

Shrink Rap Radio #479, October 29, 2015

How to Get the Most Out of Psychotherapy with Gary Trosclair LCSW

David Van Nuys, Ph.D., aka “Dr. Dave” interviews Gary Trosclair, LCSW

(transcribed from www.ShrinkRapRadio.com by Cheryl Málek)

Introduction: Today my guest is Jungian analyst Gary Trosclair who has written the 2015 book *I'm working on it in therapy – How to get the most out of Psychotherapy* for more information about Gary Trosclair please see our show notes on shrinkrapradio.com

Dr. Dave Dr. Gary Trosclair welcome to Shrink Rap Radio

Dr. Gary Trosclair: Thank you so much for having me on Dave.

Dr. Dave Well it's good to have you here, actually I'm under the impression that you are at least an occasional listener, do I have that right?

Dr. Gary Trosclair: Yes

Dr. Dave Well great, I'm...

Dr. Gary Trosclair: I listen on the train.

Dr. Dave oh listen on the train, okay. I was fascinated to learn in your bio that you were a concert musician and actually have a Ph.D. in music before going on to become first a social worker, and then a Jungian analyst. What can you tell us about that journey from music to becoming an analyst?

Dr. Gary Trosclair: Well some people actually say that being a musician is one of the best trainings there is to becoming an analyst because you need to be attuned to emotions, you need to be able to get along with people, you need to listen well, so it's actually a very good training, there's a sort of sensitivity involved. But I'd also been fascinated from psychology from the time I was 14years old I didn't feel like I could really understand,

religion without understanding psychology. But I was so in love with music that I pursued that for many years, and then I went to Europe and I was playing in an Orchestra there and I bought like a stack of 10 Jungian books with me to read, and while I was there I decided that becoming a Jungian analyst was going to be much more interesting than becoming a trumpet player.

Dr. Dave ah-huh

Dr. Gary Trosclair: So, um, that's how I came to that, to make that change.

Dr. Dave Wow that's a really interesting story, and now you've written a book that I think is a wonderful book about how therapy clients can get the most out of psychotherapy. What inspired you to write a book about the client's role in psychotherapy?

Dr. Gary Trosclair: There's so many things. I'll start off with the anecdotal. I was, uh, asked to write for Huffington post many years ago, and the idea was to have a Jungian Analyst write for Huffington post but I soon realised that what people really needed there was to start to understand how the process of therapy worked because, my experience is that many people were really, kind of lost with it. I love to talk to my friends who are in therapy, or have been in therapy and say "what was it like?" "what did you get out of it" and I started to ask them "did you have any idea what you were actually supposed to do in therapy" and most of them said "I had no idea" some of them were even resentful about the fact that they didn't get more, um, guidance from their therapist about it. So I started thinking more and more about how this is something that has been left out, on what the patient's role is in psychotherapy. So as I got curious I started to read about the research about it and I came across a researcher named Arthur Bohart from California State University.

Dr. Dave oh yes I've met him, yeah

Dr. Gary Trosclair: He's written a book about how patients make therapy work, and he's accumulated tons of research showing that what it really comes down to is the patient's active engagement in therapy that determines how effective the therapy is. But if you start to look close at the research that's there it's not very specific about what clients actually need to do.

Dr. Dave mmhmm

Dr. Gary Trosclair: So I wrote to a very prominent contemporary researcher now, named Paul Crits-Christoph and I said “what does research, current psychological research have to offer the client that would like to know what he needs to do to make psychotherapy work?” and he says, “you know, no-one’s ever looked at it from that angle, so far as I know.” So I think it’s something that’s been neglected. If you look at some other current research now including Jacques Barber, Robert Summers they talk about the importance of including, education, transparency, and elucidation in therapy. They’re developing a new model that they call Pragmatic Psychodynamic Psychotherapy, in which they talk about this importance of educating people. It used to be around but for some reason in the last couple of decades it’s been, it’s been, I think neglected. If you read Lester Luborsky’s book on Psychodynamic Psychotherapy he gives a whole appendix on how to give a talk at the beginning of a consultation. But personally when I read that talk I can’t imagine doing that. There’s much too much, far too many words that people won’t be able to take in.

