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The role of emotion in therapists' training : a psychological and social exploration

Loren D. Helms
Smith College

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Loren Helms
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ABSTRACT

This theoretical study aims to explore emotionality and its particular relationship to students whom are training in psychotherapy. The study will examine emotion as it pertains to understandings of an individual's psychological structuring, the therapeutic process, and therapeutic growth. Emotion will be reviewed through psychodynamic theory and literature on therapeutic practice. In addition, the study will use a feminist lens to explore historical and social treatments of emotionality. Emotions and emotional expression will be considered as it becomes situated within social power heirarchies. Through these understandings and conceptualizations of emotionality, specific attention will be paid to the roles of psychotherapists. Contradictions between theory and practice will be evaluated. A focused look at intersubjectivity will offer as a synthesis as feminist principles relate to psychotherapeutic practice.

THE ROLE OF EMOTION IN THERAPISTS' TRAINING: A PSYCHOLOGICAL

AND SOCIAL EXPLORATION

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

Loren Helms

Smith College School for Social Work
Northampton, Massachusetts 01060

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CHAPTER I

INTRODUCTION

Each year a rolling wave of newly trained therapists populate agencies, hospitals, schools, and organizations and take post as a newly hired helping professional. They are equipped with theory, readings, technique, conceptualizations and their life experience and they are driven by aspirations to be agents of change and growth. Through their career they will encounter innumerable clients with innumerable concerns. They will likely witness stories of violence, pain, victimhood, and loss, as well as touching moments of courage, love, resilience, and transcendence. They will inevitably become intertwined in painful enactments, confusing impasses, and difficult ethical dilemmas. As they accompany their clients on the intentional exploration toward deeply rooted and deeply harbored beliefs and emotions, their own deeply rooted structures and complexes will certainly become activated. Is a students' familiarity with their own emotional selves as important as their ability to conceptualize and apply psychodynamic theory? Is their inner awareness and ability to navigate, utilize, and integrate their own emotional terrain as important as their ability to identify a client's defensive structure or psychosexual stage? Are they learning to experience, understand, and relate to their own emotional selves? Do they know first-hand what it is to move toward what Joan Berzoff (2008) describes as the dreaded and feared unconscious (p. 27)?

Would we agree that these things matter?

Psychotherapy itself postulates that an integration of locating inner material, processing or working through that material, and affectively experiencing the emotion that is associated with the material is the way in which individuals release the conditioning, stuck points, and distortions imbedded in the depths of their psychological structure (Berzoff, 2008; Fosha, 2005; Freud, 1915; Siegel, 2007). Yet, the barriers to doing so are many. Not only are difficult emotions painful to experience, but our psyche expels threatening material to our unconscious to purposefully keep it from our awareness. To add insult to injury, emotion faces an uphill battle in our society as it has been theoretically extracted from the whole and positioned as the antithesis to reason and rationality. A person having a painful emotional experience is not only struggling from the sensation of that experience in itself, but is simultaneously struggling with the societal assumptions and judgments associated to that experience. They at once are vulnerable to acquiring the ready-made identity that society has ascribed to emotionality. Emotionality, especially negative emotionality, encounters resistance on a psychological, a sensory, and a social level.

Phenomenon Through Theory

In this paper I will review the psychodynamic assumptions of a person's inner life and inner structure in relation to the ways in which emotionality is guarded against for the sake of the ego and also utilized for therapeutic healing. I will visit the patterns, conflicts, and neurosis that are considered manifestations of unresolved dynamics and emotions that have been deeply rooted in the unconscious. I will highlight the importance

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and centrality of emotion and emotional experiencing as it pertains to the healing and growth process. These psychodynamic assumptions will be applied to the particular circumstances of a student therapist. In particular, I will discuss the training of student therapists and the intellectual material that is emphasized and privileged in institutions. I will posit that, just as therapists require an emotional presence and integration from their clients, so too, is it vitally important to have training for student therapist that integrates the deeply emotional self.

I will then review the perspective of emotion from a feminist lens. I will consider how emotionality has historically become gender specific, and carries associations of weakness, dismissability, and instability. I will also review how rationality and emotionality have been dichotomized around axis of gender, class, and race (Jaggar, 1989, p. 165).

To synthesize the concepts of chapters three and four, the final chapter will include a review of intersubjectivity and thirdness. Power hierarchies, systemic oppression of emotionality and the feminine, and therapeutic relevance and utilization of emotionality come together in a relational approach to therapy. In particular, Jessica Benjamin's (2004) description of thirdness considers power dynamics as well as the emotional authenticity of the therapist as central and vital aspects of the therapeutic work. The discussion will also review how contextual pressures of the society as well as intrapsychic structures create barriers to emotionality. This final section will also consider how training institutions of therapists are in a unique position to create change.

CHAPTER II

CONCEPTUALIZATION AND METHODOLOGY

Research Question

This study aims to explore the role of emotion in therapist training through the following questions; What are the fundamental contradictions in excluding the deeply personal dynamics of the student therapist from the formation of their professional selves?

Theoretical Perspectives

This paper will consider the emotional realm of student psychotherapists by first; reviewing psychodynamic theory, with an emphasis on the naturally occurring functions of the psyche that tend toward distancing of threatening material. Secondly, the research question will be considered through a review of feminist theory and will explore emotion through a feminist lens. These theoretical perspectives will ground the role of emotion in the conceptualization of the psyche and the process of growth, and will provide a social context within which we can review emotion's historical associations.

Sequence of Chapters

The following section will outline the procession and organization of this paper. Chapter III is titled, "Discerning the Place for Personal Emotional Experiences for

Student Therapists". In this section I will review the phenomenon of this study. This includes the dichotomy of the personal and professional self as it specifically applies to students of therapy and their training experience. The study will explore the avenues provided by training institutions for the development and integration of the professional or intellectual self versus the development and integration of the personal or emotional self. This section will also identify and define terms that will be used throughout this work.

Chapter IV is titled, "Assumptions of Psychodynamic Thought; Theoretical Understandings of the Relevance of Emotionality to Personhood, Behavior, and Wholeness". This section will review the roots of psychodynamic concepts and the nature of psychological functioning as it relates to the automatic, systematic, and unconscious quarantine of difficult emotional experiences. The nature and consequences of unconscious material will be explored through psychodynamic notions of inhibited states of being. Additionally, this section will review the role which emotional experiencing holds in the psychodynamic idea of therapeutic growth and therapeutic release of previously unconscious or distorting inhibitors.

Chapter V is titled, "Feminist Theory and Reflections on Emotionality and Power Dynamics". This section will review historical perspectives on emotionality and the emotional self. This section will challenge what has conventionally been accepted as social construes of professionalism and rationality and its juxtaposition to experiential and emotional data.

Chapter VI is titled, "A Synthesis Through Intersubjectivity". This section will highlight psychotherapeutic trends toward increased acknowledgement of the therapist's self within the psychotherapeutic endeavors. The concept of intersubjectivity will be explored for its inclusion and consideration for the interaction of two different, but collaborating selves that constitute the therapeutic relationship to navigate toward therapeutic change.

Chapter VII is the Discussion section of this paper where final conclusions and summaries will be made. The research question, "Are there fundamental contradictions in excluding the deeply personal dynamics of the student therapist from the formation of their professional selves?" will be reviewed in light of the theoretical perspectives outlined in the sections preceding it. Also, this section will pay consideration to the strengths and weaknesses of this paper and the theoretical orientations used within. This final section will also outline the implications and relevance this study has for social work practice.

CHAPTER III

DISCERNING THE PLACE FOR PERSONAL EMOTIONAL EXPERIENCES FOR STUDENT THERAPISTS

Introduction

This thesis is an exploration of emotion as it specifically applies to student therapists during the course of their therapeutic training. This study will examine the theory and practice of psychotherapy in order to gain greater insight into affect phenomena within the science. Social structures will also be discussed in order to attain a great understanding and a broader perspective of systemic pressures and socially ascribed meanings associated with emotion. The points considered within are used as a frame of reference for conceptualizing and appreciating affect states, affect expression, and affect navigation for student therapists.

Let us begin by exploring what is meant by the word emotion. Marriam-Webster defines emotion as "the affective aspect of consciousness" (Marriam-Webster Dictionary Online, n.d., def. 2A). Consciousness is then defined as, "the quality or state of being aware especially of something within oneself" (Marriam-Webster Dictionary Online, n.d., def. 1A). Lastly, aware is defined as, "having or showing realization, perception, or knowledge" (Marriam-Webster Dictionary Online, n.d., def. 2). We could then consider emotion to be the affective component of having realization and knowledge, and thus

awareness. Words such as *feelings, mood,* and *affect* are commonly used interchangeably with emotion. Stephen Porges (2009) asserts that the distinctions between "emotion and affect" or between "emotional expression and feelings" are often arbitrary (p. 29). For the purpose of this paper, I will primarily use the term "emotion" and its derivatives.

