

Susan Howard

Third Edition

Psychodynamic Counselling

in a nutshell

COUNSELLING IN A NUTSHELL SERIES: Edited by Windy Dryden

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55 City Road
London EC1Y 1SP

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2455 Teller Road
Thousand Oaks, California 91320

SAGE Publications India Pvt Ltd
B 1/1 1 Mohan Cooperative Industrial Area
Mathura Road
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SAGE Publications Asia-Pacific Pte Ltd
3 Church Street
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Editor: Susannah Trefgarne
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Cover design: Sheila Tong
Typeset by: C&M Digitals (P) Ltd,
Chennai, India
Printed in the UK

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First edition published 2005. Reprinted 2006,
2007, 2008, 2009
Second edition published 2011. Reprinted 2012,
2013, 2014, 2015, 2016 (twice) and 2017 (twice)

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Library of Congress Control Number:
2017957233

British Library Cataloguing in Publication data

A catalogue record for this book is available from
the British Library

ISBN 978-1-5264-3867-6
ISBN 978-1-5264-3866-9 (pbk)

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FIVE

Practical Skills in Psychodynamic Counselling

Psychodynamic counselling skills are built on a foundation of generic skills that are important in any counselling approach. These include a number that have been identified by person-centred counsellors, such as warmth, empathy and unconditional positive regard. By this I mean that the development of a working alliance in any counselling relationship requires that the counsellor has the capacity to feel warmth or caring towards her client, to be able to see the world through his eyes, and to be non-judgemental in her attitude towards him. She also needs specific skills, such as being able to listen attentively and hold on to her client's story (see Evans, 2013; Jacobs, 2010). Additionally, the skills of reflecting back and summarizing enable the client to hear what he has said put into a different language, which itself can often be very useful and encourage him to view what he said in a different way. Other skills include being able to say difficult things to the client, for example, helping him to face things about himself that he finds painful and would rather not confront.

The specific psychodynamic skills that I want to look at in this chapter are: gaining informed consent; developing evenly suspended attention; listening to unconscious communication; managing silence; making interpretations and structuring a session. Necessarily this will be a very brief introduction to an area about which much has been written. A word of caution is important here for those of you who want to work using the skills I am about to describe. Psychodynamic interventions are powerful tools, and thus have the

potential to harm if used by an untrained practitioner who is not in her own counselling and supervision. To work ethically requires that you have your own psychodynamic counselling and supervision from trained psychodynamic practitioners.

Gaining informed consent

Gaining informed consent is a complex skill that requires a degree of sensitivity to the client's readiness to discuss the issues involved. As I discussed in Chapter 1, I feel that the best time to obtain initial consent is at the end of an assessment or 'trial' phase, which often means after approximately three to six sessions. However, if a client asks about the nature, risks and benefits of counselling before that, they should be discussed.

One of the advantages of discussing consent after an assessment phase is that the counsellor should be better able to give some sort of explanation about what the client can expect based on the experience he has already had and can understand. The process should also be facilitated by the therapeutic alliance, which will hopefully be sufficiently established to tolerate examination of consent issues. Gaining informed consent should include an explanation of the transference relationship; an understanding that psychodynamic counselling involves an exploration of the client's unconscious; that psychodynamic counselling involves emotional disturbance and upset; and that relationships with significant others can worsen as well as improve.

At this juncture the counsellor should also be in a position to indicate to the client some of the risks, difficulties and benefits he might anticipate from counselling. The counsellor should also explain to her client that it is not possible to entirely predict what is going to happen, how long counselling will take or how he will respond to it, and that the outcome is uncertain. In a sense the client who understands this is as fully informed as possible given our current state of knowledge and

the inherent uncertainty about the process of counselling. Additionally, the counsellor should ensure that she is sufficiently familiar with other counselling approaches to be able to discuss them with her client. One way of facilitating this is to refer the client to literature that describes the basics of alternative approaches (for example Dryden and Reeves, 2014). Lastly, she needs to consider whether the client's difficulties are more suited to counselling or psychotherapy and be able to discuss the difference between them (see Chapter 7).

