

A description of analytic psychology

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Advanced Counselling Skills Level 4 Assignment One 1. Briefly describe Analytic Psychology www.jungclub-london.org C. G. Jung Analytical Psychology Club London. "Who looks outside, dreams, who looks inside, awakens," The term 'psychoanalyst' is currently used to cover all those facts and theories presented in the works of Freud, Jung, and Adler. However it is often recommended that it should be applied only to the theory and practice of Freud and his disciples, and that the theory and practice of Jung should be designated 'Analytical Psychology', and that the theory and practice of Adler should be designated 'Individual Psychology'.

'Psychoanalysis' in this broader sense covers both a set of theories and a set of practices. Analytic psychology is the analysis of the human mind, psyche and the unconscious, as well as the conscious components of the mind. It is thought that man's behaviour and his conscious states can be explained only by unconscious sources of motivation. What is common in the practice of the psychoanalytic schools is the use of special techniques for bringing these unconscious factors into light. The practice of psychoanalysis has grown out of the treatment of mental illness.

In one sense, the practice of psychoanalysis is prior to the theories, since the theories first were developed from experiences from therapeutic practice. These theories have, however, been extended and enriched by material derived from other sources. Jung believed that the mind could be divided into unconscious and conscious parts. He felt that the unconscious mind was made up of layers. The personal unconscious is the part of the unconscious mind in which is stored each person's unique personal experiences and memories that may not be consciously remembered.

Jung believed that the contents of each person's personal unconscious are organized in terms of complexes - clusters of emotional unconscious thoughts. One may have a complex towards their mother or towards their partner. Jung referred to the second layer of unconsciousness as the collective unconscious. This level contains memories and behavioural predispositions that all people have inherited from common ancestors in the distant human past, providing us with essentially shared memories and tendencies.

People across space and time tend to interpret and use experience in similar ways because of "archetypes" - universal, inherited human tendencies to perceive and act in certain ways. During analytic therapy, Jung may use certain archetypes to explain person's unconscious thoughts that in turn affect their outward behaviour. He believed that there are certain archetypes that are important in people's lives. These archetypes are as follows. The persona archetype is the part of our personality that we show the world, the part that we are willing to share with others.

The shadow archetype is the darker part of a person, the part that embraces what we view as frightening, hateful and even evil about ourselves - the part of us that we hide not only from others but also from ourselves. The anima is the feminine side of a man's personality, which shows tenderness, caring, compassion and warmth to others, yet which is more irrational and based on emotions. The animus is the masculine side of a woman's personality, the more rational and logical side of the woman.

Jung posited that men often try to hide their anima both from others and from themselves because it goes against their idealized image of what men

should be. According to Jung, archetypes play a role in our interpersonal relationships. For example, the relationship between a man and a woman calls into play the archetypes in each individual's collective unconscious. The anima helps the man to understand his female companion, just as the animus helps the woman to understand her male partners.

Jung felt that the "self" - the whole of the personality, including both conscious and unconscious elements - strives for unity among the opposing parts of the personality. Jung distinguishes two differing attitudes to life, two ways of reacting to circumstances, which he finds so widespread that he could describe them as typical. The extraverted attitude, characterized by an outward personality, an interest in events, in people and things, a relationship with them, and a dependence on them. This type is motivated by outside factors and greatly influenced by the environment.

The extraverted type is sociable and confident in unfamiliar surroundings. He or she is generally on good terms with the world, and even when disagreeing with it can still be described as related to it, for instead of withdrawing (as the opposite type tends to do) they prefer to argue and quarrel, or try to reshape it according to their own pattern. The introverted attitude, in contrast, is one of withdrawal of the personality and is concentrated upon personal factors, and their main influence is 'inner needs'. When this attitude is habitual Jung speaks of an 'introverted type'.

