

## Eugene Kennedy “On Becoming a Counselor”

**xiii. In most emotional problems a little help is a lot of help.**

xiv. Understanding is at the heart of all good therapy.

p.5 We can focus and sharpen our capacity for *empathy*, the ability to understand what another is feeling without necessarily feeling the emotion ourselves. It differs from *sympathy*, which means “to feel with” another person, and connotes our experiencing their sadness, joy, or dejection within ourselves.

p.6 You need not experience drowning to be a good lifeguard.

p.8 *Reassurance* is familiar from everyday life. We all feel better and more confident that we are on the right track when someone we respect – a teacher, a pastor, a judge – agrees with and endorses what we have done or the way we are proceeding in some endeavor.

p.13 First, we must be in *relationship* to the persons we assist; and second, it helps if we like them but do not try to *possess* them just for ourselves.

If effective interpersonal helping is always tied to the relationship with the other person – a student, a parishioner, a patient – then we must focus on ourselves as we are when we are with that person.

p.14 Few things are worse than working with people and not enjoying it.

p.15 Being in relationship with another calls for a positive effort on our part to inhabit the same life-space as the person speaking with us.

If we do not feel anything, then we are probably not close enough to make any difference to the other party.

We must touch at some level or we will never make any difference to each other at all.

**p.17 We get lost, not only when we do not know the way but, more often, when we do not know ourselves.**

p.18 A checklist for counselors.

To remain separate as we draw close is fundamental in avoiding the kind of identification with the other that may finally snag and bring us close to emotional ruin.

p.19 Respecting ourselves begins with respecting our feelings and being able to distinguish between them.

p.20 The persons who come to us for assistance work very hard telling us – concretely or symbolically – what it is that is bothering them.

p.21 Most persons, even in quite brief encounters, want to tell us where or how life is hurting them at the moment. Many of our problems as helpers arise simply because we cannot or do not listen to what they so dodgedly try to get across to us.

p.23 Although we frequently refer to them this way, problems do not exist in some raw and unprocessed state.

Problems do not exist independently of the people who have them.

**p.24 Actually, we do not have to solve problems; we only have to help other persons accept that responsibility for themselves.**

p.26 It is no favor to other to shield them from the consequences of their actions or to deny them the opportunity to fail. The overprotected child is the classic example of this; although such children are spared many of the hazards that others must suffer in growing up, they are necessarily made more vulnerable because of this situation.

**As psychologist Carl Rogers noted, it takes a lot of discipline to do what we can for others and then, literally, let them *be*, that is, let them take responsibility for their own existence.**

p.27 Persons who want to do well at all costs are handicapped because this motivation clouds their vision of life and contributes to their perception of human beings as opportunities for achievement rather than as individuals in themselves. **Persons for whom doing well is a strong incentive find that it is very difficult to look at life without feeling that they must produce and earn gold stars or else they will be found unworthy.**

**Persons who want to do well find it difficult to be part of a relationship with someone who comes for help because they are excessively focused on their own performance and concerned beyond measure about the endorsement of invisible authorities to whom they feel that they must prove themselves.**

**The major obstacle remains their handicapped vision of other people. As long as they look on others as tasks or tests they will never see them clearly as persons.**

p.28 Good counseling demands less and more at the same time: less of the self-regarding attention to the way one counsels, and more of the simple humanity that is considered too ordinary to be impressive.

p.32 I feel helpless → dependant personality

We may feel helpless because the other views us as magically omnipotent, as able to solve all of the other's problems as if by magic.

p.33 Rather, as noted by Stone above, these persons reveal their whole style of relating with the world in the way they relate to us.

They transfer their helplessness to us, making us feel helpless through invisibly arraying us, as if we were pack animals, with all their burdens, and letting us bear them up the trail for them.

I feel angry → passive aggression, negativism

p.34 These individuals habitually resent, oppose, and resist demands to function at a level expected by others... expressed by procrastination, forgetfulness, stubbornness, and intentional inefficiency, especially in response to tasks assigned by authority figures. **Such persons hurt others, not by doing things but by failing to do them; their psychological satisfactions from behaving this way are delivered at personality levels of which they are not aware.**

p.35 These persons are masters of timing, sensing how to be uncooperative at just those moments when it will do the most harm.