Dr. Dave Yeah

Dr. Gary Trosclair: There is a role for educating clients about what their role is, I think in the past sometimes it’s been seen as resistant if people aren’t quote “co-operating”. Hans Strupp’s did some research, again, a few decades ago. He was noticing that many people who come from socio-economic backgrounds, low socio-economic backgrounds, didn’t stay in therapy very long. They had a high early drop-out rate. So he thought about it and they devised a film that people could watch before they started psychotherapy and their retention rates went way up, in fact the efficacy rate went way up too. But I think that’s something that’s gotten lost in the last couple of decades.

Dr. Dave Well it seems like just a really good idea when I saw your book, the title, and started reading the book and thought, boy this just makes so much sense and you know, I wondered; why hasn’t this been done before or at least I wasn’t terribly aware of it having been done before, certainly not as clearly as you’ve laid it out and what came to my mind is the, is that one obstacle might have been the profusion of different schools of therapy. So it would be hard for a given therapist to sit down and write a general document that could cover all the possibilities. Now it seems like

part of the way that you dealt with that is to say, okay I'm talking about psychodynamic psychotherapy.

Dr. Gary Trosclair: mm-hmm

Dr. Dave And so, you know, that was a good way to deal with that challenge I guess, although, I think what you say maybe might also apply to other approaches as well. Having used the term psychodynamic though, maybe not all, although it's come up a lot in my interviews but, every, maybe not all my listeners will be on board. What do you mean by Psychodynamic Psychotherapy?

Dr. Gary Trosclair: Psychodynamic, I mean a therapy which engages the unconscious in a dynamic way. It understands that there is movement in the unconscious and along with that an importance of the therapeutic relationship. So those are two fundamental importances of Psychodynamic. It's unconscious and it's alive and it's changing so that we can work, and that we do that through the therapeutic relationship. What I've been hearing from some people who've heard other interviews or discussions from a CBT (that is a Cognitive Behavioural Perspective) say that well most of the tools, the 10 tools that I mention in my book, actually work quite well along with CBT. I think that some of the ones that I emphasise such as developing a deep authentic relationship with the therapist might not apply always in CBT but most of these tools I think were actually quite parallel to CBT. What I'm interested in are the common factors in therapy. You know, I'm, while I'm trained as a Jungian analyst, I've also had supervision and analysis with an interpersonalist and to me I'm always learning from other schools and I think other schools are starting to discover Jungian ways of thinking about things and certainly Jungians are drawing from other schools. So I think it serves us all and our clients quite well to try and learn from each other and say "what are the common elements that work across the board here?"

Dr. Dave Yeah

Dr. Gary Trosclair: Let's get into the franchise thing, let's say "what is working across the board?" and try to use those more.

Dr. Dave Right, and I think also maybe it's a bit easier because I think to some extent the sharp delineations between schools of psychotherapy really is beginning to blur and that's kind of what you're getting at.

Dr. Gary Trosclair: Yes I think you're right.

Dr. Dave Yeah, which is a good thing [laugh] I think in the early days it was pretty fragmented and people planting their flag you know, and saying "this is the approach that I have invented" and "this is the gospel."

Dr. Gary Trosclair: Yeah, it is like a franchise you know, you spend your time developing it and you want to support it but I don't think that's in the interest of everyone involved.

Dr. Dave You know, they used to say that the clients who didn't do well in psychotherapy were not psychologically minded. And you refer to people from lower social-economic strata I think often that was the case for that group and, and there were times when I felt that that was just an excuse when therapy didn't work, didn't go well. "Oh well the patient just wasn't psychologically minded." You know what I mean?