In Literature

Regardless of the term used to describe the phenomenon, emotions are powerful to our daily experience. Even when an individual is not directly aware of emotional content, one's emotional undercurrent remains powerfully influential. The Honi-phenomenon, first recognized in 1949, illustrated how an emotional context affects basic sensory experiences of sight and the judgment of size. This originated through observations made at an Ames room. An Ames room is designed with specific geometrics to create an optical illusion for an observer. In this case, a woman was observing people within the room and reporting on her experience of the distortion of their size. When she observed her husband, she found him to be relatively unchanging within the room. She reported less visual distortion in her husband than in strangers. Warren Wittreich (1952) executed a study on selective perceptual distortions and, he too, found that an emotional and relational link can alter an observer's perception of a subject. Dion and Dion (1976) conducted similar research and again found support for this phenomenon, but with increased criteria for its occurrence. Particularly, they found that certain positive emotions were linked to this specific perceptive distortion. This phenomenon is one of many challenges to the notion of a "dispassionate investigator" which is the idea that one could make assessments or gather knowledge about an object with no subjective interference in the findings. Here we see that even the basic sensory faculty of vision is

interpreted through emotional filters. Allison Jagger (1989) comments on the myth of the dispassionate investigator and reiterates emotion's integral and inseparable role in human functions and faculties in the following:

> Just as observation directs, shapes, and partially defines emotion, so too emotion directs, shapes, and even partially defines observation. Observation is not simply a passive process of absorbing impressions or recording stimuli; instead, it is an activity of selection and interpretation. What is selected and how it is interpreted are influenced by emotional attitudes. (p. 160)

This statement places emotion squarely in the middle of what we may have thought were objective undertakings of observation. The emotional context of the observer is now seen as an ingredient that is woven into the fabric of their findings. For therapists, it would follow that their observations, assessments, and interactions are being informed by their clinical training and also their own underlying emotional landscape.

Furthermore, one's self-report is not a fail-safe tool for examining and assessing the complex interaction of the emotion within the observation. One's assessment of their emotions is inhibited by the limits of their awareness and emotional attenuation, which can leave one to be a fairly unreliable source on the topic of their own selves. Jaggar (1989) reminds us that being aware of one's emotions is not a prerequisite to being influenced by them. A person may not be consciously aware of their emotions, but they may still be responding in accordance with them. Lack of awareness does not mean that the emotions aren't present unconsciously or subconsciously. "Subterranean emotions exert a continuing influence on people's articulated values and observations, thoughts,

and actions" (Jaggar, 1989, p. 163). The lack of awareness of these subterranean emotions only inhibits the ability to consciously reflect on the impact that these emotions are having. Being unaware of the emotion does not protect from its influence in one's life, but rather, leaves one ignorant to its impact.

We have established that emotions are continuously informing and shaping our functioning. Even seemingly objective tasks of observation are intertwined with emotional data. Emotions have a critical and undeniable role in human processing. We have also seen that emotions contribute to and shape our lives regardless of whether or not these emotions are conscious or subconscious. The impact of emotions in our lives is pervasive, and their influence is not contingent upon our having any awareness of their existence. Now let's look more directly at the implications of this understanding of emotional influence for psychotherapy.

Richard Hansen (2009) discusses therapists' basic desires to be seen, acknowledged, and appreciated even by their clients. In addition, he discusses a therapists wish to be free to work in the way that suits them. Inhibitors and obstacles such as a client's lack of motivation, lack of time, lack of money, insurance complications and a host of other infringing variables, can impinge upon and restrict a therapist's work. Any and all of these can have a range of negative effects on the therapist. These unmet needs or desires can result in aggravation or unrest so subtle that it may go unnoticed. However, "our frustration inevitably will be directed towards our patients. Our unconscious hostility towards our patients… might make it difficult to bear their more intense affects, especially their anger towards us, lest we recognize aspects of our own projected hostility" (Hansen, 2009, p. 245). In this example we see that therapists, too, can be

subject to emotional needs and when the fulfillment of those needs are constricted, the emotion that may be conscious or unconscious in the therapist, "inevitably" is expressed. As Hansen notes above, therapists must recognize the hostility that they themselves harbor in order to move forward therapeutically. Paul Gray (2000) shows us that therapists have tended to have the most difficulty when it came to experiencing and tolerating aggression in their clients. If the aggression was directed at the therapist, it became that much more difficult to bear. He suggested that many therapists tended toward intellectually analyzing their patients' anger so as to distance themselves from their patients' aggression. This runs quite counter to recognizing one's own emotional contribution as Hansen prescribes. "We cannot hope to help our patients be less afraid of their aggression if we retreat via a too intellectualized approach" (Hansen, 2009, p. 245).

Orange, Atwood, and Stolorow (1997) discuss the dangers of this intellectualization as well. In particular, they examine several ways in which therapist's subjectivity, individuality, and personhood have escaped adequate acknowledgement by remaining behind the auspice of professionalism. Through a position of power and authority, practitioners have historically proclaimed neutrality and objectivity. The authors point to the contradictions of this claim and challenge that neutrality and objectivity are impossible to attain. They posit that the proclamation of neutrality can be a dangerous one as it affords the therapist a bypass so that their own contribution to the therapeutic climate might evade critique or examination.

The article reviews Sigmund Freud's prescription of abstinence and anonymity, Anna Freud's concept of equidistance, and Kohut's concept of neutral empathy. The article contends that, in each of these cases, neutrality, objectivity, and omniscience is not

the point of departure, but rather, that each of these concepts is imbedded within the practitioner's personhood and individual psychological organization that is unique to and informed by their particular biological, psychological, and social contexts. The authors submit that today's analysts doubtfully subscribe to these same conceptions of objectivity. However, they point to the silent strength of the myth as it continues to shape current understandings and conceptualizations. The expectation of neutrality (however outdated one may view it) has successfully established itself as the gold standard. Even relationally oriented therapists experience shame or reactive shamelessness when deviating from the revered stance of neutrality (p. 36). The foundation of psychotherapy rests in a viewpoint of therapists as a neutral and objective educated observer. Even though psychotherapy has had some remodeling through the years, the foundation certainly continues to have considerable impact on its basic structures.

The authors consider the use of claiming neutrality as a conveniently accessed defense. They note, "therapists are especially prone to make claims of neutrality when their patients' transference attributions threaten essential features of their sense of self" (Thomson, 1991 as cited by Orange et. al, 1997, p. 36). The article further articulates neutrality as a defensive function in the following:

> The pervasive, reified image of the mind in isolation, in all its many
> guises, is a form of defensive grandiosity that serves to disavow the
> exquisite vulnerability that is inherent to an awareness of the
> embeddedness of all human experience in constitutive relational systems.
> (p. 42)

The accessibility to such defenses is a dangerous luxury. As a therapist nears

uncomfortable material that may be challenging or disorganizing to their egoic selves, it

is all-too easy to then turn matters back onto a client. Central to this conversation is also

an examination of power dynamics and power hierarchies within the therapeutic dyad.

As early analysts theorized about psychotherapy, the positioning of themselves as

objective and invisible is very telling to the position of power that they may have held.

The concept of themselves as objective and their presence as having no impact is parallel

to the racial hierarchy and power structures at play that might encourage one to believe

that whiteness has no culture or that racial minorities are defined by their differentiation

to the "norm", and that this standard is conceptualized by and defined as the power elite.

The invisibility of such pervasive power makes it quite difficult to detect by those whom

enjoy its privileges and may make it difficult to capture or articulate by those who suffer

from its oppression.

The authors state that in letting go of these false claims to neutrality, therapists

would then be confronted by "Cartesian anxiety" and their "dread of structureless chaos"

(p. 42). They state that, "analysts must be prepared to bear the profound feelings of

vulnerability and anxious uncertainty that are inevitable accompaniments of immersion in

a deep analytic process" (p. 42). When this ambiguity, uncertainty, and vulnerability is

bypassed at the expense of another then therapists are perpetuating power dynamics

which interlink with the subversion of emotionality under rationality, intellectual under

experiential, and the gendered associations of female under male.

Therapists will undoubtedly face difficult emotional experiences within themselves and with their clients. An emotional sophistication is vital to the sensitive and complex work that a therapist performs with such intimate closeness to deeply personal aspects of the client. Therapist training thoroughly covers theory, development, and other conceptual information, but are the students learning to relate to their own emotional selves? Is emotional experience, emotional expression, personal history, or sophisticated understanding of one's self explicitly addressed? Are students understanding the power and influence of their continuous emotional responses and do they understand, through experience, the sensation of threat or relief when these states are processed and worked through? Are students cultivating a sophistication and attunement to the data provided by their own nuanced emotional shifts? And lastly, is this emotional intelligence being explicitly prioritized in the training for therapists?

An extensive study involving medical doctors researched the well being of client and practitioner as it relates to the effectiveness of treatment. "Our assumption throughout is that clinicians themselves must have recovery, renewal, and healing if they are to carry the burden of caring for the sick" (Schenck & Churchill, 2012, p. 193). This conclusion mirrors that which has been stated above; that the emotional landscape and well being of the clinician will directly affect the quality and nature of their work. In the healing profession, the nature of a clinicians work translates to the health and well being of a client. The authors continue and consider training as a place to begin integrating a new paradigm that supports the totality of the clinician and thus a more comprehensive and effective treatment.

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Many clinicians are not trained to understand what is going on inside

them. They have a lot of ego involved in the encounter, and the ego is not

very compassionate. Clinicians are taught not to bring their heart to work

because they fear being swamped by the hurt and suffering of patients.