I feel frightened → paranoid

I feel depressed → depressed

p.37 When we feel lost or perplexed and can find no reason in our own attitudes, we may explore how the other may be at the bottom of our own reaction.

**p.38 Helpers begin to understand that the core of their work consists, not in doing something *to* or *for* another but in experiencing something *with* the other. Counselors thereby deepen their understanding not only of counseling but of life itself.**

Counselors who work closely with others get a ringside seat, an inside experiential view of the way others place themselves in relationship to the rest of the world.

**p.41 It is not easy to be in intense relationships with many people at the same time, the very challenge that the pastors, counselors, and educators must meet every day.**

When helpers retreat from relationships through intellectualizing them, they lose something that may be difficult to recover – the sense of freshness and presence that is the hallmark of living human relationships.

p.43 Although many factors in popular culture emphasize a self-centered attitude toward sexual gratification, in which “having sex” is a consumer’s activity in which one does something *for oneself* and *to* someone else, this misses its human significance and leaves the person in melancholy and isolation. Another viewpoint perceives “having sex” as a service, as doing something *for* another person. True maturity of relationship comes about, however, when men and women understand that sexuality is something they experience *with* each other.

**p.44 As with friendship, love, or good sexual relationships, the essence of helping lies in experiencing something *with* another person.**

**p.45 One of the greatest sources of a sense of decreased stress for counselors is the realization that they are not taking an exam and that they need not prove anything.**

p.46 We cannot change people's parents or their experiences; neither can we cry or grieve for them, much as we sometimes might yearn to do so. We cannot even keep them from making mistakes or bad decisions. And we cannot provide guaranteed happy endings for them the way the movies used to do.

p.49 The need to keep refining ourselves, even as counselors, is expressed well in the old saying, **"If you have always done it that way, it is probably wrong".**

"Rapport" means that the person and the counselor should, right from the start, work at becoming comfortable in each other's presence.

Good rapport arises, not out of studied efforts to get along well with others, but out of simple and sincere effort to listen and hear accurately what they have to say.

**Rapport automatically exists when we are concerned enough about others not to worry about whether they like us or not.**

p.51 We know, however, that nothing frustrates us more than being interrupted by off-the-point questions that distract us and interfere with our effort to tell somebody else about what is bothering us.

Being peppered with such inquiries resembles being required to fill out a long medical inquiry at a desk in an emergency room when we have a sick child for whom we want immediate attention.

p.52 When people come to talk, they usually do not need to be questioned very much. All we need to do is make it possible for them to tell us their story and to clarify their own perceptions of it as they do.

p.53 The risk involved in premature interpretation is that, even though we may be right, we may be wrong because of the poor timing.

p.55 Persons experience an immediate infusion of support when they are taken seriously as individuals.

We can appear to reassure people, however, in ways that are not at all supportive. We do this whenever, in effect, we tell others that they need not feel the way they are feeling. To say, "You shouldn't be upset by this".

p.57 There is no necessary conflict between what a good counselor does and what a good person does.

p.58 Being ourselves does not mean saying or doing anything we feel like at any moment in the counseling process.

When we are in a relationship of serious purpose, when what we and the other do and say has real effects, we experience a kind of meaning that others can only talk about.

p.60 Reality principles:

- people are always trying to tell the truth about themselves
- the things about people that drive us crazy are the things that are keeping them sane
- we should not try to open people up
- we should respond to the person instead of trying to make a good response

p.63 Once we understand that we do not need to open people up, we lessen our own stress because we are willing to wait for things to happen instead of deciding when and how they should.

p.65 While surgeons transmit their healing art through the scalpels and writers express their enlightening sensibilities through pens or word processors, counselors are themselves the instruments through which they help other persons.

If aspiring writers find their unique voices when they stop trying to sound like Hemingway, those who counsel express understanding best when they stop trying to do it perfectly.

p.67 Counselors who acknowledge their limitations no longer *need* to prove anything about themselves. They need not win the power game with others or get them to like them, or even impress their colleagues.

p.68 Therapy is built on the basic stuff of human experience that underlines the personal growth that, by its very nature, is limited and never takes place overnight.

