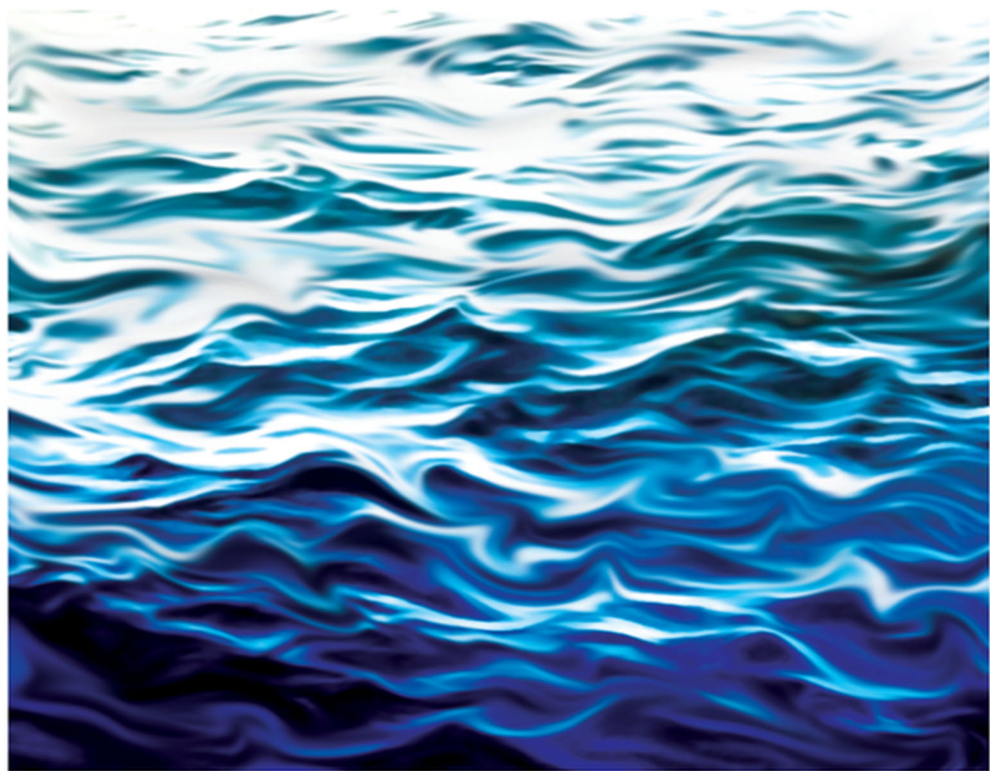


OUR DESIRE OF UNREST

Thinking about Therapy



Michael Jacobs

UKCP

Combining Excellence in
Psychotherapy and Counselling



OUR DESIRE OF UNREST



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Thinking about Therapy

Michael Jacobs

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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, from which post he retired in 2000, moving to Swanage in Dorset. He has been a Visiting Professor at Bournemouth University and is now Visiting Professor in the School of Healthcare, University of Leeds. He has been publishing important texts, often used on training courses, since 1982, the best known being *Psychodynamic Counselling in Action* (third edition, Sage, 2004), and *The Presenting Past* (third edition, Open University Press, 2006). His book on Freud (second edition, Sage, 2003) has been translated into a number of languages. He has also edited some important series, such as “Core concepts in therapy” (Open University Press, 2001–2006), “Counselling skills” (Open University Press, 1995–2005), and the “In search of a therapist” books, featuring over 25 types of therapy (Open University Press, 1995–1996). Important though these books are for those working as counsellors and therapists, he takes particular pride in publications that extend his psychodynamic thinking into other areas, such as his *Illusion, a Psychodynamic Interpretation of Thinking and Belief* (Whurr, 2000), and, with Karnac, *Shakespeare on the Couch* (2008). Michael continues to offer a small therapy and supervision

practice, and is in constant demand to lead workshops and address counselling and psychotherapy groups in different parts of the country. But in retirement he also likes to be involved in his local community in ways far removed from his professional life, playing a key role in the local coastwatch, the Swanage Pier, and the Purbeck Film Festival and Arts Week.