This type lacks confidence in relation to people and things, tends to be unsociable, and prefers reflection to activity. Jung uses the term Analytical Psychology to describe his own approach, which is not only a way of healing, but also of developing the personality through the individuation process.

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Since individuation is not the goal of all who seek psychological help he varies his treatment according to the age, state of development, and temperament of his patients ' and does not neglect either the sexual urge or the will to power. 2. What were the life stages identified by Freud: ww. wikipedia. org/wiki/Sigmund_Freud " At that time, the eel life cycle was unknown and Freud spent four weeks at the which he frequently demonstrated with patients on stage in front of an audience" Famed originator of psychoanalysis Sigmund Freud created a psychosexual model of human development based upon the erogenous zones of the body. He believed that as these zones matured neurologically, they activated the emotional world of the child (largely resident in the unconscious), and in the course of doing so, created the basis for later emotional health or mental illness in adulthood.

The stages are as follows: Oral Stage of Psychosexual Development (ages 0-18 months) - At this stage, the infant is focused upon getting pleasure from its mouth, especially through breastfeeding, which may be a source of satisfaction or frustration for the baby. Anal Stage of Psychosexual Development (18 months - 3 1/2 years) - At this stage, the young child is fixated upon its own process of eliminating faeces, experiencing pleasure in the anal regions of the body, and reacting emotionally to attempts by parents or other caregivers to control this physical function through toilet training.

Phallic Stage of Psychosexual Development (3 1/2 years - 6 years) - At this stage, the penis or vagina is the source of erotic satisfaction for the child, and he or she fantasizes about getting pelvic pleasure with the opposite sex

parent and aggressively doing away with the same sex parent (the Oedipal Crisis). Latency Stage of Psychosexual Development (6 years - puberty) - At this stage, the emotional surges of the previous three stages go into hiding for a few years as the child learns how to repress, project, introject, sublimate, and in other ways channel the psychosexual energies of their earlier development.

Of Psychosexual Development (puberty - adulthood) - At this stage, the psychosexual instincts of the first three stages of development reassert themselves at puberty, but instead of being directed toward fantasy or the child's own body, are directed Genital Stage outward toward a genuine love relationship focused on heterosexual genital sex. The conscious mind includes everything that we are aware of. This is the aspect of our mental processing that we can think and talk about rationally.

A part of this includes our memory, which is not always part of consciousness but can be retrieved easily at any time and brought into our awareness. Freud called this ordinary memory the preconscious. In Sigmund Freud's psychoanalytic theory of personality, the conscious mind includes everything that is inside of our awareness. This is the aspect of our mental processing that we can think and talk about in a rational way. The conscious mind includes such things as the sensations, perceptions, memories, feeling and fantasies inside of our current awareness.

Closely allied with the conscious mind is the preconscious, which includes the things that we are not thinking of at the moment but which we can easily draw into conscious awareness the unconscious mind is a reservoir of feelings, thoughts, urges, and memories that outside of our conscious

awareness. Most of the contents of the unconscious are unacceptable or unpleasant, such as feelings of pain, anxiety, or conflict. According to Freud, the unconscious continues to influence our behavior and experience, even though we are unaware of these underlying influences.

In Freud's psychoanalytic theory of personality, the unconscious mind is a reservoir of feelings, thoughts, urges, and memories that outside of our conscious awareness. Most of the contents of the unconscious are unacceptable or unpleasant, such as feelings of pain, anxiety, or conflict. According to Freud, the unconscious continues to influence our behaviour and experience, even though we are unaware of these underlying influences. The id is the only component of personality that is present from birth.

This aspect of personality is entirely unconscious and includes of the instinctive and primitive behaviours. According to Freud, the id is the source of all psychic energy, making it the primary component of personality. The id is driven by the pleasure principle, which strives for immediate gratification of all desires, wants, and needs. If these needs are not satisfied immediately, the result is a state anxiety or tension. For example, an increase in hunger or thirst should produce an immediate attempt to eat or drink.