Finally, we should consider whether, having been given at the beginning of counselling, consent should continue to be sought throughout treatment. Again this presents a difficulty for psychodynamic counsellors about when and how to do this without interrupting or undermining the process of the psychodynamic endeavour unnecessarily. Continually seeking consent would be akin to pulling the seedling out of the plant-pot to make sure the roots are growing. To avoid this, ongoing consent is often taken as implicit, and this involves the dangers I discussed in Chapter 1. I am not advocating that consent should be sought at the beginning of each session or at a prescribed time interval without reference to the context in which it is being sought. However, we can and should ensure that we gain informed consent at the point where there are changes in the work, for example if counsellor and client discuss a change in the frequency of sessions, if the work becomes more intense or risky, or if either client or counsellor has concerns about the suitability of the approach.

Developing evenly suspended attention

As a fly on the wall watching a session, it might appear that the psychodynamic counsellor is just listening, and not doing very much. In fact she's working hard and doing a number of things at the same time. Most importantly she is giving the client a quality of attention that has a profound influence on the atmosphere in the room. In turn this facilitates for the client a mental space in which he can develop the

ability to become more thoughtful about himself and his internal world. One of the factors thought to bring about change in psychodynamic work is the experience of being really attended to and understood in this special way.

The counsellor moves between paying attention to what her client is saying and her own response. This involves several separate tasks. Let's assume that the client is telling a story about something that has happened that week. My first task is to engage with the actual story and facilitate the client in telling it. At the same time I may also become aware of how the story links to other material the client has been discussing during this or in a previous session. While doing this I may start thinking about the story's possible hidden meaning. Does the story resonate with what I know about my client's life or his inner world? I may also wonder about the story's transference implications, while at the same time monitoring my countertransference. What am I feeling and thinking in response to the story? Having identified this I need to consider whether it is likely that my feelings are the result of my own preoccupations, or, perhaps, useful information about my client's state of mind.

The aim in each session is to be aware both of conscious and unconscious material and communication and then convey what can be expressed to the client. To do this I need to develop a state of mind that Freud called 'evenly suspended attention' in which I am open to and move freely between my client's communication and my own state of mind. I must be able to tolerate the uncertainty of not knowing quite what is going on in the session, or what the client means at any one moment. So, I have to be able to resist the need to be certain and provide answers; this in itself is a significant skill that new counsellors find quite difficult, since most of us in our adult lives strive towards knowing and abhor uncertainty. Bion (1962) famously went further than this and advocated that we should begin a session without preconceived ideas about what we expect from it. In other words, we can't properly listen to what our client is saying to us if we arrive with our own agenda for the session. And it isn't as straightforward as preventing him from

telling us what he knows he wants to say. The objective of any session is to reach the 'unthought known' – to make conscious that which isn't yet quite conscious. If we go in with our own agenda we are not free to be available to hearing the subtle nuances in someone's story that might lead to understanding what they are unconsciously trying to work with.

Acquiring the capacity to evenly suspend attention is a complex skill that develops over time. The first and most important element in its development is the experience of a counsellor's own dynamic counselling or therapy. This is because it is only really possible to know what is meant by evenly suspended attention through experiencing it. The careful listening, the quality of respect for one's story, the attention to detail and the ability to hear that story on many different levels become internalized through the trainee counsellor's own experience of her personal counselling. Personal counselling also facilitates becoming aware of one's own feelings, internal world and unconscious motivation, a key factor in developing evenly suspended attention.

There are other aspects of the counsellor's training that also assist the development of evenly suspended attention. On some psychodynamic training courses trainees undertake a period of doing observations, sometimes of a baby or child, other times in a hospital ward or other workplace. While attending to what is going on the trainee pays especial attention to her own responses to what she observes. In my own training I found this particularly helpful because it was an opportunity to become aware of my feelings and thoughts without also having the responsibility for managing a therapeutic session. Supervision is also important. Counsellors in training are required to keep detailed notes (known as process notes) of what goes on between themselves and their clients, remembering as much of what was said and felt in the session as possible. Both the experience of writing up the notes and that of later discussing them with a supervisor encourage reflective capacity and evenly suspended attention in the trainee counsellor.