Dr. Gary Trosclair: Yeah, I agree with you completely, I think one of the positive things that happened in psychoanalytic and psychodynamic therapy over the last few decades is we are trying to open up the gates to include more and more people, to help more and more people rather than set this barrier and say well "this person's analysable, that person's not analysable". My interest is, to be honest, much more in helping people than in quote "doing psychoanalysis"

Dr. Dave mm-hmm, in fact maybe we could look at your book as a tool for creating psychologically minded clients, does that make sense?

Dr. Gary Trosclair: That's my hope0 that is what it's for, because one of the things that I hope to do whenever I work with someone is to give them tools that they can take with them when they leave.

Dr. Dave mm-hmm

Dr. Gary Trosclair: It's conceivable to help someone in psychotherapy and they make some progress but if those tools aren't quite conscious to them when they leave, they may not benefit as well. And so if I can make those tools very conscious to them during the treatment, to highlight them, if you like I'll be sending them off with much more resource to work with once they have finished.

Dr. Dave Yeah, that attitude really comes through in your writing, and now as you've alluded your book is organised around 10 major ideas or tools and without giving everything away, I mean we want people to buy your book. But I would like to step you through those 10 ideas or tools here. Is that okay?

Dr. Gary Trosclair: Sure

Dr. Dave So the first one is that clients need to get real, to take off their mask and show their many faces and I guess many times they might come to therapy because of a bothersome symptom or other difficulty in their life and it might not occur to them that revealing their whole self is necessary. Do you agree?

Dr. Gary Trosclair: Yeah, that's a good point, I think what you are referring to is sort of a symptom based approach as opposed to a holistic and personality based approach and what's often not clear to people when they first come to therapy is that that symptom that they have, there's probably a lot going on there that doesn't meet the eye. And to try to just take that one symptom away might not work very well for them. Whereas if we look at the whole personality and try to include all the different parts of the personality we are much more likely to get to the route of it. And that is my interest, I know that there are some approaches which are mainly about having evidence that you can remove a particular symptom, that doesn't interest me so much, I'm interested in helping people develop their entire personalities, and my experience is that as you do that the symptoms do tend to diminish or go away.

Dr. Dave Yeah, what other sorts of things might get in the way of their taking off their mask and revealing their many faces, as you put it.

Dr. Gary Trosclair: I think some of it might be a conception about how therapy works. I think some people might imagine that if they are going

to be a really good client, and they're going to do everything that the psychotherapist says and they are going to be very compliant and they are going to be a good patient and as someone once said "save me from a psychoanalysis that goes smoothly" you know, if it all goes smoothly and perfectly then we are missing a lot of the really juicy stuff. On the other hand some might come into therapy thinking that the way to work on it is to be very distant, very analytical, very intellectual, and you are going to miss a lot of the juicy stuff there too. So what I'm encouraging is to bring the part of their personality that they most often want to leave out.

Dr. Dave Yeah

Dr. Gary Trosclair: I give an example in the book of a woman who came for a consultation. Was a very strong woman, very hardworking and very ambitious but she found herself crying in the session, and, that was the part that she wanted to leave out but thank goodness for her she was able to bring that in because, in order to be able to learn from those tears and that part of her was immensely helpful in her growth.

Dr. Dave I'm glad you brought in an example, please feel free to add any others as we go along. What about a person maybe who has a shameful secret they feel that they don't want to share, they don't want to, you know, that's the thing they are most scared of. "Am I gonna have to talk about X, I don't feel like X is at all involved in what's going on with me now."

Dr. Gary Trosclair: That's a good question and I know this is scary for some people. What I recommend is that you shouldn't feel that you have to share it right away. That it might take time to build up some trust with the therapist and some understanding as to how it might be connected. But what I do suggest with people is to go and say "look, I'm not really ready to share everything with you yet" and that is straight forward it is authentic, and just that in itself could be a great step. But I think it's understandable that people need to take time to reveal certain things.