The id is very important early in life, because it ensures that an infant's needs are met. If the infant is hungry or uncomfortable, he or she will cry until the demands of the id are met. However, immediately satisfying these needs is not always realistic or even possible. If we were ruled entirely by the pleasure principle, we might find ourselves grabbing things we want out of other people's hands to satisfy our own cravings. This sort of behaviour would be both disruptive and socially unacceptable.

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According to Freud, the id tries to resolve the tension created by the pleasure principle through the primary process, which involves forming a mental image of the desired object as a way of satisfying the need. The ego is the component of personality that is responsible for dealing with reality. According to Freud, the ego develops from the id and ensures that the impulses of the id can be expressed in a manner acceptable in the real world. The ego functions in the conscious, preconscious, and unconscious mind.

The ego operates based on the reality principle, which strives to satisfy the id's desires in realistic and socially appropriate ways. The reality principle weighs the costs and benefits of an action before deciding to act upon or abandon impulses. In many cases, the id's impulses can be satisfied through a process of delayed gratification--the ego will eventually allow the behaviour, but only in the appropriate time and place. The ego also discharges tension created by unmet impulses through the secondary process, in which the ego tries to find an object in the real world that matches the mental image created by the id's primary process.

The last component of personality to develop is the superego. The superego is the aspect of personality that holds all of our internalised moral standards and ideals that we acquire from both parents and society--our sense of right and wrong. The superego provides guidelines for making judgments. According to Freud, the superego begins to emerge at around age five. There are two parts of the superego: The ego ideal includes the rules and standards for good behaviours. These behaviours include those, which are approved of by parental and other authority figures.

Obedying these rules leads to feelings of pride, value and accomplishment. The conscience includes information about things that are viewed as bad by parents and society. These behaviours are often forbidden and lead to bad consequences, punishments or feelings of guilt and remorse. The superego acts to perfect and civilize our behaviour. It works to suppress all unacceptable urges of the id and struggles to make the ego act upon idealistic standards rather than upon realistic principles. The superego is present in the conscious, preconscious and unconscious.

With so many competing forces, it is easy to see how conflict might arise between the id, ego and superego. Freud used the term ego strength to refer to the ego's ability to function despite these duelling forces. A person with good ego strength is able to effectively manage these pressures, while those with too much or too little ego strength can become too unyielding or too disrupting. According to Freud, the key to a healthy personality is a balance between the id, the ego, and the superego. The term got its start in psychoanalytic therapy, but it has slowly worked its way into everyday language.

Think of the last time you referred to someone as being "in denial" or accused someone of "rationalizing." Both of these examples refer to a type of defense mechanism. In Sigmund Freud's topographical model of personality, the ego is the aspect of personality that deals with reality. While doing this, the ego also has to cope with the conflicting demands of the id and the superego. The id seeks to fulfill all wants, needs and impulses while the superego tries to get the ego to act in an idealistic and moral manner.

What happens when the ego cannot deal with the demands of our desires, the constraints of reality and our own moral standards? According to Freud, anxiety is an unpleasant inner state that people seek to avoid. Anxiety acts as a signal to the ego that things are not going right. Freud identified three types of anxiety: Neurotic anxiety is the unconscious worry that we will lose control of the id's urges, resulting in punishment for inappropriate behavior. Reality anxiety is fear of real-world events. The cause of this anxiety is usually easily identified.

For example, a person might fear receiving a dog bite when they are near a menacing dog. The most common way of reducing this anxiety is to avoid the threatening object. Moral anxiety involves a fear of violating our own moral principles. In order to deal with this anxiety, Freud believed that defense mechanisms helped shield the ego from the conflicts created by the id, superego and reality. 3. what factors determine a person's behaviour according to Watson: " Behaviourism ... holds that the subject matter of human psychology is the behaviour of the human being.