Talking and not talking

Although the caricature of the silent counsellor is outdated there is no doubt that psychodynamic practice involves many more pauses in the conversation than other models, including sometimes quite long periods of silent reflection. Quite often clients will comment on silences, and for some it will be a new experience that they aren't particularly comfortable with at first, but later come to value. Similarly, being quiet is a significant challenge for many new counsellors, made worse by the fact that managing silence in a session is an important competence and therefore often experienced as a demand. I find it helpful to apply two criteria in deciding whether or not to be quiet with a client, and for how long. The first is whether the client will be traumatized by silence. We traditionally think of silence as an opportunity for the client to explore his inner world, but some clients panic in silence because they get lost in it. Clients who tend to get lost are those who have significant developmental difficulties or have been traumatized and who don't have a sense of safe internal object relationships. Silence can leave them feeling alone and prey to malevolent internal objects; talking can feel safer. Your understanding of his developmental history will help you to think about whether your client is someone for whom silence is aversive. But it is also important to listen to and be guided by the clues he gives you as to how he experiences silence. Sometimes such clients can tolerate short periods of silence but not the longer ones associated with deep reflection.

The second criterion involves assessing whether being quiet at a particular moment in the session supports reflection and therefore feels natural, or whether it feels forced because the counsellor believes she should be silent. Judging this can be helped by being in touch with how contemplative the client is at a given moment; a client who is working hard at trying to get to an understanding will value the space to think and feel; he may feel intruded on if the counsellor starts talking too soon. On the other hand, if he is stuck or unable to access feelings, an intervention from you might help him to make progress in the

session; at these times silence is unhelpful and can leave the client feeling frustrated and alone. The golden rule is never to 'do' silence to a client; it should feel safe and natural. Again, this is something that can be helped by internalizing one's own experience of counselling.

Listening to unconscious communication

One of the tasks in counselling is to try to understand the meaning behind your client's overt story or behaviour in the consulting room. To do this we need to develop an 'analytic ear', which involves listening to a story on many levels. We not only listen to the actual story but also to the meaning behind it. We need to be aware of how our clients (like all of us) try to protect themselves from unwanted feelings or knowledge, so when we listen we need to be attuned to how they might engage in self-deceit and resistance. This is not to say that we disbelieve what the client says or that we know better than him what he is really thinking. But it does recognize that, as human beings, we tend to want to avoid that which is uncomfortable. We should take nothing for granted as we listen, to avoid either becoming seduced by what the client says, or assuming that we have a shared understanding of the meaning of what is said. Maintaining an analytic ear means at times suspending judgement about the actual truth of what the client is saying while accepting that at some level there is a truth in the underlying meaning behind his words.

So, what do we do when we listen with an analytic ear and take nothing for granted? First, there is an attention to the detail that is unique to psychodynamic work; this applies both to what the client is conveying and to the shifts in the counselling relationship. Understanding a client's communication is a careful process, in which we attempt to make sense of everything he brings into the room with him. It involves being sensitive to the story he is telling, while asking questions in a way that does not undermine him. It also requires being aware of the gaps and inconsistencies in his story, and paying attention

to his body language and the silences in the session while paying attention to our own reaction to his communication. At the same time it is important to remember that making sense of the unconscious is a collaborative process and that constructing an understanding is only meaningful to the client if he has been part of it. It is not the job of the counsellor to pronounce on what the client is really thinking any more than the client should be a passive recipient of his counsellor's pronouncements.

We had been working together for nine months when Layla became quite withdrawn over a period of several sessions and began to complain, without being specific, about the difficulty in moving sessions if the timing clashed with something else she wanted to do. Although it was hard to be the target of her irritation, I was nevertheless pleased that she could articulate the negative transference rather than maintaining a more compliant relationship with me. Then she missed a session without warning, though she telephoned the following day to say she would be coming to her next session as usual. She began the next session with a story about having attended a medical consultation a couple of weeks previously with her friend Noor, who was anxious about going alone; she was going to find out whether tests had indicated that she was carrying the genetic mutation for ovarian cancer. Noor's paternal grandmother had died of ovarian cancer and her paternal aunt had just been diagnosed with it. The tests indicated that she did carry the mutation and Layla was upset about what the future might hold for her friend.

I was interested that Layla had not previously mentioned her worry about Noor, and wondered to myself why she was bringing the story today, two weeks after the event. What was the story's significance for Layla's internal world, including the transference? And did it in any way link with the missed session which hadn't been referred to? My first task, however, was to help Layla with her feelings about what had happened. Noor was her only Iranian friend and Layla's mother disapproved of her because she was very involved with the local Iranian community, so Layla tended to keep their meetings secret from her mother. Layla was not only worried for her friend, but also anxious that she could lose her. It was important to address this