Kuo labiau pažinsi realujj „aš“, tuo aiškiau matysi galimybes.

p.69 The less we know ourselves in depth, the less appropriate will be the expectations we place on our performance.

Draugystė: duodi – gauni

Terapija: duodi

p.79 **Obvious seductive moves by persons seeking assistance ordinarily symbolize a resistance to therapy.**

p.80 Robert Frost “Good fences make good neighbours”

p.81 Karl Menninger “When in doubt, be human”

p.92 Persons who cannot decide where to sit and who force the choice onto us may reflect a habit of dependence and indecision that is also found in their relationships with others.

p.95 Some counselors, laboring under the urge to save everybody, diminish their capacity to assist anybody when they are worn down or worn out by the excessive burdens they pile onto themselves.

p.96 Few things increase counselors' stress more rapidly than being drawn almost naively into a power contest at the very beginning of the relationship.

p.99 Self-confident counselors avoid stereotypes or theoretical imperatives and let their own spontaneous reactions lead the way.  
Counselor should try to bring together any loose ends in the closing moments.

p.101 Stress multiplies when people do not seem to want help after they ask for it. Such persons, by no means uncommon, either quickly withdraw from counseling as if it were an ocean too cold for swimming, or never get off the beach and into the water at all.

p.106 Talking to a counselor frequently involves a loss of self-esteem – which may already be a basic aspect of the individual's problem – because it seems tantamount to admitting that they cannot handle it on their own, that, in some way, they have failed.  
**The key to any kind of success in counseling is our capacity to let people be exactly who and what they are in our presence.**

p.111 Resistant individuals do not want *any* changes to occur; they do not want *any* rearrangements of the dynamics within themselves.

p.114 Signs of resistance:

- silence
- excessive laughing
- excessive talking
- intellectualizeing
- generalizing
- hyperemotionality/creating a "scene"
- seductive behavior
- acting out

**p.114 Whenever we take unto ourselves major responsibility for progress we encourage passivity in the other. If we do the work, the other person does not have to.**

p.115 "Intellectualization" refers to the manner in which some persons talk about their problems with apparent clarity and in great detail but without much emotion.

p.118 Sometimes others engage in “acting out” and attempt to mitigate the influence of the counselor by talking to other people about their problems. If they talk to others, they need not talk deeply or directly about their difficulties to us as their counselor.

p.119 Supportive counseling and uncovering therapy

p.123 From our own experience, we know that we are made uncomfortable by someone who seems to categorize rather than understand us.

p.125 Diagnosis need not be understood as an elaborate and distancing method of assigning persons to psychological categories; it is simply getting as true and clear a picture of them as we can manage.

p.126 We can best help people – and ourselves – by getting them to the right sources of help as soon as we make a judgment about their needs and our own relative ability to respond to them.

p.128 An appropriate question to ask ourselves as we listen in an initial interview is, “Where do we hear the pain?”. Closely related is “What do they feel about this painful area?”.

p.129 The counselor who wants to understand others is well-advised to count to ten before asking any questions at all.

Our inquiries, phrased in gentle tones, should be directed toward those parts of other’s story where the flares of hurt are burning.

p.135 In this book, we describe these disorders from the psychodynamic or psychoanalytic viewpoint.

**Definition of mental disorder (DSM IV)**

Each of mental disorders is conceptualized as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (a painful symptom) or disability (impairment in one or more important areas of functioning), or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. In addition, this syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event, for example, the death of a loved one.

p.139 The term “psychotic”, in its restrictive definition, refers to an individual having delusions or prominent hallucinations, with the hallucinations occurring in the absence of insight into their pathological nature. Here “psychotic” refers more broadly to a constellation of symptoms that vary to some extent across a variety of diagnoses.

p.141 A personality disorder is an enduring pattern of inner experience and behavior that deviates from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.

p.144 We should try to make their story short by responding to the question: Why is this person telling me this story at all?

p.145 No matter what the content of the story may be, the feeling tone will still be the most significant source of understanding to us.