Dr. Dave Yeah, I like your response very much it's interesting that that is in fact meeting the mandate, to say I'm not ready to talk about that, that's revealing something right there and taking a risk to share something. The next tool you call *channel the flow of feeling* which you describe as having your feelings without your feelings having you. That almost

sounds like Buddhist mindfulness to me tell us what you're getting at there.

Dr. Gary Trosclair: There are a lot of parallels here, I mean I love to meditate myself although I am not a meditation teacher I think there is much to be learned from Buddhist Psychology. The idea is to be able to honour and respect feelings without it running over us. Here again I think some of the common misconceptions about how to work well in therapy are that we come in and we just express our feelings and we just kind of let it out and we get rid of it and that's it. That's part of it on the other hand other people just want to be intellectual about it and try to distance themselves from their feelings. Neither one of these really value feelings. The idea is to let the feeling rise up into consciousness to hold it and contain it and to see what we have to learn from it. To see what it tells us about how to live or about what's being left out. I actually try to encourage people to imagine it rising up from within their belly, to hold it in their hand, not to try to get rid of it, not to try to abort it but also, not to try to react to it. Cause reacting to a feeling is in another way trying to get away from it.

Dr. Dave The next tool you described as *enough about them*. What? You mean my problems aren't all about what somebody else did to me? [laugh]

Dr. Gary Trosclair: Yes, your problems might be caused by what people did to you in the first place but the best way we can help you is to help you find resources within. I think most people kind of know this on an intuitive level that if they just complain about other people they will be wasting their time. I think it's very important to come in and talk about how you've been hurt or disappointed or saddened or infuriated by the people around you. It's a great way to start a session but if we continue a session that way we are losing out on a lot. Because what I want to do is empower people, rather than make them a victim of what they have been through. Now, I do: want to acknowledge the reality of trauma, neglect, pain and suffering but if we leave people there, I don't think that we are helping them any. At the same time I would emphasise how deep the resources are that we have inside. It's not just about not focussing on someone else it's also looking at what do our emotions have to offer us? What to do our dreams? What does our imagination have to offer us? So for instance if we are talking a lot about another person we can slow down and say "wait, why does this person push my buttons? What is it about them that is getting to me?" Then I can take that and find out –

where does that exist in myself? The technical term for this is projection, that we all have a tendency in some cases to take something inside of us that we don't like about ourselves and to put it into another person. We call that projection, to have them carry the dirty stuff, or the shadow stuff for us. When you find yourself getting really exercised about somebody else, really bothered by them that's a great opportunity to say "why does that bug me so much?" and to see if there is some way that either you do that yourself and you don't acknowledge it or you don't allow yourself to do it at all and you resent not being able to do it. Now these are somewhat subtle psychodynamic processes but if you slow down and with the help of your therapist you can start to take back things that actually empower you without leaving you subject to other people's whims.

Dr. Dave mmhmm, I like the way you've put that. Now, the next tool or attitude that you recommend is not to hold back, but to forge an authentic connection with your therapist and you mentioned authenticity earlier. This sounds a lot like the first one about taking off one's masks, what's the additional mojo that you're getting at here?

Dr. Gary Trosclair: It's much more specific about your relationship with the therapist and I've been often surprised when people would come into therapy with me after being with other therapists for years and not realise that was actually very important for them to tell me their reactions to me. I think in some cases it's a cultural issue like you never would, critique or complain to your doctor, depending on which country you are in but I think even with mainstream American culture, the idea that you can talk about what you are really feeling with your therapist is a new idea for many people, and it can be a scary idea for many people. But this might be one of the most profound parts of psychodynamic therapy that helps us to change. It's very real, it's no longer theoretical about what you're doing with someone outside of the room, it's something that really is going on in the moment and that's the kind of thing that actually changes us.