Behaviourism claims that consciousness is neither a definite nor a usable concept. The behaviourist ... holds, further, that belief in the existence of consciousness goes back to the ancient days of superstition and magic.... The great mass of people even today has not yet progressed very far away from savagery - it wants to believe in magic.... Almost every era has its new magic, black or white, and its new magician. Moses had his magic: he smote the rock and water gushed out. Christ had his magic: he turned water into wine and raised the dead to life.... Behavioral psychology, also known as behaviorism, is a theory of learning based upon the idea that all behaviors

are acquired through conditioning. Conditioning occurs through interaction with the environment. According to behaviorism, behavior can be studied in a systematic and observable manner with no consideration of internal mental states. There are two major types of conditioning: Classical conditioning is a technique used in behavioral training in which a naturally occurring stimulus is paired with a response. Next, a previously neutral stimulus is paired with the naturally occurring stimulus.

Eventually, the previously neutral stimulus comes to evoke the response without the presence of the naturally occurring stimulus. The two elements are then known as the conditioned stimulus and the conditioned response.

Operant conditioning Operant conditioning (sometimes referred to as instrumental conditioning) is a method of learning that occurs through rewards and punishments for behavior. Through operant conditioning, an association is made between a behavior and a consequence for that behavior. Behaviourism holds that only observable behaviours should be studied, as cognition and mood are too subjective.

According to behaviourist theory, our responses to environmental stimuli shape our behaviours. Important concepts such as classical conditioning, operant conditioning, and reinforcement have arisen from behaviourism. In operant conditioning, the learner is also rewarded with incentives, while classical conditioning involves no such enticements. Also remember that classical conditioning is passive on the part of the learner, while operant conditioning requires the learner to actively participate and perform some type of action in order to be rewarded or punished. . list 6 examples of metaneeds and metapathologies: www.oaks.nvg.org/abraham-maslow.

html “ Metaneeds and metapathologies. Another way that Maslow approaches the problem of self-actualization is to talk about special, driving needs” The basic psychological needs are the instinctive needs for the self-respect and self-esteem which provide the conditions for psychological growth and full personality development. The most urgent or 'prepotent' is the need for freedom from fear and anxiety i. . the need for safety or 'security'. Security needs which includes the need to strive for perfection or 'ideals' is communicated through loving care and affection of 'unconditional love' i. e. the need for 'belongingness'. The sense of belongingness is the basis for approval of one's identity and expectations for oneself - faith in oneself as 'self-respect' or 'self-esteem' i. e. the 'ego needs'. Gratification of ego needs establishes a natural condition of self-identity or 'healthy ego'.

The healthy ego involves a high evaluation of the self based on faith in one's potentialities, recognition and appreciation of one's personal achievements, competence and confidence in the sense of importance of one's status. This basic sense of worthiness leads to the sense of purpose - 'self-directedness' or 'self-discipline' - which is prerequisite to 'spiritual growth' of complete 'personality development' of maturity i. e. 'self-actualisation. Self-actualisation is mature growth which involves the harmonising of psychic forces i. . 'growth motivation'. Metaneeds are human motivations for spiritual growth of the human organism as a social organism... subconscious needs for awareness of human values for living: 'social values' or 'human values' Metaneeds are instinctive needs of the human organism as a social organism which depends for survival on human solidarity and social

cooperation. Metaneeds are the survival needs of creative socialisation - the higher psychological needs for personality integration.

The metaneeds are the so-called 'higher spiritual needs' - the 'Being needs' ('B-needs') for self-transcendence - the needs for truth, morality, goodness, beauty, perfection, justice, kindness, happiness, serenity, wisdom, love simplicity, lawfulness, and ego-transcendence etc. The metaneeds are equally urgent or 'potent' and each can be defined in terms of the others. In the process of normal psychological growth the subconscious B-needs rise to the conscious level of awareness as the human values for living - the 'social values' i. e. 'Being-values' or 'B-values' i. e. 'human values'.