**p.148 Counseling is not a tough job to get through, or a routine task to be accomplished but a relationship to be experienced.**

p.153 Counselors operate far more effectively when they do not take everything personally and as they attune themselves to the symbolic significance of many aspects of their relationships with others.

p.154 Reasons for referral:

- nature of the person's problem
- limited competence of counselor
- stagnant relationship
- permanent or temporary change of location of either party

p.162 Signs of unrecognized countertransferences

- overinvolvement in the other's life
- overextending yourself for the other
- inflating your image with the other
- generating sympathy for yourself
- overidentification with the other
- acting out

p.162 A classic example of overidentification is found in the encouragement of behavior of which the counselor strongly approves.

**p.165 Mature persons can always trust their own feelings because these feelings are integrated into their personalities.**

p.169 Distinction between Supportive treatment and Insight-oriented treatment

Goal: ST limited goals and relief of symptoms; IOT personality reorganization and resolution of underlying conflicts

Focus: ST mainly conscious conflicts; IOT unconscious and preconscious conflicts

Technique: ST strategies to support defenses; IOT increase scope of person's mental processes

Therapist: ST freer to be themselves; IOT generally neutral stance

p.169 The overall aim of reorganizing personality is lofty, difficult, and extremely demanding.

p.186 Intoxication is the development of a reversible substance-specific syndrome due to recent ingestion of a substance.

p.193 The basic principle in counseling is to keep the person, rather than just the person's problem with alcohol, in focus.

p.199 At another level, it is recognized that an essential characteristic of alcoholism is that these persons can't control their choices about drinking. Much, however, can be done. Counselors should know that the most successful alcoholism programs are those that reach out to alcoholics rather than wait for alcoholics to come to them.

p.203 The term psychosis... is roughly equivalent to the archaic term insanity. The general meaning refers to a patient's inability to appropriately assess reality. This assessment may be hampered by perceptual disturbances or marked dysfunctions in thinking. ... Psychotic symptoms may be quite obvious, or they may be hidden and elicited only by careful probing in a nonthreatening manner. Typically, the most dramatic psychotic symptoms are delusions and hallucinations. Delusions are beliefs that are fixed (unchangeable) and false. Beliefs that a patient has in common with his religious or subcultural group are not considered delusional... An hallucination is a perception experienced in the absence of an external stimulus.

p.205 In USA 22.1 percent of citizens aged eighteen and older suffer from a major disorder at some time in their lives.

p.206 No single genetic factor has yet been identified with schizophrenia, although evidence from twin studies suggests some genetic vulnerability associated with illness.

p.207 Diagnostic criteria for schizophrenia.

p.208 The more disorganized the person, the more organized interviewer must be. We structure interview carefully, avoiding the silences or the free-flowing interactions that are disconcerting for schizophrenics already burdened with disorganized and confusing thinking.

p.209 Schizophrenics patients fear closeness, and so they are ambivalent about the reactions of others toward them. At the same time, they may develop a dependency on others to guide and direct their lives.

**p.210 Nobody can be close to others, love them, without at times sharing a mutual dependence.**

The tendency of the chronically psychotic person to dependency is one of the most difficult challenges to any counselor, well-trained professional as well as nonprofessional, in working or relating to such persons. The goal of helping others is to enable them to become independent and fully functioning.

p.211 In these situations it is fatal to pretend to understand when we do not. Seriously disturbed persons are astute at picking up any hypocrisy, inconsistency, or failure to attend to them and what they are trying to say. We must constantly return to an old question: "What are these persons trying to tell me through the way they are treating me?".

p.212 We should attempt no great tricks – any manipulation is ultimately destructive – in working with these persons. Our own humanity, sensitively shared, remains the strongest asset we have in any of our work.

p.214 ~10 percent of schizophrenic patients die by suicide. A particularly serious concern arises when the suicidal thoughts are the result of a "command hallucination" a persistent voice urging the person to suicide.

p.217 USA only advanced coronary artery disease causes more days of disability than depression.

p.218 The primary sign of depression is depressed mood or a loss of interest and pleasure in nearly all activities.

p.219 Less often, depressed persons may find it difficult to get out of bed in the morning and, in fact, spend most of the day in bed sleeping (hypersomnia in contrast to insomnia as previously described).

p.220 Depressed persons do not remember happiness as normal people do not remember pain.