Dr. Dave Okay

Dr. Gary Trosclair: So it's an opportunity to practice the things in the first session to take off the mask, to have the feelings, for instance, that really hurt me when you said that last week, or, I'm very disappointed that you're not talking about certain things, or I feel like you don't care about

me, or I feel like you care about me too much. To be able to talk about any of these things makes it, takes it to a deeper level that actually changes the wiring in our brain. We've got a lot of neural research going on that talks about how important the therapeutic relationship is but I think some people imagine that you just come in and it just happens naturally. Well, in some cases it does, but sometimes it takes, it's real important for us to open up directly with our therapist to be able to bring that there.

Dr. Dave Yeah, you know that makes me think of another rule that maybe is buried in here and implicit but, the need for the client to be active.

Dr. Gary Trosclair: Yes, yeah I think some of the theory and some of the things about psychotherapy that are reaching the mainstream public these days can be misleading. Alan Francis who was instrumental in DSM III and DSM IV a professor from Duke University had a piece in Huffington Post maybe five or six weeks ago where he talked about the magical healing properties of the therapeutic relationship. On the one hand I think that's true, on the other hand it can imply to people that if you just go in your therapist empathy and their healing will completely do it all and I don't think we do people service when we imply that that's all they need to do. So the client really does need to take an active role to get the most that they can out of psychotherapy. And I also want to be clear about this many people come in to therapy to simply sustain themselves in a very difficult time. That's very understandable those people may not be using all the tools in this book. There is no judgement about that. The tools are intended to help people get the most out of therapy which does require some active work on the part of the client.

Dr. Dave Yeah

Dr. Gary Trosclair: It's important to start to explain that better than we have.

Dr. Dave Yeah and I like the way that you use ordinary language to talk about these various elements for example, rather than talking about transference which is a technical term you're talking about authenticity and the relationship and so on and that's something that I really like about what your approach is here. You're next instruction is to be curious rather than judgmental and again this reminds me very much of mindfulness practice, what's your spin on this.

Dr. Gary Trosclair: Yeah, it is very close to mindfulness because when people are practicing mindfulness meditation they're trying to sit with what is without judgment about it, to just be with it and to be very curious about it. I have cartoons throughout the book for each chapter and for the appendices and one of my favourite cartoons in there is a car parked in the street and a man has a baseball bat and he's just destroying the car it's just completely beat up and this woman walks by and says "it still won't start?"

Dr. Dave [Laugh]

Dr. Gary Trosclair: If you're beating up on yourself it's not going to help you to get moving.

Dr. Dave Ah, yes.

Dr. Gary Trosclair: Attack on, is not going to help in psychotherapy and I make it very clear to people that this is one of their jobs in therapy, is not to self-attack. It might seem obvious but it is remarkably difficult I think for the large majority of people who come to therapy not to self-attack but to say okay, this is where I am now. That doesn't mean that I can't change. This is the place to start and it's really the only place to start. At the same time we want to be very curious to be honest with ourselves about what our motivations are, why are we doing the things we are doing, where does it come from, what do we get out of it? I've got a piece coming out, actually it just came out on Huffington Post today about self-deception, why self-awareness matters. We all use rationalisation or self-deception to some extent and I think we want to be very forgiving, understanding about it but also curious, why do I need to deceive myself about this? Because it causes us and communities around us great suffering.

Dr. Dave mmhmm, the next thing that you advocate is to carry your fair share, what are you getting at there and maybe you can give us an example of a client not carrying their fair share.

Dr. Gary Trosclair: okay, well referring to responsibility or to care our fair responsibility, because if we don't take responsibility for what we do and don't do we won't get very far in therapy. On the other hand if we take too much responsibility and we blame our self for the entire thing then we

are not going to make much progress either. I think a typical example of someone who takes too much responsibility is someone who as a child their parent's had some doubt, their parent wasn't able to be fully present to them, wasn't available to help them as much as they needed. Children will often take responsibility for that problem and say "it's me, the problem is me, there is something wrong with me, I'm not lovable" because if they don't do that then they're really up a creek because it feels like it's out of their control. But on the other hand if someone comes in and they are only talking about what's wrong with their spouse and not looking at how they treat their spouse that affects why their spouse is responding to them the way they are, that's not going to help them get where they want either because that also leaves them in feeling very powerless and alone. There's a certain, one might feel strong and one might feel righteous, justified in it but it doesn't get you very far.