They are caught in a cycle. They don't bring their heart, so they can't have

compassion for the patient. As a result they are often angry with their

patients. (Schenck & Churchill, 2012, p. 207)

Emotions are complex and multi-layered with biological and societal underpinnings.

Jagger (1989) states that "emotions are not simple instinctive responses to situations or

events; instead, they depend essentially on the ways that we perceive those situations and

events, as well on the ways that we have learned or decided to respond to them" (p. 160).

Jagger references psychologist, Averall, who likens the experience of emotion to "playing

a culturally recognized role we ordinarily perform so smoothly and automatically that we

do not realize we are giving a performance" (Averall as cited by Jagger, 1989, p. 158).

The sanctioning given by society coupled with the barriers to our own emotional

awareness further complicate the task of gaining an understanding of the ways in which

we are unconsciously identifying with socially scripted emotional presentations or being

influenced by them. Being aware that we are vulnerable to such influences on an

intellectual level does not dissolve the impact. "Such emotional responses may be rooted

in us so deeply that they are relatively impervious to intellectual argument and may recur

even when we pay lip service to changed intellectual convictions" (Jaggar, 1989, p. 165).

Affective charges and deep concepts operate and wield influence over individuals even

when that individual may denounce that concept on an intellectual level. Thus, making

the inner emotional structure and experience of the student a critical component for the way in which one interacts with certain material, with another, and with themselves.

Rationality and emotionality have been dichotomized and academia certainly bares the marks of this split. This will be thoroughly discussed in chapter four through a feminist lens. Jagger (1989) speaks to this false dichotomy and calls for a restructuring of our conceptualizations of education:

> Rather than repressing emotion in epistemology it is necessary to rethink the relation between knowledge and emotion and construct conceptual models that demonstrate the mutually constitutive rather than oppositional relation between reason and emotion. Far from precluding the possibility of reliable knowledge, emotion as well as value must be shown as necessary to such knowledge. (Jagger, 1989, p. 163)

Diana Fosha (2009), pioneer in Accelerated Experiential-Dynamic Psychotherapy, reflects similar sentiments as she grapples with a new understanding of emotion's role in education and knowledge:

> The questions become: How can we contend with emotions in a way that is progressive and transformance-informed rather than dread-driven and stopgap in its action? How can we make use of the transformation power of emotions and integrate their potentially profound gifts into our repertoires of self and relationships? (Fosha, 2009, p. 177)

In the previous statements both Fosha (2009) and Jaggar (1989) speak toward an all-together new way of understanding and relating to emotion. The shift that they propose extends to an alteration in our basic forms of knowing and includes a stance that values

emotion as a rich resource to be utilized. In many ways emotions are acknowledged for

their transformative power, for instance, in the necessity for clients to be emotionally

present in therapy. This is also reflected by the defense mechanism of

"intellectualization" and the encouragement for clients to not protect themselves behind

mental conceptualizations, which may "defend" them from the pain of therapeutic

growth. Even as emotionality is valued in these circumstances, there is high ambivalence

and tremendous gaps in the ways emotionality is understood, utilized, and responded to.

This is certainly true within the therapeutic community. The following chapters will

review these gaps and disconnects as they specifically apply to the field of mental health.

In the following chapter we will review emotions specific role in the theory and practice

of psychotherapy.

CHAPTER IV

**ASSUMPTIONS OF PSYCHODYNAMIC THOUGHT; THEORETICAL
UNDERSTANDINGS OF THE RELEVANCE OF EMOTIONALITY TO
PERSONHOOD, BEHAVIOR, AND WHOLENESS**

Introduction

> Such a man knows that whatever is wrong in the world is in himself, and if
> he only learns to deal with his own shadow he has done something real for
> the world. He has succeeded in shouldering at least an infinitesimal part of
> the gigantic, unsolved social problems of our day…. How can anyone see
> straight when he does not even see himself and the darkness he
> unconsciously carries with him into all his dealings. (Carl Jung as cited by
> Hollis, 1996, p. 28)

With these words Carl Jung speaks to the task before each individual to become
aware of our full selves. He suggests that this relationship with ones' self and particularly
the aspects of ones' self that are threatening, unbearable, and painful; the relationship
with our shadow, precedes the work that could occur on any other plane. He states that
through this work and the responsibility one takes for one's own unconscious, one can
only then begin to move into the world with clear sight. Jung reminds us that if this task
is left undone, we inevitably carry that darkness into every other aspect of our lives.

However, this task is difficult. To learn our own shadow, not only must we
challenge our conscious efforts to avoid that which is uncomfortable or anxiety

provoking, but we must also seek within our unconscious that which our psyche has mobilized to hide and suppress. We must overcome our own protective mechanisms, sort through our own defensive structures, our psychic organization, our own biology, to find ourselves. We must take our conscious ego and begin an expedition. We must navigate through emotional and experiential landscapes that the ego does not know. This terrain is unknown to the ego not because of an innocent ignorance, but precisely because of its threat to that same consciousness that now must embark upon it. To appreciate the difficulty and, perhaps, the impossibility of succeeding in achieving the aforementioned task of overcoming one's own nature, let us look at how psychodynamic theory conceptualizes human development and the mechanisms of defense.

Psychodynamic Conceptualizations

"Modern dynamic psychology and psychotherapy derive firmly from the scientific psychology innovated by Freud" (Wallerstein, 1966, p. 183). What we know today to be called psychotherapy has evolved from the work of Sigmund Freud and the concepts he developed about the mind. Though his journey did not begin with the infamous client, Anna O., his work with her certainly represents a turning point in his conceptualizations and practice. Freud, before encountering Anna O. and even for a short while afterward, used hypnosis as a primary tool in his clinical practice (Wallerstein, 1995). During the treatment of Anna O. it was discovered that by speaking freely of her symptoms the treatment navigated toward past traumatic memories that needed retrieval. Freud noted that her symptoms lessened in severity through this process, which she came to refer to as "the talking cure". "Freud "mulled over the implications of her venting…

and hatched the idea of repression" (Taylor, 2009, p. 53). "The essence of repression," Freud (1915) states, " lies simply in the function of rejecting and keeping something out of consciousness" (Freud, 1915, p. 147). However, the task of bringing this material out of unconscious darkness was in itself not enough to produce effective results. As Joan Berzoff (2008) succinctly states, "The goal of treatment was to remove symptoms by accessing and recovering repressed memories and verbalizing them *with the associated feelings*" (emphasis added, p. 29). The individual had to access the memory and actively participate in the re-experiencing of the dreadful emotion that had been associated with it to achieve sufficient transformation to satisfy the therapy endeavor. "Bringing unconscious material to light was not enough. Clients needed help in overcoming their resistances and their repression in order to work through what was unconscious, dreaded, and feared" (Berzoff, 2008, p. 27). These memories were affectively charged and elicited affective reactions of dread and fear. We understand that repression is a mechanism which "keeps out of consciousness that which is too painful, shameful, or dangerous to know or feel" (p. 26). The treatment then, is in essence a movement toward the pain, shame, and danger that had previously been unbearable; it requires a venture toward the experience of that pain for the purpose of its release. I revisit this point to distinguish the knowing aspect from the feeling aspect and to emphasize and reiterate the necessity of the feeling realm to this work.

"Psychological conflicts, Freud began to realize, were an inevitable part of psychic life" (Berzoff, 2008, p. 27). With psychological conflict being proposed as "inevitable", Freud conceptualized repression as the foundational force that censored unacceptable material from consciousness (Taylor, 2009, p. 53). He found that the

repressed material, while being cast to the unconscious, simultaneously sought awareness through neurotic symptoms. "What is repressed exercises a continuous straining in the direction of consciousness, so that the balance has to be kept by means of a steady counter-pressure" (Freud, 1915, p. 151). In effect, the mind was fighting itself; seeking the light of consciousness through symptomology while simultaneously protecting that consciousness from perceived threat. Freud refers to the ominous, hidden activity of the repressed in the following:

> It ramifies like a fungus, so to speak, in the dark and takes on extreme forms of expression, which when translated and revealed to the neurotic are bound not merely to seem alien to him, but to terrify him by the way in which they reflect an extraordinary and dangerous strength of instinct. (Freud, 1915, p. 149)

Freud wrote further on the fate of repressed material once it has been expelled into the unconscious. He conceived that the material remains engaged in continued activity and continued development, only this activity is sequestered from the conscious mind. He noted that repression does not cast material into dormancy or inactivity; rather repression only interferes with the relation of this material to one system of the mind, conscious awareness. "Repression does not hinder the instinct-presentation [repressed material] from continuing to exist in the unconscious and from organizing itself further, putting forth derivatives and instituting connections" (Freud, 1915, p. 149). He compares the development of repressed material to that of conscious material. He states that repressed material, "develops in a more unchecked and luxuriant fashion if it is withdrawn by

repression from conscious influence" (p. 149). So then, psychic conflicts (which Freud thought of as inevitable) systematically organized themselves within conscious and unconscious realms. Repressed material cast into the unconscious does not become dormant but continues to develop, organize itself, expand, and make linkages to new stimuli, however, this operation remains completely beyond conscious awareness. When aspects of the repressed material or the symptoms that result from this repressed material are revealed or presented to the individual, not only does it seem alien to them, it also *terrifies* them.