before considering what the story might signify. After addressing the story's content and its emotional impact, I wondered whether what happened to Noor might have resonated for Layla. She replied that the possibility of losing Noor had made her think about the loss of her father. After exploring this further I noted that Noor had inherited her mutated gene from her father, and wondered whether Layla too had been thinking about what she might have inherited from her own father. Layla acknowledged that this was so; she was caught between wanting to know more about her father and fearing that she would find out that she was like him and that the things she didn't like about herself she had inherited from him. She went on to say she was increasingly thinking about finding out about what it meant to be Iranian. She then admitted that one of the reasons she had been upset about being unable to change a session time was that it clashed with a meeting of the local Iranian society that she wanted to attend. She was anxious that if she told me she would rather attend the meeting than come for her session I would be angry with her. I said it sounded as though she feared that I would not approve of her need to find out more about herself through a route other than counselling and that I would demand loyalty to her counselling above any other needs she may have. She nodded, relieved, and then told me that she had missed the previous session in order to attend the Iranian society meeting. Gently I explored how she had felt she had to undertake this exploration in secret, how in the transference I had become the mother from whom exploration of her Iranian identity was an act of disloyalty.

In listening to Layla's story I was very mindful of why she might be choosing to tell me this story on this day rather than any other. After all, there is limited time in any session and therefore I treated everything that happened and Layla said as significant. The session was unusual because she had missed the previous one without notifying me in advance – something that had not happened before – and then did not comment on the fact she had done so. This immediately alerted me to the probability that there was something she might find difficult to talk to me about. As I listened to her story I needed to be aware of any feelings or thoughts I might have in relation to it.

However, because communication happens at a number of different levels and Layla's unconscious is by definition unknown, I could not be sure I had understood what she was trying to communicate; I could only hypothesize.

You will notice that when I described my responses that I 'suggested' or 'wondered' to Layla about what might be going on. There are two reasons for doing this. The first is that I may well have been wrong. If the client finds what we say helpful, he is likely to indicate this by what he says in response. Layla's responses to my intervention suggested that my hypothesis was correct. However, by being tentative I also offered her the opportunity to disagree with me and for us then to explore alternative understandings. The second reason for offering my thoughts as a hypothesis is to do with the power I have as a counsellor. If I say something very definitively it can make it much more difficult for my client to disagree with me. It may also make him feel as though I know what's going on in his mind better than he; perhaps even that I can read his mind. This can be harmful, particularly to clients like Layla who don't have a very strong sense of their own identity.

When a client brings a dream we know that he is telling us something of his unconscious preoccupations. Most people do not remember most of their dreams. So I am interested in why this dream has been remembered and why the client has chosen to talk about it in the session. When the story of the dream has been told I am interested in what he makes of the dream and what his thoughts and associations are. An association is a thought or feeling that comes to the client in response to something he or his counsellor has said. It often comes in the form of a story of a past or current event which the client and counsellor together try to make sense of. Counsellors have different ways of asking their clients for associations. Some will ask directly 'what do you think the dream was about?' while others will wait and see what the client talks about next and assumes that there is a link with the dream. Some practitioners will go as far as to say that everything else that the client does or says in the session is an association to the dream.

Tania had been coming to counselling for just a few weeks. She was describing how she had always been popular with her peers and had been at the centre of the 'in-crowd' at a school where social competition was particularly strong. As she did so she conveyed a degree of anxiety that was at odds with the story she was telling. I commented that being the centre of the in-crowd might have been quite a strain and that she might have been quite anxious about whether she could maintain her popularity. 'It never felt that way,' she said. She then remembered a dream she had had a few nights previously. 'I was at the airport in the queue to check in. I was late for the flight and I was anxious I was going to miss it. Then suddenly all these friends I was supposed to be travelling with arrived and went to the front of the queue. They didn't seem to notice me. By the time they'd been booked in I'd missed my flight and they'd all left without me.' I commented to her that in her dream she wasn't at the centre of her group of friends, and in fact was left behind. She then said that when she was first at the school she had felt very left out because she was from a less affluent part of the town than the other children. She paused, and then said, 'You know, I'd never thought about it like this before, but I think I was always frightened that, unless I was at the centre of the crowd, one day they'd all turn on me.'

Tania tells me about her dream as an association to her own thoughts about being popular at school and my comment that maintaining her popularity might have been quite a strain for her. Her unconscious anxiety about not being wanted is conveyed vividly in her dream and as she begins to think about the content of her dream she becomes aware of just how anxious she actually was about her position in relation to her peers. As we explored her associations further, Tania was able to think about her fear that she was unlovable and that, unless she pleased everyone, no one would want her. It is through this attention to detail as well as by listening at a number of levels that unconscious material is accessed.