In the early phases of recovery the depressed patient sometimes sounds much better than he really feels. This may lead to premature optimism on the part of the therapist, and is one of the factors that contributes to the increased risk of suicide as the patient starts to improve.

p.221 ~15 percent suicidal in depression.

p.223 Depressed frequently talk about the symptoms of their depression rather than about the depression itself.

p.225 Depression when untreated in any way, is estimated to last approximately six months.

p.226 Ironically, gain may be as depressing as loss, for people who cannot cope effectively with some success.

We should also appreciate that although mild depression may be resolved and never occur again, depression is characteristically episodic and recurrent.

p.227 Depressed persons want more than healing. They want everything back (what was good in past, how they were in past).

p.228 For paranoid persons, projection is a highly functional defense and serves their purposes well.

Healthy people can only take so much of the paranoid style and pull away intuitively from their manipulative grasp. High-riding paranoid persons will then slump back into depression.

p.230 When seriously disturbed people come for help, somebody else often comes with them.

p.231 We may have to be more active than we usually are early interviews with people. Therapists who are too passive, who play the waiting game too exclusively, may make already depressed people feel greater frustration and incompetence about themselves.

p.235 Persons experiencing a true psychological disturbance feel some kind of uncontrollable dread and apprehension. They feel that smth bad is going to happen, but they are not sure when, where, or why this will be.

We should never be surprised at the indirect and disguised way in which human conflicts reveal themselves to us.

p.236 Anything – strikes, layoffs, foreclosures on home and dreams – can leave persons feeling suddenly lost in a culture they thought they understood.

As counselors, we cannot control the economic status of the world nor much else about the environment.

p.237 Harried persons need less advice and more simple acceptance and understanding.

Hurrying people who can only take one small step at a time makes them stumble and become more uncertain of their direction.

p.239 “Panic episodes usually go together with depression”

p.241 acute stress disorder emerges within the four weeks following the exposure while symptoms of PTSD usually begin within three months of the trauma

p.249 Holmes ir Rahne scale. It was originally suggested that an accumulation of 200 or more life change units in a single year would constitute more stress than the average individual could withstand.

p.252 Give healthy people time and space and they will resolve their problems in front of us.

p.253 Individuals who have weathered many difficulties, who have literally learned the hard way about life's power to alter or take away the things we prize most, are generally better prepared to deal with a new but not novel experience.

p.253 That people carry on under what seem insupportable burdens remains one of the continuing mysteries of the human condition and one of the constants observed through psychology.

#### **DSM IV personality disorder structure**

Cluster A – odd or eccentric – 1. paranoid, 2. schizoid, 3. schizotypal

Cluster B – dramatic, emotional, erratic – 1. antisocial, 2. borderline, 3. histrionic, 4. narcissistic

Cluster C – anxious, fearful – 1. avoidant, 2. obsessive-compulsive, 3. dependant.

p.257 Personality disorders are common, estimated to occur in approximately 10-18 percent of the general population.

p.259 Healthy persons possess a wide range of defenses that they are able to use in their everyday functions. For the personality-disordered person, however, their storehouse of defenses is only one pattern of response that over time is predictable and maladaptive.

#### **paranoid**

p.262 We may identify paranoid persons in their capacity to make us uneasy.

p.264 Susiranda pseudobendrijas, kurios panašiai paranojizuoja kaip jie.

p.265 An exacerbation of paranoid suspicions may be touched off by some event that threatens these persons' self-esteem or forces them to taste failure in one way or another.

p.266 Counselors may pick up a feeling for these people through noting the deadness in their sense of humor. They are not alive, spontaneous or capable of reacting with the kind of easy laughter characteristic of healthy people.

p.268 Jei kas grasina. Don't ignore the situation. Don't be nice to that person. Don't try to frighten him or show off force.

p.269 Persons with paranoid thinking are charm-resistant and are not easily tricked into talking.

p.270 We may have to be more restrained and slightly more distant than we usually are in expressing our interest and concern.

p.271 People with paranoid personalities often do poorly in group psychotherapies.

p.274 [To all in Cluster A] these people do not feel comfortable with other people, are protective and suspicious, and are threatened by intimacy.

p.280 [antisocial] impatient and oriented to immediate pleasure.