PREFACE

Over the course of a career in counselling and psychotherapy I have been privileged to be asked to write, or to have my writing projects welcomed by publishers, with the result that where I am known at all, it is generally for a number of texts that are used in training. This has led to invitations to speak to societies, associations, and groups in the counselling and psychotherapy world—occasions that I have valued in a number of respects. First, they have at times provided me with a topic that the invitation has asked me to speak upon, which has turned my attention to an area about which I may have been thought to know something, but when it came to constructing the lecture soon made me aware that I needed to dig deeper if I was to say anything of value. So, I have been compelled to search the literature, and to examine from my reading of it what my own ideas might be. The process of reading and writing has been an exciting one for me, especially in terms of making sense, to myself and my audience, of what are sometimes complex ideas.

Second, those occasions have given me an audience who, thankfully, answer back, and, if they sometimes ask questions to which I might or might not know the answer, more often than not present opinions that qualify my own and add to my understanding of the

subject. This means that, over a number of years, especially if the lecture is delivered again or prepared for publication, I can present a fuller picture than I did to my original audience. These questions that show up gaps in arguments and this interchange of opinion is vital in the quest for further understanding and extension of subjects that can never be exhausted.

However, unlike books, which in many cases become key texts and therefore in first and subsequent editions allow ideas to be disseminated, lectures and papers reach a relatively small audience or readership. Indeed, a major concern I have about the emphasis upon research in universities and psychotherapy / counselling organizations is that, in the case of universities, papers in journals have replaced teaching as the major concern in getting funding, that books, which are of equal value if not more in learning, are no longer the measure of the quality of an academic's work, and that the pursuit of evidence-based research in the therapy world has a tendency to push out the value of the type of factual and speculative scholarship that explores concepts and ideas more than results.

As I come to the close of many years writing (since retirement gives the opportunity to explore new horizons and to become more a learner than a teacher), it is good to be able to collect together in one volume a number of published articles and lectures that I have written over some thirty or more years. They are a selection, since some pieces are too time-bound or too specifically addressed to a particular audience or readership to warrant reproduction in book form. But the papers trace, as my introductions to each I hope show, a restless development as I have come to question aspects of practice and theory.

I have not, of course, ceased that restlessness—indeed, a more private quest allows me to dabble in other disciplines and relate them, where I can, to my fascination with psychoanalytic literature, with less need to present the ideas to a wider world, and therefore in a sense to be more elastic in my thinking. I have always enjoyed thinking, and it is an important part of my therapeutic style as well. There have been times when other therapists seem to me to have wanted to promote feeling rather than thinking, but thinking plays an essential part in processing feelings and in making decisions about when and how to make interventions that will enhance the therapeutic process. I have always felt, even when I have disagreed

with some of its arguments, that psychoanalysis provides more material for thinking than any of the other modalities, and this will be obvious from the number of references in this book to Freud and other analysts. My hope is that some of those fascinating ideas that have excited me and that have informed my practice, whether fully understood by me or not, but at any rate processed into my own thinking, will meet and inspire the reader's own desire for unrest.

Michael Jacobs
Swanage
October 2008



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Challenging the stereotype: the psychoanalytic therapist's use of self

To begin a long way from the beginning . . .

The original papers that constitute this book illustrate aspects of an intellectual journey, but the paper that forms the basis for this chapter, although written far from the start of that journey, may usefully introduce the others. This is partly because it contains sufficient autobiographical references to introduce the writer, whose ideas form the substance of later chapters. It also challenges, as the title suggests, the prejudiced view that many counsellors and therapists, not of a psychodynamic persuasion, have of psychoanalytic and psychodynamic practitioners, perhaps thereby introducing further challenges to theory and practice to which subsequent chapters refer.

* * *

Two almost contemporaneous commissions some thirty years into my clinical practice encouraged me to take stock of what sort of person I am and the sort of therapist I am. One was a request to

write a chapter in Spinelli and Marshall's book *Embodied Theories* (2001); the other was co-authoring *The Therapist's Use of Self* (2003) with John Rowan. The contributors to *Embodied Theories*, one of whom was also John Rowan, were asked by the editors to "write an account that attempts to examine those features and aspects of their chosen models which significantly inform and clarify their professional lives . . . as well as aspects of their more personal lives" (Spinelli & Marshall, 2001, p. 3). I call myself a psychodynamic therapist, for reasons that I explain below, but I draw upon psychoanalytic theory and practice as my main inspiration; and I found myself reviewing why I had been drawn to that particular model, and how my personality, insofar as I am in any position to assess it, matched my chosen theoretical position. Self-reflection and self-knowledge are an essential part of a therapist's training and ongoing development. But linking this to reflection upon the link between chosen theory and personal life was initially daunting, involving additionally the sort of self-disclosure which is often reckoned to be a thorny area for psychodynamic and psychoanalytic practitioners.