Dr. Dave So really there's a kind of balance a person needs to find between blaming others, sort of taking no responsibility on the one hand and taking too much responsibility on the other.

Dr. Gary Trosclair: Exactly, yes, I remember a client asking me one time, she said "well am I responsible for my depression?" and it's a really interesting question you know if you think about the biological aspect of it plus the environmental aspect of it I thought about this a lot and I think there are some things that we can take immediate responsibility for like; don't through the tomato soup at the other person. That's a very concrete action that you can start taking responsibility for. On the other hand, if you've got bipolar disorder that's not something you can just snap out of and with working medication over time you can take more responsibility. There's tons of stuff in the middle that with our intention and with our work in psychotherapy and with responsibility that with time we can have more responsibility for.

Dr. Dave Okay, yeah, that's interesting, we so much want to have a simplified world and try to kind of make it either or but as you indicate it's not always that simple and there are grey areas and we do have to find that place of balance. The seventh tool you've labelled as *what's your story*. What are you calling for there?

Dr. Gary Trosclair: Okay, many people come into therapy and their tendency is to talk about this incident and that incident and the incident two weeks

ago and the incident yesterday. Connecting the dots of those incidents, so the idea is to find the theme of those incidents and to understand the story behind those incidents. There's a lot of interesting work that's been done in the narrative about finding; what is the basic story that we tell ourselves about our lives? Now that could be long epic story or it could be a simple attachment idea something to the effect of; if I get close to someone they will abandon me. That is a story that will completely dictate someone's lives. What I'm encouraging people to do is not think just in terms of isolated situations but to try to understand the themes and to connect the dots on the many incidents in their lives. One of the ways to talk about it is to think in terms of one's personality, one's character rather than the different incidents you go throughout, and here again this is something you can take with you rather than just, depending on your therapist, to help you deal with each incident that comes up. Now some of these stories I talk about being based on attachment. Attachment is one of the theories that's coming out of a lot of developmental theories based on how we relate to our early caregivers and the way we decide it's best to bond with people. I mention one which is ambivalent in which we want to be close but we are afraid of being close. Sometimes people will dismiss anyone rather than getting close to them. Other people have a secure attachment in which they feel good about being healthily interdependent. That's a basic story that looks back in our lives about where we came from and how that influences how we live now. There are also stories that are more archetypal that we find in literature, in mythology, in spirituality, fairy-tales and contemporary films and these are themes or stories that we've been telling each other for thousands of years. That can be very helpful to help us understand the journey of life. On the other hand we can get caught in them in destructive ways. We can get caught in a victim story or we can get caught in a hero's story and either of those have good or bad qualities depending how conscious we are of them.

Dr. Dave There's our Jungian coming out now. But again in a very, very down to earth, relatable way. The next tool seems like an extension of that one, of *what's your story* in as much as you've labelled it as *it aint necessarily so*. Tell us about that.

Dr. Gary Trosclair: I could have put these in the same chapter together but it felt more helpful to me to separate it and make sure that people do take the time to understand their story. I wanted to really emphasise finding the themes in their life and also questioning those themes. Is it really so

that if I get close to someone they will abandon me? For instance. Is it really so that if I sacrifice myself in some heroic way that that will work for me, that might also bring me down or hurt other people too. So once you've identified this story to say; is that story working for me? And is there a story that will work for me that's better than that. Now, you'll probably recognise some CBT techniques in here which is fine with me, I think psychodynamic therapists who are using, who are challenging thinking for decades before CBT came around it's fine everybody can use it, that's great. But I do think there are times especially after we've done all the previous work that I talk about in the early chapters, that when we understand our story we can begin to challenge it. We can start to say "maybe that's not so true" and I don't think we can always do that right at the beginning we can't just kind of talk ourselves out of something intellectually. With this sort of ground work then you have an idea of the stories that are running your life you can start to see when you come to the fork in the road each time. "Maybe I don't have to live that way, maybe it's not necessarily so".