Making interpretations

As discussed previously, in the course of a session the counsellor can represent one of a number of important objects for her client.

Transference interpretations are those that refer specifically to the client's relationship to his counsellor and who she represents for him at that moment. Extra-transference interpretations involve understanding the links between events, thoughts, feelings or behaviour that are not directly to do with the relationship between the client and counsellor. Psychodynamic counsellors will use both types of interpretation.

Richard was a trainee counsellor who was in counselling with Frank. Richard had come to a session one day very upset that a fellow trainee, Gill, had started counselling with someone who, it was rumoured, had poor personal/professional boundaries. Richard had not known what to say to Gill, because he didn't want to upset her as she clearly liked her new counsellor, but at the same time he was very worried that she might be vulnerable to him abusing his power as her counsellor. Richard was aware that Frank knew the counsellor because they belonged to the same counselling organization. He found it difficult to believe Frank was unaware of this man's reputation. Richard had, as a child, been abused by a scout-master and Frank was aware of how sensitive he was to behaviour he perceived as an abuse of power. In the session Frank had helped Richard to recognize his impotence in the face of Gill's choice and to further explore his own fury about the abuse he had suffered as a child. He also interpreted to Richard that perhaps he was angry with him because, like Richard's mother, who had not protected him from abuse by the scout-master, Frank had not taken any steps to protect vulnerable trainees from a potentially abusive situation.

In this vignette Frank makes both types of interpretation. First, he makes extra-transference interpretations about Richard's impotence in the face of Gill's decision as well as about his own experience of being abused as a child. Frank addresses the transference aspects of the story by hypothesizing that Richard is angry with him because he has not protected someone who is vulnerable from a person who might abuse her. In fact we might say that at that moment in the transference Frank has become the mother who failed to protect her child from abuse. In making this interpretation Frank makes a link between the current situation (Richard's anger that his friend will be abused), the past (Richard's anger at his mother for not protecting him from abuse

as a child) and the transference relationship (Richard's anger with Frank for not protecting someone who is vulnerable to abuse). This three-way link of past, present and the relationship with the counsellor is called the Triangle of Person.

When interpreting we need to be careful that we don't avoid what the client is most concerned with at that moment. So, for example, if a client is very upset by something in his own life that he is working hard to face, it may not be helpful to make a transference interpretation. To do so may dilute the power of what he is feeling about a past or present hurt and make him feel he is not being heard. Conversely, if a client is really upset with his counsellor it is not always helpful to make a link with the client's past, even though it may be very clear that his distress has links to his past history. It is often uncomfortable for both client and counsellor to work with the issues that are causing most distress; it can be particularly difficult for the counsellor to keep interpreting in the transference when she feels attacked by her client.

Psychodynamic practitioners make transference interpretations in different ways. Many will advocate starting at the point that feels least threatening for the client, particularly if the relationship is new, or the work has moved into a new area. You will notice in the vignettes that I don't immediately interpret the transference aspects of the material. It can be appropriate to do so with a client whom we know well and who has been in counselling for some time. However, in general clients find it more acceptable if a transference interpretation is gradually built up to so that it isn't experienced as coming out of the blue.

The timing of an interpretation is crucial to its effectiveness. A poorly timed interpretation might be correct, but of no use to the client if it is experienced as intrusive or overwhelming. A badly timed but correct interpretation can even do harm if it increases a client's defensiveness about an area of sensitivity that he is not yet ready to think about. A correct and well-timed interpretation requires taking into account the client's perspective: it is important to think about how our interpretation will impact on him and imagine what it might be like to be him receiving it. An interpretation that is helpful will bring forth more material from the client and this in itself can be confirmatory of

the accuracy of the interpretation. This happened with Layla in the vignette above. When a counselling couple is working well the counsellor may well be ready to make the transference interpretation just before the client gets there himself; indeed, the client may make all or part of the interpretation himself.

The other kind of interpretation that can be made from the therapeutic relationship is a countertransference interpretation. Using one's countertransference as the basis for understanding a client is something that requires a high level of skill, and is one of the most difficult things to do well in psychodynamic work. A countertransference interpretation does not make direct reference to what the counsellor herself is feeling. Instead she uses what she thinks has been projected into her to try to understand what the client might not be able to face himself.