In the transcendental realm, the being needs become the 'being-values'. They are just as biologically based as are the so-called 'lower needs' - the obviously physiological needs of hunger and thirst. The transcendent, religious, esthetic, and philosophical facets of life are as real and intrinsic to human nature as any other biological needs. Each of the human values represents a different facet of the development of 'moral consciousness' or 'conscience'. As the source of human values the functions to maintain the integration of personality while adapting to changes in the social environment.

Development of conscience depends on gratification of metaneeds in a process of 'spiritual growth'. Psychologist Abraham Maslow (1954) stated that human motivation is based on people seeking fulfilment and change through personal growth. Maslow described self-actualized people as those who were fulfilled and doing all they were capable of. By studying people he considered to be self-actualised (including Abraham Lincoln, Albert Einstein

and William James). Maslow identified 15 characteristics of a self-actualised person (illustrated as a pyramid).

For example: enjoyment of new experiences, sense of humour, close friendships, creativity etc. It is not necessary to display all 15 characteristics to become self-actualised, and not only self-actualised people will display them. Maslow did not equate self-actualisation with perfection. Self-actualisation merely involves achieving ones potential. Thus someone can be silly, wasteful, vain and impolite, and still self-actualise. Less than one percent of the population achieve self-actualisation. The hierarchy of needs include: Biological and Physiological needs - air, food, drink, shelter, warmth, sex, sleep, etc.

Safety needs - protection from elements, security, order, law, limits, stability, etc. Belongingness and Love needs - work group, family, affection, relationships, etc. Esteem needs - self-esteem, achievement, mastery, independence, status, dominance, prestige, managerialresponsibility, etc. Self-Actualisation needs - realising personal potential, self-fulfilment, seeking personal growth and peak experiences.

5. Describe the theories of Carl Rogers. How do you think his work is relevant to the counselling you will undertake with your clients? [www. simplypsychology. org/carl-rogers. tml](http://www.simplypsychology.org/carl-rogers.html) “ Carl Rogers believed that humans have one basic motive, that is the tendency to ... Central to Rogers' personality theory is the notion of self or Self-Concept” Theory of Personality Development Rogers' therapy was an extension of his theory of personality development and was known as client-centred therapy, since the basis of the therapy was designed around the client. According to Rogers each person has within them the inherent

tendency to continue to grow and develop. As a result of this the individual's self-esteem and self-actualisation is continually influenced.

This development can only be achieved through what Rogers refers to as " unconditional positive regard. In order for an individual to experience total self-actualisation the therapist must express complete acceptance of the patient. Roger's found that this was best achieved through the method of " reflection", in which the therapist continually restates what the " patient" has said in an attempt to show complete acceptance and to allow the patient to recognize any negative feelings that they may be feeling. Throughout the counselling session the therapist may make small interruptive remarks in order to help identify certain factors.

For the most part the " patient" is allowed to direct the course of the session. Rogers began to use the expression " client" instead of " patient" due to the fact that the individuals that he was counselling did need help but not within the same regard that a medically ill person does. These individuals do not need to completely surrender themselves to a medical expert although they do need help. Today throughout the field of psychology it is a worldwide practice to address the individual as a client instead of a patient.

Eventually throughout its development Rogers theory began to be known as " people-centred" due to its expansion beyond psychotherapy to such areas as education, marriage, leadership, parent-child relationships, and the development of professional standards. Within each branch that Rogers theory expanded to there were several basic elements that were applied to each. They were as follows: The individual comes for help. This is the most significant step within the steps of therapy. The individual has taken it upon

himself to take the first step for help even if he does not recognize this as the reason he's there.

The helping situation is defined. The client is made aware that the counsellor does not have the answers, but that with assistance he can, work out his own solutions to his problems. . The counsellor encourages free expression of feelings in regard to the problem. The counsellor provides the client with a friendly, interested, and receptive attitude, which helps to bring about free expression. The counsellor accepts, recognizes, and clarifies negative feelings. Whatever the negative feelings are the counsellor must say and do things, which helps the client recognize the negative feelings at hand.