The task of therapy becomes more complex as we consider such automatic processes as repression and the visceral responses of alienation and terror at the sight of previously unconscious material.

A Defensive Nature

James F. T. Bugental was an influential voice in the field of mental health and more notably he contributed to Existential-Humanistic Theory. He was a Fellow of the APA and the first recipient of the Rollo May Award. Additionally, he served as the president of the California State Psychological Association. In his book, *Psychotherapy and Process* (1978), he summarizes the human tendency toward aversion and unconsciousness:

> In various ways we block ourselves: we don't see all the factors in a situation, suppressing awareness of ways we contribute to them, displacing responsibility onto others, enacting old patterns that were more appropriate when we were younger. We avoid direct confrontation of our

concerns, put off dealing with painful issues, and deny ourselves full inner

awareness. (Bugental, 1978, p. 49)

The resistances Bugental describes are a universal affliction. Clients of

psychotherapy are not alone in their defensiveness toward inner awareness. Naturally,

one would be hard-pressed to objectively see the myriad of routine resistances one

employs. The field of mental health as well as it's practitioners are of no exception. Just

as it is expectable for clients to have a degree of ignorance to their own defenses, the

practitioners themselves are subject to an identical vulnerability. The field of mental

health is not immune.

James McLaughlin's (1981) critique of the term 'countertransference' provides a

case example that illustrates the inhibited awareness that Bugental describes above.

McLaughlin directs his critique at the mental health community and challenges the

immunity that has been awarded to the personal psychology of clinicians. He calls on the

profession to:

place the internal processing of the analyst as equal to that of the patient

and remove the harmful privileging it has enjoyed as being free from

pathology, free from neurosis, and only reactive to the client. (p. 647)

He examines the implications of such a term and claims, "we should talk simply of the

analyst's transferences… countertransference is a gratuitously skewed term, implying

almost that a different psychology is operative for psychoanalysts" (McLaughlin, 1981, p.

647). McLaughlin addresses the mental health profession to recognize and acknowledge

the subjectivity, frailty, and distortion within itself that can easily be cast off and

accredited to clients. "The analyst is a resonant and affectively immersed participant observer in a powerfully evocative intimacy touching on all issues of the developmental past of both parties, from the earliest preoedipal through adolescence to current adulthood" (McLaughlin, 1981, p. 647). In this statement, McLaughlin calls forth the personhood and psychology and sheds light onto its opportunity for distortion and interference. The life experience and the ensuing effects which that experience has had on the individual clinician's psychology is acknowledged as an operating force within the therapeutic relationship. This principle is parallel to the foundations of Relational Theory and will be expanded upon in a later chapter.

In returning to McLaughlin (1981), the term "Counter-" has helped to tether the analyst's phenomena to the analytic situation and to the patient. The connotation is that of 'reacting to', which is "a comfort to the analyst claiming rationality, detachment, and imperturbability in the presence of the all-too-humanness of his patient" (p. 655). McLaughlin goes on to note that this allows the analyst to easily take a pejorative stance with the untoward behaviors of his patient and "an I-was-pushed stance toward his own" (p. 655).

The victimization imbedded within the I-was-pushed stance, together with the disavowal of the clinician's own psychology brings us to a review of defense mechanisms. Several processes are at the mind's disposal to assist in confining banished material in the realms of the unconscious. The unbearable and intolerable components of repressed material are contained so that the ego is protected from their conscious integration. "From a psychoanalytic point of view, ego mechanisms of defense are mental

processes that attempt to resolve conflicts among drive states, affects, and external

reality" (Plutchik, Kellerman, & Conte, 1979, p. 229). It is important to note that the

defense mechanisms must find ways to satiate the friction of challenges from external

reality. Psychotherapists are in a unique position in that the authority awarded to them

can serve to buffer them from friction from external reality. Being protected from this

external challenge allows the defense mechanisms to operate more smoothly with less

opportunity for detection. The mental health field then falls vulnerable to a loss in the

accuracy of its science at the sword of its own authority.

If we revisit Freud's assertions on the nature of the unconscious we remember that

when one is faced with their own repressed material, they view it as alien and respond

with terror. The Marriam-Webster Dictionary defines the terms "alien" and "terror" in the

following ways. First, "alien" is said to mean, "differing in nature or character typically

to the point of incompatibility" and "belonging or relating to another person, place, or

thing" (Marriam-Webster Dictionary Online, n.d., def. 1A, 2). Secondly, "terror' is, "a

state of intense fear" and "a cause of anxiety" (Marriam-Webster Dictionary Online, n.d.,

def. 1, 2C).

Let us now consider these definitions alongside the defense mechanism of

projection. Schamess and Shilkret (2008) encapsulate projection in the following way;

> The ego deals with unacceptable impulses and/or terrifying anxieties by
>
> attributing them to someone in the external world. In this defense,
>
> individuals do not experience or acknowledge the projected impulses or

anxieties as their own…. They feel victimized by some other person. (p. 79-80)

In McLaughlin's discussion of the usage of the term 'countertransference' and the reactive position it creates we see the disavowing of the clinician's own psychology, the alienation of their subjective material, and then the victimization to the degree that subsequent actions or affects of the clinician are conceptualized as resulting from and brought about by the client.

The psychotherapeutic situation lends itself to such projections. A clinician can all-too-easily stave off integration of their own troublesome material by proclaiming it as external. The authority with which this is proclaimed is a feature that further protects the clinician's psyche from ownership and integration as their title of expertise serves to diminish the degree of challenge it faces from external reality. The protection from external challenges allows for a more invisible evasion of one's own unconscious material. The usage of the term 'countertransference' exemplifies systematic ways in which a clinician's own pathology has opportunity to admonish itself by proclaiming it in the patient. The patient is furtile soil for such projections as they have likely entered therapy under the assumptions that they will work with an expert who will assist them in uncovering aspects of themselves to which they had not been aware.

McLaughlin (1981) reminds us, "the analyst's transferences, are, as they are for the patient, involved in everything he does. This especially includes the functioning of his work ego…. More important than what we call it is the concept of an unbroken

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continuum of transference in the workings of the analyst, from his infantile beginnings to his best working behind the couch" (p. 657).

What we see is the difficulty that an individual faces in being objective about themselves. We see the psychological barriers to accessing and working through one's own material. We see how, when faced with integration, projection offers the ego a far less disruptive avenue, in which, the daunting task of assimilating and acknowledging the material as one's own can again be evaded. In addition, we see how the unique position of a therapist might further complicate the task of integrating one's own repressed material.

The ego's attempts to pull away from discomfort and distress is outlined in Freud's suppositions of repression and is illustrated in the review of defense mechanisms. How then, might an individual disarm the resistant forces of their psychic structures and unfetter the energetic potential that had previously been bound in its repression. How could one protect against one's own unconscious systems? The psyche defaults toward efforts in quarantining discomfort and this results in gaps of consciousness with inaccessible fragments of one's experience. As mentioned earlier in the chapter, the mind must engage in itself. It is proposed that one must access, work through, and affectively experience the threatening material.

Integration; The Way Out

Studies in mindfulness shed light onto the phenomena of the mind as it engages in observation of itself. In, *The Mindful Brain,* Daniel Siegel (2007) describes that through mindfulness, "The tendency we may have to pull away from the distressful feelings is

replaced by an open spaciousness in our minds to move toward a challenge, to go forward and engage in the internal and external world" (p. 223). The therapeutic process has specific links to the acts of verbalization and emotional experiencing. "One facet that may support emotional balance is the capacity to use words to describe our feelings" (Siegel, 2007, p. 223). A study by Ochsner, Bunge, Gross, and Gabrieli, (2002) supports this claim. They found that people who "use words to describe their internal states, such as their emotions and what they perceive, are more flexible and capable of regulating their emotions in a more adaptive manner" (As cited in Siegel, 2007, p. 224). In the previous examples the emotion is acknowledged and then verbalized. In a study by Hariri, Bookheimer, and Mazziotta (2000) the component of verbalization is underscored and we see that the act of verbalization has a unique contribution to this process. "The act of labeling the type of intense emotion you see in a picture keeps limbic firing more in balance than observation without description" Their study points to "a network in which higher regions attenuate emotional responses at the most fundamental levels in the brain and suggest a neural basis for modulating emotional experience through interpretation and labeling" (Siegel, 2007, p. 225). The act of interpreting the emotion and proceeding with labeling that emotion activates this modulating function. Also, labeling the intense emotion achieves greater balance than observation alone, without the labeling.

Kathleen Ferrara (1994) conducted a study involving 48 hours of recorded sessions that followed the treatment of ten clients undergoing therapy. She describes the importance of narratives in the therapeutic endeavor and surmises that at its base, "clients must note that the event *has* importance, and then as more details become available to them, they become aware of the "affect" (emotional impact), and third come to

experience the affect" (p. 53). In this parsimonious accord of the therapeutic process we again see the requirement of affective experience.