Writing *The Therapist's Use of Self* was equally challenging, partly because of working with an author from a different theoretical position, partly because John Rowan is himself a challenging thinker, but mainly because of the structure of the book, which was suggested by Rowan, drawing its guiding themes from humanistic writers such as Maslow (1987) and Wilber (2000). In that book, one which also linked the person of the therapist with her or his approach, we examined the way therapists use themselves, referring to different modalities (as was the editorial brief), but overarching such references with a template of three ways in which the therapists of any modality might use the self in therapy.

We asked, in a more theoretical way than Spinelli and Marshall had requested their contributors to do, what therapists are like and how they work, as well as who they are behind the role. We acknowledged early on that while there are therapists who are clones of their chosen leader, more Freudian than Freud, more Rogerian than Rogers, nevertheless, within any one orientation, many practitioners have developed their own particular style, their own way of being, a way of expressing themselves that is congruent not only with their approach and with the individual patient or client, but with his or her own self.

We noted the stereotypical picture of different therapies: the Freudian therapist, hidden behind the couch, unseen and often unheard by the patient; the person-centred therapist, consistently positive, speaking in warm tones, deeply empathizing with the client, repeating words and phrases with extra meaning; or the cognitive-behavioural psychologist with a checklist of questions and carefully worked out instructions for exercises to be practised within and outside the session.

In our preliminary discussions, John and I thought that it is not so much that there are alternative ways of being a therapist and of using the self that are capable of being divided into theoretical orientations. Instead, we recognized, as others have also done, that there was much more in common between therapists with a certain degree of experience, whatever their orientation, and that, indeed, the rather different ways in which most therapists use the self are not mutually exclusive. We suggested that there are three main possibilities: the therapist's position can be instrumental, authentic, or transpersonal. Each of these possibilities makes different assumptions about the self, about the therapeutic relationship, and about the level of consciousness involved in doing therapy, and each in turn leads to different assumptions about the content of training and the process of supervision. (Rowan has taken this latter aspect further in a subsequent publication (2005).)

These possibilities or positions might be referred to as levels, although we did not wish to suggest that one way of being was superior to another. There was, none the less and perhaps inevitably, a preference in us for therapists being authentic, since we liked to think of ourselves as being that. There was always going to be some disagreement between us over the transpersonal way of being a therapist, partly because of the use of terms, partly because of the philosophical underpinning of that term, which I was less happy about than Rowan. But a measure of the understanding that grew between us in the writing of the book is contained in two brief comments in our final chapter, where, in dialogue, Rowan writes:

What was . . . curious, at least to me, is that the psychodynamic theorists, who are often thought by others to be rather rigid and hidebound, came through . . . as having a great deal to say about the authentic and spontaneous,

while I replied,

As you have learned from the psychoanalytic/psychodynamic, I have also learned from the humanistic, and particularly the transpersonal. [Rowan & Jacobs, 2003, p. 116]

I concentrate here on the authentic therapist because authenticity is not a term that appears with much frequency in psychoanalytic writing. A search of the word as a descriptor of a therapist or analyst in a large number of psychoanalytic journals throws up very few instances of its use, and the only person who most obviously employs the term is Peter Lomas—once a psychoanalyst, but one who parted company with the British Psychoanalytic Society over the rigidity of training and the emphasis on analytic technique.

To highlight the marks of the authentic therapist, some description must be given of the other two ways of being, the instrumental and the transpersonal. Where the therapist is in the instrumental position, the client is usually regarded as someone who has problems, which problems need to be put right (either by the client, or by the therapist, or by both). This can lead to the therapist acting in a somewhat programmed way. Technical ability is regarded as something both possible and desirable. But, while this may appear to verge upon a caricature of cognitive-behavioural therapy, rational emotive behaviour therapy, or neuro-linguistic programming, and especially likely to be attractive in time-limited work, that is far too narrow an interpretation of the instrumental. It is equally possible for an instrumental use of self to be present in long- or short-term therapy, in a self-disclosing or blank screen approach, and whether or not transference or the unconscious are felt to be important concepts. This is because the instrumental can be defined as learning about a technique and applying a technique, and the technique being the most important aspect of the work. In a sense, what the instrumental therapist does is to put technique before self, whether it be the cognitive-behavioural therapist who has researched the value of specific interventions, or the analytic therapist who tries to prevent countertransference feelings from interfering with the neutrality of the analytic stance, or the person-centred therapist who is concerned above all to demonstrate the core conditions, and concentrate entirely upon what the client is experiencing. The therapist, of whatever modality, concentrates on delivering the technique that