When the individual's negative feelings have been expressed they are followed by expressions of positive impulses, which make for growth. The counsellor accepts and recognizes the positive feelings in the same manner as the negative feelings. There is insight, understanding of the self, and acceptance of the self along with possible courses of actions. This is the next important aspect because it allows for new levels. Then comes the step of positive action along with the decreasing the need for help. When I am counselling I would use the following techniques: Active listening as a listener I would show much interest.

As the listener I would reflect back to the client and only speak to find out if what they said has been correctly heard and understood. I would watch my Body language and take into account my facial expressions, angle of my body, proximity of myself to another, placement of arms and legs. I need to monitor the tone of your voice - in the same way that I monitor my body language. I believe that Carl Rogers core conditions I would use such as <https://assignbuster.com/a-description-of-analytic-psychology/>

Empathic understanding I feel this is important when counselling to make sure the client are simply understood - not evaluated, not judged, simply understood from their own point of view.

As the facilitator I am real person, being what I say I am, entering into a relationship with the client without presenting a front or a facade, the client is much more likely to be effective. Being real and genuine. This means that feelings that the client is experiencing are available, available to their awareness that I am able to live these feelings, be them, and able to communicate if appropriate. It means coming into a direct personal encounter with the client, meeting the client on a person-to-person basis.

Like Carl Rogers I believe that client - centred therapy is for me because it is a non-directive approach is very appealing on the face of it to many clients, because they get to keep control over the content and pace of the therapy. It is intended to serve them, after all. The therapist isn't evaluating them in any way or trying to "figure them out".

6. How is attachment theory relevant to counselling? Briefly describe the strange situation test and its importance in attachment theory: www.wikipedia.org/wiki/Attachment_theory "Attachment theory describes the dynamics of long-term relationships between humans. Its most important tenet is that an infant needs to develop a relationship" The relationship between a counselor and client is the feelings and attitudes that a client and therapist have towards one another, and the manner in which those feelings and attitudes are expressed. The relationship may be thought of in three parts: transference/countertransference, working alliance, and the real- or personal-relationship.

Another theory about the function of the counseling relationship is known as the secure-base hypothesis, which is related to attachment theory. This hypothesis proposes that the counselor acts as a secure-base from which clients can explore and then check in with. Secure attachment to one's counselor and secure attachment in general have been found to be related to client exploration. Insecure attachment styles have been found to be related to less session depth than securely attached clients. The professional boundary defines the extent and limitations of the relationship with your client.

It preserves your client's confidentiality and creates a ' safe space' for your client to reveal and explore personal issues. Boundaries are signified by the temporal and spatial routines of the counseling process: regular appointment times, consistent length of sessions and a dedicated counseling room. Attachment theory describes the dynamics of long-term relationships between humans. Its most important tenet is that an infant needs to develop a relationship with at least one primary caregiver for social and emotional development to occur normally.

Attachment theory is an interdisciplinary study encompassing the fields of psychological, evolutionary, and ethological theory. Immediately after WWII, homeless and orphaned children presented many difficulties, and psychiatrist and psychoanalyst John Bowlby was asked by the UN to write a pamphlet on the matter. Later he went on to formulate attachment theory. Infants become attached to adults who are sensitive and responsive in social interactions with them, and who remain as consistent caregivers for some months during the period from about six months to two years of age.

When an infant begins to crawl and walk they begin to use attachment figures (familiar people) as a secure base to explore from and return to. Parental responses lead to the development of patterns of attachment; these, in turn, lead to internal working models which will guide the individual's perceptions, emotions, thoughts and expectations in later relationships. Separation anxiety or grief following the loss of an attachment figure is considered to be a normal and adaptive response for an attached infant. These behaviours may have evolved because they increase the probability of survival of the child.