Daniel Siegel (2007) conceptualizes the phenomenon of knowingness as having three essential components, which are sensation, observation, and conceptualization (p. 75). "Attunement emerges as integration is created" (p. 78). The integration of an intellectual understanding as well as an experience and sensation-based understanding is again referred to by Jerome Richfield (1954) in his discussion of emotional and intellectual insight:

> The essential point for our purpose is that any cognition of a subject which is derived by description is knowledge *about* that subject and may be independent of any acquaintance with the same subject….Only when knowledge takes this form [acquaintance] is it possible for the cognitive object to receive the necessary integration into the ego… the awareness must have the need itself as its object, and not merely facts about it, before changes in the distribution of cathexes are to be brought about. (p. 401)

Richfield stresses the importance of both a conceptual or cognitive knowledge and an acquaintance with an object for a true knowledge of the object to integrate into the ego. Only then can "change in the distribution of cathexes" occur. This point is further illustrated and phrased such that it is applicable to the workings of psychotherapy:

> With proper timing and appropriate blending of the intellectual and emotional, the material which is brought to consciousness is dynamically accessible to interpretations, and the insights which follow feel authentic

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and immediately applicable to inner and outer life. (Valerstein, 1962, p.

322)

Conclusion

The *raison d'etre* of psychotherapy is partially the exploration and science of

understanding and conceptualizing the phenomenon of the mystery of being human; the

investigation of our own experience through the consciousness of ourselves. But it is not

just exploration for exploration's sake. There is an aim to improve the quality of life in

those that seek it. And psychotherapists subscribe to a psychotherapeutic belief that

through our theoretical understandings of a person, which includes their individuality,

biology, spirituality, and society, we can work to remove inhibitors that may have served

as obstacles between one's self and this improved existence. Shared amongst the

psychotherapeutic approaches is the assumption that achieving this improved state

requires entering into the threatening or painful emotional material that has previously

been unbearable, and thus, cast into the unconscious. It requires that we bring experiences

to light and through integrating these painful places we engage in a transformative

process that is the essence of therapy. A clinician works collaboratively toward alleviating

the client's resistances and releasing interference so that the client's behaviors, affects,

and impulses are no longer bound by associations to internal remnants of past situations.

Just as the clinician works toward this with the client, so must the field of mental health

work toward this clarity within itself. Just as client's behaviors and perceptions can be

disrupted by internal dynamics, identically these dynamics can disrupt the perspectives,

behaviors, and assumptions of the clinician. Numerous accounts of effective therapy have

legitimized the necessity of affective and emotional experiencing for transformation, so too must practitioners meet these requirements to achieve a release of their own neuroses in order to attain a new perspective; a new seeing.

As this chapter illustrated, both conceptual knowledge and emotional experiencing are required to integrate material into the ego and achieve attuned knowingness. I wish to highlight the necessity for an emotional education in the particular case of student therapist. There is a balance of the cognitive and the emotional and it is "imbalance that seems to keep us alienated from ourselves, distant from our own mind. Top-down influences on our perceptual channels twist our capacity to read our own cues" (Siegel, 2007, p. 70). Siegel goes on to reiterate that awareness needs to "fall into" the domain of sensation to achieve internal attunement (p. 70). Jung states, "a good half of every treatment that probes at all deeply consists in the doctor's examining himself… it is his own hurt that gives a measure of his power to heal" (as cited in Stevens, 1994, p. 110). Otto Kernberg (1984) shares similar sentiments that the therapist's empathic attitude is "derived from his emotional understanding of himself and from his transitory identification with and concern for the patient" (p. 119).

A solely intellectual and cognitive training for student therapists is an incomplete training. The implications of this incomplete training are that without the attunement achieved through integration, student therapists carry their repressed material into every aspect of their lives and professionally, will be in a position in which their unconscious material might be protected by the authority of their title. Emotional processing and affective experiencing is required for clients of therapy who aim to release unconscious

dynamics. It seems then, an emotional processing alongside an intellectual

conceptualization would be necessary to achieve a fully integrated training for the student

therapist.

CHAPTER V

FEMINIST THEORY: REFLECTIONS ON EMOTIONALITY AND POWER DYNAMICS

Introduction

Social work as a profession is committed to a perspective that is unique from other mental health disciplines. Social work centers around the relationship between person and environment and uses this relationship to inform its conceptualizations and interventions. An individual's development and psychology is viewed within social contexts and considers the unique position one holds in the larger social structure. In holding true to social work practices, we must look at any problem as it occurs within a client, as well as the problem's unique social positioning. What does it mean to be emotional? This question requires that we investigate emotion in a social context. Popular and historical conceptions of emotion have been shaped by emotion's linkage to the feminine. Thus, to understand the social position of emotion, we must understand the social position of women. The following chapter will review the feminist movement and highlight the systemic oppression of the feminine in the fabric of our current culture. I will pay particular attention to the ways that emotionality and rationality have been accepted as mutually exclusive phenomena, attributed to gender, and operate in a wider social structure of power and domination.

Gender categories hold several associations and represent many traits beyond just rational or emotional. Through these numerous associations there becomes numerous channels through which sexist inequality is achieved. The masculine has been characterized as disembodied, emotionally detached, analytical, deductive, quantitative and oriented toward values of control or domination. The feminine has been characterized as embodied, emotionally engaged, synthetic, intuitive, qualitative, relational and oriented toward values of care (Anderson, 2011). These associations are "reinforced through the distinctive types of labor assigned to men and women—men having a near monopoly on the theoretical sciences, war-making, and on positions of political and economic power calling for detachment and control; and women being assigned to hands-on emotional care for others" (Anderson, 2011). "My feminist postmodern reframing holds that a system that enforces a hierarchy within which the rational (mind/soul) elements are designated as the masters of the inferior body (emotions) reproduces the male/female dichotomy" (Gergen, 1995, p. 361). Mary Gergen positions the dominance of rationality over emotionality as an extension of the dominance of male over female. The oppression of emotionality perpetuates and is perpetuated by the oppression of women. The emancipation of emotionality is part and parcel to the feminist agenda and the privileging of rationality is a complex and pervasive tool used authoritatively, that among other things, demarcates a socially constructed superior from inferior. In addition to seeking equality and rights for women, feminist causes have incorporated a range of socially disadvantaged groups. From the racial privilege of the early white feminist groups, they historically overlooked, neglected, or in some cases perpetuated oppression of African American feminist counterparts (Kemp & Brandwein, 2010, p. 343). African

American feminists were in a unique position that did not have the luxury of being oblivious to the intersecting power dynamics that contributed to overlapping and interrelated positions of oppression. "Affirming African American women's tenacious history of struggle and resistance, their feminist practice (and theory) was inherently multidimensional; long before academic theorizing on 'intersectionality,' African American women focused simultaneously on race, class, poverty, place, and gender" (p. 343). bell hooks (1984) succinctly describes feminist theory and activism as aimed to "eradicate the ideology of domination" (p. 26). The commonality among these aims is toward equalizing a social power imbalance. In these intersections of gender and their assigned traits, feminist objectives expand to include power differentials on several levels and among several categories.

Power

Oppression, domination, and social hierarchy are organized and made possible with and through power. The Merriam-Webster Dictionary defines power as, "The ability to act or produce an effect; capacity for being acted upon or undergoing an effect; legal or official authority, capacity, or right; possession of control, authority, or influence over others; a controlling group; physical might; mental or moral efficacy; political control or influence" (Merriam-Webster Dictionary Online, n.d., def. 1A:1, 1A:3, 1B, 2A, 2C, 3A, 3B, 3C). When we take these many definitions into account power is seen to span from sovereignty over others to sovereignty over one's self. Power is control in physical, mental, moral, and political arenas. It not only delegates who may have authority over others, but who maintains the ability to exercise authority over themselves.

Holly Angelique (2012) paraphrases Foucault's (1980) assertions of power and states, "power is always present, in all contexts, influencing all social discourses, and often operating below our level of awareness" (Angelique, 2012, p. 78). Power is not only ever-present and pervasive, but it is chronically out of our awareness. We tend to continuously find ourselves ignorant of its operations. Power not only stifles particular voices and points of view, but it lends itself to an emergence of its own brand of "knowledge". Michel Foucault (1980) describes this element of power below;

> Power would be a fragile thing if its only function were to repress, if it worked only through the mode of censorship, exclusion, blockage and repression, in the manner of a great Superego, exercising itself only in a negative way. If, on the contrary, power is strong this is because, as we are beginning to realize, it produces effects at the level of desire – and also at the level of knowledge. Far from preventing knowledge, power produces it. (Foucault, 1980, p. 59)

The momentum and force that power can create gives one an idea of the difficulty inherent in dismantling that power. Foucault goes on to comment on how deeply rooted power is and how very difficult it would be to "elude its embrace" (p. 59). "That is why the notion of repression, which mechanisms of power are generally reduced to, strikes me as very inadequate and possibly dangerous" (p. 59). The stealth of power would make it quite easy to understate or overlook its reaches. Foucault's use of the term "dangerous" is a warning against underestimation. Angelique (2012) points out that dominant ideologies operate within power structures that favor the elite and that this power manifests in social

systems as well as within individuals (p. 78). She concludes that, "cultural hegemony is veiled, insidious, and largely unquestioned as it is perpetuated through dominant institutions" (p. 78).