Now that Layla had acknowledged how much she wanted to find out more about what she had inherited from her father she began to think about what she would say to her mother and brother. She explored her options in a balanced and thoughtful way; although she was very practical and unemotional I felt some important work was going on. However, at the same time I began to feel increasingly anxious and unable to process what she was saying.

Eventually, after considering my own state of mind and deciding the level of anxiety I was experiencing was not consonant with my own current preoccupations, I ventured the following interpretation. 'You're thinking very carefully about how practically to talk to your mother and brother about wanting to find out more about your father, but I wonder whether it might be more difficult to face the possible emotional consequences of doing so.' 'I'm sure they'll be fine with it once they understand why I want to do it,' she replied. But later in the session she began to talk about her friend Caroline who had recently fallen out with her parents over not wanting to join the family business. Layla was surprised at the strength of the family row that had ensued. 'I wonder whether you are quite anxious about the possibility that your mother and brother might react as Caroline's family did once they know you want to find out about your father,' I said.

You will notice that I approached the countertransference interpretation carefully. Initially Layla did not want to pursue my offer to think about the emotional consequences of telling her family of her wish to find out more about her father. It was only after she told me the story of what happened to her friend that I felt she had given me permission to interpret more directly from my countertransference. To have made an initial interpretation about her feelings anxiety and fear of loss would have felt too threatening, given that she was so cut off from these feelings earlier in the session.

The structure of a session

What the client says at the beginning of a session might well hold a clue about the conscious, preconscious or unconscious preoccupations he brings with him; so it is always important to take note of any comments he makes on the way to the consulting room.

During an Easter break I had a minor operation, but when I returned to work still felt and looked tired. As she went through to the consulting room Layla commented that she hoped I was refreshed after my break – it was unusual for her to make that kind of personal comment and I wondered if it reflected an anxiety that I looked anything but refreshed. Later in the session she told a story of a work colleague who had taken a number of months off work for health reasons and whom she had visited regularly. I wondered whether she was anxious that she needed to look after me and whether I too might suddenly stop work. When I made an interpretation to this effect she confirmed that, on seeing me, she had wondered whether she could rely on me being well enough to see her at a time when she needed me to be available.

Most psychodynamic counsellors will see their clients once a week. So when the client arrives for his session he may need time to adjust to being back in the counselling relationship and talking about his inner world. The beginning of the session is likely to be about the client's

current preoccupations, and he may well start the session by telling his counsellor about what has happened since they last met. Carefully concentrating with evenly suspended attention the counsellor will listen for the underlying message his story may convey and begin to make links and interpretations.

Throughout the session the counsellor will be listening for themes in what her client is talking about, and thinking about how they relate to what she knows of him. She will make links and interpretations that deepen his emotional engagement with the feelings attached to the memories and associations that unfold. She will also help him gain a greater understanding of what he brings. The counsellor's work involves entering the client's world and becoming involved in his story and then standing back and taking an objective view of what he is saying and the interaction between them. She will make this transition several times during the session. During the middle stage of the session the client (and sometimes the counsellor too) may enter a state the Jungians call 'child time'. This involves losing a sense of time in the session in the way children do when they are playing. It is the counsellor's responsibility to hold the time boundary and to be aware that the end of the session is approaching.

Quite often the deepest understanding will come quite near the end of the session when the client is able to allow the unthought known to be thought and known about. Counsellors vary as to whether they give explicit warning that the end of the session is approaching. Some feel strongly that the client should always have warning, others feel it is only necessary if the client is deeply upset. Either way the end of the session should not come as too much of a shock to the client, so if he has been working with deep feelings the counsellor should begin to prepare for the end of the session, for example by making extra-transference interpretations to bring a greater sense of reality into the room. Certainly interpretations that could substantially increase distress should be avoided if there is insufficient time to address the accompanying feelings. Whether or not warning is given, once out of the session the client will have to contain his feelings himself. Often inexperienced counsellors are afraid of allowing too much emotion in the session for fear that

the client will be unable to contain it once the session is finished. While it is important that clients are not suddenly dropped at the end of a session some of this fear is associated with the counsellor's own anxiety that she might damage her client. Such concerns about causing damage should be explored in the counsellor's own personal counselling.

Further Reading

Lemma, A. (2016) *Introduction to the Practice of Psychoanalytic Psychotherapy*, 2nd edn. Chichester: Wiley.