-actualization:

- Is concerning from a biblical perspective as its focus is on “know and express thyself”
 - Overlooks the Judeo-Christian commandment to “Love God and others”

A Biblical Perspective on Jungian Therapy

4. Jung's focus on religious and spiritual experience, including mystical experience:

- Is a concern from a biblical perspective because the focus is not on arid and dry dogmatic beliefs
 - His idea of God that is in our collective unconscious as an archetypal image may sound familiar but is not biblically consistent

A Biblical Perspective on Jungian Therapy

- 5. Jung's use of warm, empathic, collaborative therapeutic relationship; the focus on dream analysis to connect deeper unconscious material to one's consciousness; the exploration of religious and spiritual experiences; and the search for meaning in life:**
- ❑ Are noteworthy aspects from a Christian perspective
 - ❑ However, Jung's delving into the occult and Eastern mysticism can be potentially dangerous

Questions to Consider: Case of Stan Question

(Psychoanalytic Therapy including Jungian)

1. From a psychoanalytic perspective, how do you explain Stan's censoring and holding back?
2. From this theoretical perspective, what would be your main area of interest?
3. Stan says that he worries about what his therapist (Jerry) will think about him and that what he says in his sessions might come back to haunt him. Would you be inclined to reassure Stan that you would not use what he tells you against him? Why or why not?
4. Stan says that he does not think that he is doing things the right way in his therapy sessions. How are you likely to intervene?
5. If Stan asked you (as his psychoanalytic therapist) what you are thinking about him, would you disclose your perceptions and reactions?
6. In free association to the word "father," Stan indicates: "My father never saw me." How would you respond?
7. What are some potential therapeutic advantages of working with Stan's transference toward his therapist? As the therapist, how might you deal with your potential countertransference?
8. Toward the end of this session, Stan realizes how often he shuts himself off. As his therapist, what would you want to say to him about this?
9. To what extent is it important to focus on how Stan's past experiences are played out in his session with his psychoanalytic therapist?
10. What most interested you about this particular session? Why?

Twelve Theories Papers

- Divided into 3 parts:
 - Part 1: Theories 1-3 (25% in total)
 - Part 2: Theories 4-6 (25% in total)
 - Part 3: Theories 7-12 (50% in total)
- The film, *Ordinary People*, will serve as the framework for these papers
- Throughout the semester (first three theories due next week), students will keep adding one-page per theory write-up. Use APA format (in third person) such that the entire paper includes the following parts (surrounding the one-page per theory write-ups):
 - a) APA title page
 - b) Abstract paragraph on a separate page
 - c) Introduction (1/2 page) on a separate page
 - d) One page (which should be a separate page) for each of the 12 theories studied (further description will be shared during the first class period)
 - e) Conclusion (1-2 paragraphs) on a separate page
 - f) References (cite in APA format any sources such as the movie and any text books referenced in this paper)

- An APA Word template for the entire paper will be available on edvance360 under Resources. (Note that third person means writing: “this student”; “the author of this paper”; “this counselor”, etc. vs “I” or “me”).
- An electronic transmission (via edvance360’s Dropbox) of these papers (Word documents) is required so the professor can grade them using Word's online comments and therefore return them more promptly.
- Points will be deducted for missing parts (“a” through “f” listed above), late papers and those not conforming to the APA 6th edition format

Reminder: Next Class

- Read Corey chapter 5
- Read Tan chapter 5
- *The Case of Stan Adlerian Therapy*
- Watch *Ordinary People* movie if you have not done so already
- We will explore, “Adlerian Therapy”
- **Theories (1-3) paper due next week (Part 1)**