So then, the systemic denigration and subordination of women is through an ideology imbedded within individual persons as well as the larger social structure. In Feminists' efforts toward equality, they have had to identify, resist, and work to dismantle the power structures that have maintained men in a position of dominance. This is a complex, multi-faceted, and evolving task considering that these power structures are "veiled, insidious, and largely unquestioned" as Angelique describes above. As Foucault illustrated, the power imbalance serves to silence the voices of the oppressed, but also generates new "knowledge", which strengthens the existing power configuration. Built into the social structure are imbedded ways to discredit opposition to its authority. That authority can also utilize a kind of circular reasoning by assigning labels to behaviors, which in turn, will support and justify the inequality within its dynamics. This false logic is successful because dominant ideologies are not only present within the social structure but also within the individual: internalized. Let us again remember Angelique's description of power as "veiled, insidious, and largely unquestioned". Jaggar (1989) illustrates this fallacy below;

> Although there is no reason to suppose that the thoughts and actions of women are any more influenced by emotion than the thoughts and actions of men, the stereotypes of cool men and emotional women continue to flourish because they are confirmed by an uncritical daily experience. In

these circumstances, where there is a differential assignment of reason and emotion, it is easy to see the ideological function of the myth of the dispassionate investigator. It functions, obviously, to bolster the epistemic authority of the currently dominant groups, composed largely of white men, and to discredit the observations and claims of the currently subordinate groups including, of course, the observations and claims of many people of color and women. The more forcefully and vehemently the latter groups express their observations and claims, the more emotional they appear and so the more easily they are discredited. The alleged epistemic authority of the dominant groups then justifies their political authority. (Jaggar, 1989, pp. 164-165)

Jaggar demonstrates how power has produced its own knowledge, which reaches a critical level of unquestioned acceptance. At this point, the system is able to produce its own momentum and the flawed foundation on which it was built is no longer of consequence. Emotionality denotes inferiority and illegitimacy and is used to maintain power structures through arguments that discredit any claims contrary to those held by the current power elite. Those who present counter claims are discredited by the false logic of the flawed system, which arbitrarily and unquestioningly problematizes emotion. This mechanism maintains emotionality as well as marginalized groups within a social classification of inferior and illegitimate.

"Feminist theorists have pointed out that the Western tradition has not seen everyone as equally emotional. Instead, reason has been associated with members of

dominant political, social, and cultural groups and emotion with members of subordinate groups" (Jaggar, 1989, p.163). "From Plato until the present, with a few notable exceptions, reason rather than emotion has been regarded as the indispensable faculty for acquiring knowledge" (Jaggar, 1989, p. 151). By denouncing emotionality and ascribing it to all subordinate groups, in addition to privileging rationality and marrying it to knowledge, the stratification of power leaves the subordinate groups theoretically disadvantaged for even accessing "knowledge". The association drawn between rationality and knowledge leave the power elite in a position of authority with the added advantage of being able to lay claim to "knowledge". The masculine "ownership" of knowledge has resulted in an inherently patriarchal system for education and academia. Angelique (2012) cites universities as being a dominant institution that perpetuates the ideologies of the elite and helps to maintain the hierarchal power structures (p. 78). She asserts that, "one of the functions of higher education is to indoctrinate us into the dominant values of both patriarchy and the middle/upper class" (Angelique, 2012, p. 87). Education is in a unique position because of its vital importance to social and individual growth as it is simultaneously steeped within a patriarchal system and creates momentum for the hierarchal structures. Angelique comments on the utility of education and the inherent power dynamics, which operate within education in stating, "education, and the privilege that manifests through our inevitable transformation resulting from it, changes us all. For survival in the academic world, we must adopt characteristics of middle-class identities" (p. 87). Historically we can see this linkage between education, legitimacy, and the masculine even within the profession of social work. After World War II, social work deployed a deliberate strategy of "recruiting men in the belief that they would raise

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the profession's status" (Kemp & Brandwein, 2010, p. 349). The concept of the masculine as holding legitimacy, authority and knowledge is evident. This strategy targeted the high status of men to heighten the status of the profession of social work. Following this recruitment, women became increasingly underrepresented in leadership and professional publishing (p. 349). The culture of the profession as well as the culture of the training institutions felt the shift toward "masculinity" which affected the profession's focus, the manner in which the profession was practiced, and the methodology for education. "Implicitly, women were pushed to adopt 'male' attributes of competition and rationality" (p. 350).

Concepts of knowledge have been influenced and shaped by its different associations to gender. As feminists strive toward new conceptualizations of power and gender, they propose new conceptualizations of knowledge as well. The validity of emotional and experiential knowledge is reemerging and finding its place as gendered knowledge is viewed as being incomplete and inherently flawed;

> Phenomenological knowledge, *de se* knowledge, knowledge of persons, know-how, moral knowledge, knowledge informed by emotions, attitudes, and interests; These kinds of knowledge are often gendered, and they can influence the propositional claims people are disposed to form and accept. This has critical implications for mainstream epistemological conceptions of knowledge, insofar as the latter are based on false generalizations drawing only from examples of ungendered knowledge. (Anderson, 2011)

Mary Gergen (1995) also speaks to the shortcomings of the popular conceptions to knowledge. She includes the mind/body, rational/emotional, male/female dichotomies and the fallacy on which masculine domination is based.

> The Cartesian philosophical stance appraises the importance of the mind over the body. The ideal human activity requires that the mind act independently of the body. The body is the source of the emotions, which are considered part of the instinctual, animal core of the human being. The rational mind is placed in domination over the animalistic aspects, including the emotions. (p. 362)

"The implicit suggestion is that truly reasonable behaviour is instrumental and objective, and involves no personal judgments or bias" (Oliver, 1991, p. 343). Gergen (1995) goes on to challenge the accepted premises of mind/body separation and a natural mind over body hierarchy;

> There is no argument… as to why one should believe that people are capable of 'noticing', that is, judging, evaluating, comparing, or in some sense reflecting on the nature of their experiences, in a way that is separate and somehow free from their historicized life space. I would challenge the means by which Descartes, or anyone else, for that matter, can successfully transcend their historical and material conditions to reflect upon their experiences. (p. 362)

Here we see the privileging of mind over body and the historical pressure to develop and identify with intellect. Emotion and body were to be mastered, disengaged with, and their

influence ostracized. One acquired more credibility and social power through the degree

of dissociation they achieved in regards to their emotional, embodied selves. The

comments above point to the fallacy and impossibility of this notion. The concept of

arriving at an objective awareness via intellectual mastery and emotional disengagement

to achieve a controlled neutrality and unbiased self is criticized as all together impossible.

As Gergen states above, one cannot transcend their own being. The disavowal of an

aspect of one's being is certainly not transcendence, but relative blindness.

The Art of Passing

A multitude of categories have social significance enough to supplant a person

within a group that either awards them privilege or suffers them oppression and

discrimination. For some of these categories, membership cannot be concealed, or is

unlikely and perhaps infrequently concealed as is the case for race, gender, ability, age,

and so forth. For other categories, certain behaviors can complicate the ease of distinction

between one group or the other. For example, individuals who identify as homosexual

have frequently found themselves in social positions where disowning this aspect of their

identity, or "passing" as heterosexual, has allowed them to sidestep otherwise difficult

social repercussions and the oppressive dynamics that are entangled within. To an extent,

and available to certain persons, the same can be achieved for class. One can "pass" as

belonging to a class group, which might afford them greater privilege within society and

free them from their previously oppressed classification within that category. Robert

Granfield (1991) conducted a study, which examined the power structure of class. The

study examines passing, the pressures to do so, the strategies used to pass successfully,

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and the experience of the individual as they make efforts to interact with and be received by the world differently. The study focused on the behaviors of marginalized students whom held middle-class identities as they became immersed in a prestigious law school in which high social class and, thus, higher social status, was the norm. I find this study relevant to review because, though it does not pertain to emotionality in particular, it examines a socially stigmatized and oppressed position, which, similar to emotional expression is not overtly visible. The study is also conducted within a prestigious academic institution. As stated earlier, institutions and the authority on knowledge historically serves to perpetuate dominant ideology and maintain power imbalances for the elite through their structure and practices. The study holds further similarities as the law students of this study proclaim ideals for social justice, empowerment, and equal rights as the impetus for their strivings, at least initially. The study found that by the end of the student's training, many had adopted narratives that justify their transition away from a social justice focus to working with and for more elite environments (Granfield, 1991, pp. 344-346). Students were found to employ strategies that would conceal their circumstances, uniqueness, and differences, which allowed them "to better participate in the culture of eminence that exists within the law school and reap available rewards" (p. 340). He found that "concealing one's… circumstances and the stigma that may be associated with it assist individuals in dealing with any rejection and ostracism that may be forthcoming were the person's actual status known" (p. 339). Through various pressures within the environment, deviants to the power elite are influenced through the power structure toward cultural hegemony or oppression. The risk of resistance or deviance, as is so clearly illustrated in the case of emotionality, is the risk of invalidation,

inferiority, and illegitimacy. "Working-class students must disengage from their backgrounds if they desire to escape feeling discredited" (Granfield, 1991, p. 339). As the wider society subscribes to the dominant ideologies, the structural hierarchy is more effortlessly and invisibly maintained. The oppressed status of certain groups translates into a society that manifests these ideologies. As one of the interviewees found, her status translated into the inability to be hired. In her experience of the interviewing process she realized the importance of assimilating herself with the power elite as her "membership" and alignment to the norms of the higher class overshadowed her capability and competence in the profession (Granfield, 1991, p. 342). Her oppressed status materialized into concrete barriers for hiring and the inaccessibility of financial opportunity. The way to overcome this obstacle was to adopt the socially privileged position and strengthen the cultural hegemony. Marginalized individuals quite literally face marginalized freedoms. "Stigma limits one's opportunities to participate in social life as a complete citizen" (Granfield, 1991, p. 338).