he or she has learnt, and has not adapted to a more personalized way of working.

Indeed, it appears that this might be an obvious way of describing the psychoanalyst's use of self, which can be illustrated in a number of ways. First, there is a set of techniques—originally laid out by Freud between 1911 and 1915 in his various “Papers on Technique”, but developed further over time to include the importance of a neutral blank screen, minimal responses, designed to encourage the patient to free associate, the promotion of conditions to highlight the transference, and the systematic analysis of resistance. Some theorists (e.g., Kernberg, 1975; Rangell, 1954) treat the unconscious of the therapist as a tool, something to be ordered and disciplined. The main purpose of the training analysis is to reduce the self of the therapist, both in the conscious and the unconscious, to something usable technically. Countertransference is principally understood as that which blocks the therapist from being able to identify what the patient is feeling, or which leads to projection on to the patient of the therapist's own feelings. So Rangell, in describing psychoanalysis, writes,

Psychoanalysis is a method of therapy whereby conditions are brought about favorable for the development of a transference neurosis, in which the past is restored in the present, in order that, through a systematic interpretative attack on the resistances which oppose it, there occurs a resolution of that neurosis (transference and infantile) to the end of bringing about structural changes in the mental apparatus of the patient to make the latter capable of optimum adaptation to life. [1954, pp. 739–40]

In effect the analyst is left as a thinker—a true *analyst*—untroubled by emotions or unconscious thoughts that would otherwise interfere with the “pure gold of analysis” (Freud, 1919a, p. 168). Freud promoted the neutrality of the analyst for a number of good reasons, one of them perhaps being fear of the potential damage that can be caused by countertransference. But the abstinence of the analyst was also felt to motivate the patient, although in the following passage we see the interests of the analyst as well:

I cannot advise my colleagues too urgently to model themselves during psychoanalytic treatment on the surgeon who puts aside all his feelings, even his human sympathy . . . The justification for

requiring this emotional coldness in the analyst is that it creates the most advantageous conditions for both parties: for the doctor a desirable protection for his own emotional life and for the patient the largest amount of help that we can give him today. [Freud, 1912e, p. 115]

Such a passage provides one of the reasons why I prefer to use “psychodynamic” as a professional label rather than “psychoanalytic”: “dynamic” expresses so much more richly what passes between therapist and patient, as well as, of course, within the psyche, whereas “analytic” suggests the medical dissection of the psyche on the operating table, or detailed scrutiny of the psyche under the microscope.

However, it is not my intention to deny that becoming a good therapeutic instrument is part of the training and practice of a therapist. The need to be objective in this instrumental way is as important as it is in the authentic position to welcome subjective experience into the consulting room. To be an instrument has some similarity to the phrase attributed to Francis of Assisi, “Make me an instrument of thy peace”; the therapist becomes a means through which healing might be transmitted. But there are, none the less, many good reasons why the therapist’s use of self should not stop there.

In writing the chapter for *Embodied Theories*, I needed, of course, to reflect on how my theoretical stance and my personality related. As I looked back, I saw how much this instrumental way of working had appealed to me at the beginning of my training and career. I am not sure even now whether I chose to study psychoanalysis or whether psychoanalysis chose me. It represented a substantial body of knowledge, one that provided an alternative to my first discipline, which had been theology, a discourse that had once sustained my intellectual interest and my emotional fervour but that had, over a number of years and with exposure to other paradigms, begun to lose its viability and its veracity for me. Psychoanalysis asked similar questions, if phrased rather differently, to those addressed by religion. Freud, too, had wanted “to understand something of the riddles of the world in which we live” (1927a, p. 247), just as I had been previously engaged in a religious quest to solve the riddles of existence and the universe.