p.281 Persons with antisocial personality disorder unconsciously *attempt to get us into the kind of relationship* that will lead to disappointment for us.

p.283 It is generally felt that the most effective form of treatment occurs within confined settings, such as prisons, where external constraints can substitute for internal, moral discipline.

p.283 Persons with borderline personality disorder exhibit a pervasive pattern of instability in their interpersonal relationships, self-image and emotions. They also give evidence of marked impulsivity that begins in early adulthood and manifests itself in a variety of contexts.

p.285 One of the unmistakable signals that alert nonprofessional counselors to this condition is the person's capacity to switch from overidealization to devaluation in interpersonal relationships.

p.293 Individuals suffering from pathological narcissism, or the narcissistic personality disorder, exhibit a pervasive pattern of grandiosity in fantasy or behavior, a need for admiration, and a lack of empathy that begin early in adulthood.

p.294 These individuals have a fragile sense of self-esteem and are so hypersensitive to the least criticism that they are easily stimulated to angry reactions.

p.299 Obsessive compulsive: It has been suggested that the root conflict – which such persons can not consciously acknowledge – is between being *obedient* and being *defiant*, between wanting to please and wanting to act out against authority.

As Salzman has observed, the typical persons with this disorder have a need to gain control over one's self and one's environment in order to avoid or overcome distressful feelings of helplessness.

Salzman "The obsessional can be comfortable only when he feels he knows everything or is engaged in the process of trying to know everything".

**p.300 They really prefer security to satisfaction.**

p.302 If we listen to ourselves and find that we are bored, we can be fairly sure that we have not established any real contact with the person. If we find that we are irritated, we know that we have made contact but such individuals have responded through their defensive systems rather than with their inner personalities.

p.304 Obsessive. Don't argue with them. There is nothing they like better than an argument.

p.305 Dependent persons are more likely to try even harder to appease, submit, do *anything* to keep others from leaving them.

p.312 Married people, especially men, are healthier on a number of physical and emotional measures than single persons and function much better than those who were once married.

p.317 Some marriage therapists follow some very simple guidelines that signal a happy marriage. They include such admonitions as "live a simple life", "spend less than you earn", "learn to yield", "manage your moods". These are, in fact, common sense. Where these obvious suggestions are applied they can, in fact, do great good.

**p.318 We need not know how to solve the problem, but we must be able both to understand and to express our understanding of the individuals involved.**

p.321 Hard and good decisions are not necessarily happy ones.

p.328 "problem" in Greek: pro (forward, toward), ballein (to throw).

p.335 Sexual disorders: dysfunctions, paraphilias, gender identity disorders.

p.351 Nothing deepens the isolation of the chronically ill more than the pressure, sometimes generated even by well-meaning friends and relatives, for them to be "normal" again.

p.355 Our first challenge as we deal with the difficult and delicate question of potential suicides is *overreacting*.

**p.356 A sense of coolness, in other words, may push suicidal persons close to the brink of self-destruction precisely because it projects the kind of emotional unresponsiveness that is most painful to them.**

p.366 Dying people want to talk rather than to be talked to.

p.374 Rochlin “powerful dynamic produced by our losses is indispensable to emotional maturation”.

p.383 We may help others greatly, as Cassem suggests, by asking them gently about the last days or hours of the dead person.

p.387 Emergencies may arise from within the psychic structure of individuals, as when they experience a breakdown in their psychological functioning. They may arise from their physical structure, when body systems fail, as in heart attacks or strokes. Crises may be interpersonal, as in marriages or between family members.

p.388 As we respond to an emergency situation, we may ask why this event has taken place now, that is, at this particular point in the person’s life.

**p.401 Stress is decreased when we learn to enter more fully and more confidently into our work with other persons.**

p.405 If we feel guilty if we do not put in X number of hours everyday seeing people directly, we have a problem with our self-image that needs investigation.

**p.406 One of the remarkable things about counseling is that it works even when the helper is imperfect. It is more like friendship or love than golf. Doing some of the right things in counseling makes up for doing a lot of the wrong things. If we get the main sense of things – and that centers our understanding of other persons and their dynamics – then there is a large margin for error. We need not worry or be ashamed of the human truth that errors will always be with us.**