Conclusion

The pervasive influence of power and its presence within every social discourse requires that attitudes toward advantaged and disadvantaged groups be investigated. This includes a critical review of the ways that gendered character-trait associations are labeled and either validated or invalidated, included or ostracized. Institutions such as universities have been so closely affiliated and intertwined with the power imbalances and hierarchal social structures that a review of these stigmatizing attitudes is all the more relevant. In oppressed categories where the oppressed trait is not physically recognizable

(such as race and gender in relation to class or emotional expression) then the struggle is located internally in an individual as they navigate the decision to buy themselves access to increased social freedoms and privileges through identification with the socially superior group, or they sacrifice these advantages and identify with the socially inferior group.

In regards to emotionality, in the event that one makes a conscious choice to display emotionality, they are at once risking invalidation in their social context as they counter the social pressures to identify with the intellect and disavow the emotional. In intellectual institutions such as universities, the intersection of gendered knowledge and invalidation complicate this further as one must adequately meet the intellectual requirements of the institution to gain the privilege and freedom afforded by the credentials that they receive.

CHAPTER VI

DISCUSSION

Summary

The previous chapters have sought to illuminate the role of emotionality as it pertains to the functioning and training of a psychodynamic therapist. In chapter three, emotionality was reviewed within classical and foundational theories of psychodynamics and psychotherapy to point toward the automatic ways in which our psychological structures resist negative emotion. Chapter three also reviewed that while negative emotion is resisted on multiple levels, it is simultaneously a necessity in therapeutic growth. The experience of navigating through this emotional terrain was promoted by several positions and individuals for its value in healing the inner dynamics of the therapist and protecting against ways that inner dynamics inevitably become present in therapeutic relationships. Emotional experiencing was also promoted for the fact that first-hand experience contains a unique aspect of knowing. Experiential knowledge can combine with the more traditional ways of knowing, such as intellectual conceptualization and observation, to merge into a more wholesome understanding; a more complete knowledge.

A feminist lens was used in chapter four to examine the power of patriarchal societal structures. The chapter reviewed the separation of emotionality and rationality

and how these falsely split parts came to contain complex and meaningful symbols in the culture. The subversion of emotion beneath rationality results in a hierarchal relationship, which is translated and paralleled amongst the many associations of both emotion and ration. Attention was paid to the charged and condemning ways that emotion has been regarded, received, and responded to on an individual and systemic level. Inherent in this discussion was the concern for power dynamics and the nature of power, which creates its own self-sustaining momentum.

Reflections on a Third Space

More and more, psychodynamic therapy is embracing an increasingly relational approach. Theory is shifting and expanding as it acknowledges the personhood of the therapist and the significant ways that this personhood effects the treatment. One such psychologist whom is contributing toward this expanding understanding is, Jessica Benjamin. As a psychologist, professor, author, and feminist, Benjamin's work is useful in this study as it incorporates power dynamics and emotionality as they particularly pertain to the therapist and the therapeutic relationship. I will now focus on her conceptualizations of intersubjectivity and "thirdness".

Benjamin (2004) proposes the "third" as the point from which a dyad can alleviate the lock of complementary twoness. The third creates space as each partner in the dyad exists separately, but connectedly, within their mutually created relationship (Benjamin, 2004, p. 7). Roles manifest within complementary twoness and these roles can entrap the couple and hold the relationship at a deadlock. Doer or done to, victim or victimizer, right or wrong, to resist or submit become irreconcilable polarities. Benjamin

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contends that the therapy is dependent upon the therapist's ability to hold onto the thirdness and that if the therapist "gives from a position of pure complementarity (the one who knows, heals, remains in charge), the patient will feel that because of what the analyst has given him, the analyst owns him; in other words, the analyst can eat him in return" (Benjamin, 2004, p.14). The intensified positions, which equate the therapists offerings into the power to "eat him" draw from our primal relationships of complete dependency. For the analyst, the experience of her own separate self, 'her being a person with her own needs, will kill the patient" (p. 14). Entering into the enactment with its unique dynamics is viewed as a naturally occurring and inevitable course for the treatment. "Recognition continually breaks down… thirdness always collapses into twoness… breakdown and repair are part of a larger process" (p. 29). The work that occurs during this collapse of thirdness is the soil for much of the therapeutic healing. It is an avenue into new therapeutic progress. "Becoming part of the problem is how we become part of the solution" (p. 29).

So where does one go from here? How can the therapist resolve the gridlock of kill or be killed complimentarity? Benjamin states that to resolve impasses, "the recovery of subjectivity requires the recognition of our own [the therapist's] participation" (Benjamin, 2004, p. 11). She adds that this recognition usually involves overcoming our resistance to blame by surrendering to our own responsibility (p. 11). Viewing the therapeutic work in this light lets us conceive of the therapeutic process as inevitably finding its way toward an impasse, which effectively halts the process by the nature of its salience to the dynamics of both the client and the therapist. To move forward from this point, Benjamin points to the therapist to lead the way, to surrender. To surrender,

therapists are invited to take responsibility for their contribution and maintenance of the impasse. Therapists must direct their gaze inward and "honestly confront our feelings of shame, inadequacy, and guilt to tolerate the symmetrical relation we may enter into with our patients" (Benjamin, 2004, p. 29). Re-establishing the third is "reachable only through this experience of taking responsibility for bearing pain and shame" (p. 33). As has been addressed previously in this paper, requesting that an individual bear such difficult emotion is requesting a very difficult task, which will be resisted by the body and mind in several ways. The therapist's position of expertise may serve to compound the difficulty of taking the first step. After all, the treatment is for the client. The client's resistance, affect, growth, and defenses are the subject of the therapeutic endeavor. However, the therapist must not lose sight of the ways in which her presence and influence contribute to the creation of the shared space and "the analyst needs to work through her fear of blame, badness, and hurtfulness, which is tying both the patient and herself in knots" (Benjamin, 2004, p. 27). At this point, with client and therapist at a draw, mired in the power struggle of complementarity, the therapist's position allows her the authority and opportunity to revert to interpreting resistance or utilizing other techniques that could effectively place onus onto the client. Whether or not the client is being stubborn, uncooperative, unreasonable, or a host of other things, which may very well be likely is of no consequence and will not necessarily dissolve the impasse. Theory, psychological understanding, and intellect will certainly inform the therapist in this instance, but will not serve to transform the dynamic. Benjamin continually reminds us that there is symmetry in the impasse. And to move forward requires an authentic emotional and personal presence from the therapist. An intellectual engagement is

insufficient. "The analyst's shutting down the right-brain contact with her own pain also cuts off affective communication with the patient's pain. Moving dissociatively into a left-brain modality of observation and judgment, the analyst 'switches off' and is reduced to interpreting 'resistance'" (Spezzano, 1993 as cited in Benjamin, 2004, p. 29). The therapist's opportunity to make such interpretations and her ability to access this position is made possible by the power differential within the dyad. Choosing this option is an exploitation of that power. "An analyst interprets a power struggle, and the patient experiences this, too, as a power move" (Benjamin, 2004, p. 29). There are several ways that a therapist may wish to approach and alleviate an impasse, but ultimately, to progress forward Benjamin points the therapist toward their own responsibility and emotional resonance. "Conflict cannot be processed, observed, held, mediated, or played with. Instead, it emerges at the procedural level as an unresolved opposition between us, even tit for tat, based on each partner's use of splitting" (Benjamin, 2004, p. 9). Here again we can see how protection is afforded to therapists by their position of power and their usage of theory. Therapists' alignment with intellect places them on a socially constructed tier over the subjugated client. "The effort to represent verbally what is going on, to engage the symbolic, can further the analyst's dissociative avoidance of the abyss the patient is threatened by" (Benjamin, 2004, p. 31). Progressing through the impasse therapeutically is quite different from winning the battle of complimentary twoness. Restoring thirdness is altogether different from vying for position in the you-or-me, right-or-wrong battle. The impasse is worked through and thirdness is restored, instead, "by finding a different way to regulate ourselves, one in which we accept loss, failure, mistakes, our own vulnerability. And, if not always, we must certainly often feel free to communicate about

this to the patient" (Benjamin, 2004, p. 32). In this way, the therapist steps away from the complementarity by acknowledging its presence and assuming responsibility for her own contribution. This introduces new freedom and new space to the client and the therapist. In addition, the therapist is modeling growth and adaptive behaviors for the client. "The patient sees in the analyst a vision of what it means to struggle internally in a therapeutic way" (Benjamin, 2004, p. 41). Acknowledging and genuinely confronting the therapist's own responsibility, which involves the authentic surrender to difficult and painful emotions, not only serves as the therapeutic avenue out of complementary twoness, but also is the teaching of a skill set, a modeling of the struggle for growth.

In viewing the therapeutic process from this lens, a therapist's familiarity and understanding of herself as well as the capacity to attune to internal emotional dynamics and confront frightful and painful emotions is paramount to the work. We see how the therapist's own resistances, avoidance, and dissociation can halt movement and therapeutic progress. As impasses, conflicts, and enactments arise in the therapeutic process, therapists have many doors they may choose to walk through. Here we see that the doors of intellect, theory, and power do not truly move us forward. The only door that leads both the therapist and client to new therapeutic ground is that which requires work in the therapist's internal self. "The analyst's acknowledgment of responsibility can take place only by working through deep anguish around feelings of destructiveness and loss" (Benjamin, 2004, p. 40).

Biases

A therapist is an individual who is positioning themselves in a career where they will be sought after as a partner and guide in another's exploration of self towards healing, change, and growth. That exploration will undoubtedly visit upon values, cognitions, and emotions that are precariously intertwined. Emotion is the element of this entanglement that this study concerns itself with. Emotionality is psychologically and socially complex and the way it is interlaced with our cognitive and intellectual processes cannot be overlooked. Embracing, exploring, observing, and engaging with the depths of our emotional selves has been continuously and chronically pushed toward repression and disavowal.

My bias is that any individual who places themselves in the professional position of being a therapist would be better equipped for their work by having a more in depth understanding of themselves. Primarily I am speaking to an understanding that is achieved through first hand experience and familiarity with the intimidating, fearful, and often very confusing terrain of emotions. This first hand experience of one's own emotionality allows an increased understanding of the functions, patterns, and sensations of one's personal emotionality. In addition, the experience provides the individual with a new point of reference and creates new experiential knowledge of what it means to be an emotional being in our societal context.

Implications for Social Work

This study contributes to the field of social work through its continued examination of the ways that powerful methods of oppression can remain invisible by

their deeply ingrained acceptance into the very fabric of the society. This research aims to bring critical attention to the attitudes toward emotion that are held, practiced, and promoted in the training of therapists.

Considering the aims of social work, it seems that an emotional and experiential learning would be aligned with socially-just training methods. By critically appraising the patriarchal oppression of emotionality and also actively contributing to the dismantling of stigma surrounding mental illness, therapy, and emotion, the content and the process of therapist training would become synchronistic. Social Work holds a mission that is devoted to individual and systemic healing that has often focused on underprivileged and marginalized populations. There is contradiction in the act of teaching the material of therapy by methods and practices that perpetuate oppressive and problematic social norms. The inherent associations and partnerships that exist between an institution and the society within which it exists, in addition to the privileges that are afforded by power, requires significant efforts to reverse the entity's naturally occurring vulnerability toward perpetuation of social problems and hierarchal power imbalances. Evaluation of the power and authority held by a training institution would require continuous critique and assessment. As recently mentioned, one could understand the barriers to emotional integration into training programs based on the obstacles that are inherently present because of psychological resistances as well as the students' and institution's social contexts.

That being said let us explore, for the sake of contemplation, one avenue that institutions have taken toward an emotionally integrative training. Individual therapy is

one of many ways in which emotion can be structurally and intentionally integrated into the training process. Certain training programs incorporate mandatory therapy as a component of the student's education. The therapy doubly serves the student by providing the therapeutic service for the individual, and additionally, serves as a point of reference for the future clinician's work to take shape. The emotional experience provides a level of understanding that is then available to inform and be informed by the intellectual conceptualizations of therapy, creating a holistic and interactive knowledge. The Chicago Institute for Psychoanalysis is an example of a training institution that incorporates an emotional learning by requiring students to undergo and experience psychoanalysis. Their motivations are expressed in the following:

> The personal analysis is the foundation upon which psychoanalytic knowledge and understanding is built….Understanding of one's unconscious is essential if one is to delve into the unconscious of another and thus conduct productive therapeutic work. The training analysis and life-long self-analysis are the means for achieving and maintaining this depth of understanding of oneself and others. ("The Chicago Institute for Psychoanalysis", 2011, para. 4)

This statement emphasizes the importance of the development and unfolding of the therapist's self as well as the deep and direct connection between the therapist's self and the work that therapists will be able to perform and put forth. The student's experience of undergoing their own therapeutic journey is presented as an invaluable and irreplaceable aspect of their ability to work effectively and responsibly. The Boston

Psychoanalytic Society and Institute utilizes similar methods to attain this holistic knowledge. They succinctly express their motivations in stating, "Self-analytic capacity is essential for therapists. Therefore, the program requires personal psychoanalytically oriented psychotherapy, of at least twice weekly intensity" ("The Boston Psychoanalytic", n.d., para. 7). Many roads lead to Rome and mandating personal therapy for students presents its unique set of concerns and complications. This study does not examine the potential problems that would arise from requiring an emotional exploration of student therapists. Undoubtedly this undertaking would present dilemmas. This paper does not aim to offer protective strategies that would be necessary in such an environment and will not speak to the nature of compassion, affirmation, validation and holding that may need to coincide with such a space. The examples given above are just one of many ways in which emotions can intentionally be incorporated within the learning and how the importance of that undertaking can be communicated directly to the student.

Strengths and Weaknesses

Limitations of this research include the limited and unique viewpoint from which it is derived by virtue of the singular perspective and individual opinions expressed within. This study does not include a review of the myriad of ways that some training institutions are in fact integrating emotionality into curriculum. This study does not explore complications to emotional integration and does not wish to suggest ways in which integration might be operationalized. Strengths of this study include the nature of

praxis and the tenets that a system is strengthened and improved by constant and critical evaluation of itself.

Conclusion

My motivation for this thesis is my personal experience of an unspeakably large and often-times silent invalidation and alienation that I have felt and have witnessed in systems. In my time as a student of therapy I have encountered several individuals, both practicing clinicians as well as fellow students, who have stated that they have no intention of ever entering themselves into therapy and have resisted entering despite suggestions otherwise. This notion was curious and deeply troubling to me. I became aware of the possibility for student therapists to complete professional training without ever being directed toward their own personal unconscious material. My personal belief was that this material was vitally important and informative, especially for future therapists. It had never occurred to me that if an individual were not so inclined in their own right toward an interest in their own internal emotional dynamics, they would not be directed toward such an undertaking during their training. In pursuing this line of work, I became very interested in the pressures and beliefs that would contribute to this resistance as well as the larger system, namely the training institution, that might accommodate this position.

The dismissal of emotion is to dismiss an aspect of the whole. As our cultural norms have continuously and strongly dissuaded and invalidated emotionality, so too have these biases been mirrored within the individual. The normative and privileged set of values and beliefs, including patriarchal domination, are perpetuated through the

institutions of society. Psychologically, emotional admonishment is again an exiling force, which serves to protect the ego from painful, difficult and ambiguous emotional material. In examining the role of emotionality in the training of student therapists, this theoretical study has pointed toward the great significance of emotional exploration, attunement, and processing. Not only is emotionality intertwined with the problems of therapy, but emotionality is also the healing agent that allows for therapeutic growth.

Many are deterred from emotion by the stigma and taboo associated with it. This serves as a barrier to utilizing the power that it can offer. Without these social blockades, we might more freely explore, experience, and express our emotional selves. In so doing, we would be able to develop increasingly sensitive and appropriate tools for managing that space. Though it has destructive capacities, appropriate tools, developed through an understanding of its nature, would allow us to utilize its power, gifts, and information so that emotionality could be used in the service of the whole.

My position is that to meet the demands of therapy with integrity requires an emotional presence and attunement from the therapist, and that this emotional awareness, competence, and sophistication would sensibly be crafted and formed in the training institution as a central and significant aspect of the therapist's training. "It seems to me that it is the analytic community that must change its attitude: accepting the analyst's inevitable participation in such enactments… also implies the need for participatory solutions" (Benjamin, 2004, p. 35). In regards to therapy training, based on the understanding of Benjamin's (2004) work, one could conclude that a training that does

not attend to the intimate, personal, internal emotionality of the therapist is an incomplete training that leaves the therapist unequipped to move beyond twoness with her client.

A student in training may attend to their own emotionality and develop their own emotional sophistication and attunement through her own means, certainly. Just as easily, she may not. If training institutions do not integrate the emotional and experiential aspects of knowledge, then these aspects are left to be discovered, navigated, and acquired at the individual's discretion and leisure. Setting intentional focus on emotional and experiential knowledge would be an active step toward a more holistic view of knowledge and informs the student of the vital importance of these aspects as their own self will have vital importance within their future therapeutic work.

Irvin Yalom (2002) states, "I believe there is no better way to learn about a psychotherapy approach than to enter into it as a patient" (p. 42). He highlights the importance of the therapist's role in personal modeling. "We must demonstrate our willingness to enter into a deep intimacy with our patient, a process that requires us to be adept mining the *best* source of *reliable* data about our patient – our own feelings" (emphasis added. p. 40). In Yalom's proclamation we can certainly see the therapist's internal emotionality as being a cornerstone to her future therapeutic work. The discrepancies that may exist between the goals at the heart of social work practice, the skill sets required for effective and transformative therapeutic work, and the training practices employed for student therapists can continuously be explored and challenged. This study has aimed to demonstrate and acknowledge the interconnected ways that emotionality has unique pertinence in the field of social work. Continued attention to this

topic will progress the field toward an integrative practice that can shift the ways in which emotionality is perceived and attended to in the course of therapists' training.

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