Dr. Dave Yeah, yeah. Now you're next to last recommendation is to do something. What are some examples of activities that you'd recommend, I'm impressed by the breadth and the liberalness of your recommendations.

Dr. Gary Trosclair: So I, I go somewhat out of psychoanalytic tradition here.

Dr. Dave Yeah

Dr. Gary Trosclair: There are four categories that I speak of here. The first one is just you can do things like exercise and meditation, yoga and very practical things that all support your work in psychotherapy. They might not seem specifically coming out of those issues but they all to contribute to them. We know for instance that exercise improves our cognitive functioning. It improves our emotional life. We know that research says that in some cases it's just as helpful as psychotropic medications. So it's it goes a long way out of psychotherapy itself. Then there's another category which I refer to as *intentions and assignments* now assignments are very behavioural sort of treatment, I don't use them very often but occasionally there will be a therapist for

whom it is helpful. For us to develop a particular goal that comes out of the dynamic work that we've done. I don't think that that has to be part of therapy. For some people that can be very helpful. I think what more often happens is what I refer to as intentions. And by intentions I mean our conscious decision to say; this is my goal and I'm going to look to see wherever I can meet it. For instance, one might decide that they're going to be less impulsive and there are many different ways to meet that. Someone else might decide that they won't act on their fears much and to try to socialise. Other people might say my intention is to not give myself away so much and I'm going to make sure I give myself time to do the things I need to do to take care of myself. So those are broad intentions, and again while that might sound like a cognitive technique I think that when it comes down to it a lot of dynamic work actually comes down to using that sort of conscious intention that we hold in mind once we leave the session. Because we do need to apply the things we are talking about in the session outside the session and that's what starts to make it more solid, more concrete in a way that actually stays with us.

Dr. Dave Yeah

Dr. Gary Trosclair: Then I talk about creative ways that we can continue our work outside of the therapy. This can mean working with your dreams for instance, Jungian's have a technique called active imagination in which we will dialogue with a character from a dream and get yourself into a quiet place where you won't be disturbed and you bring to mind in as much feeling and sensate detail as you can that one character and that mood and you actually have a dialogue with that or some people go write it down, other people might dance it, other people might play music, or to draw a painting of it. But the idea is to take the experience, the inner experience that you begin to work on in therapy and to continue to work on that outside of your therapy. Jung was very big on this kind of thing. In fact while Freud was meeting at least four or five times a week Jung said I actually prefer, he started to have just one or two sessions a week for people to continue the work on their own. By painting their dreams, by doing active imagination by writing out imaginative scenarios because that helps us to connect with the unconscious and also to confirm the work that we have

done. Because what we want to do once people leave is again to send them off with the tools that they can use on their own. The way I see it a fundamental tool of analysis is a very good working connection with the unconscious and this is one way to start to do that.

Dr. Dave Yeah, that's great

Dr. Gary Trosclair: The last of the four broad categories that I use for working outside of therapy is to do a ceremony and ritual. Those things get a very bad name, people say "it's just symbolic", "it's just ceremonial". But I have come across some research from some folks at Harvard that said whether people believe it or not, ritual and ceremony really do change and they have a huge impact even on the people that don't think it does.

Dr. Dave Huh!

Dr. Gary Trosclair: Once you decide for instance, that you want to change your story, to have some sort of ritual that will help you to actually make that change in a concrete behavioural way. There are some people I know one woman decided to burn all of her journals. That was the marking of a passage from her old life to a new life. Old story, to new story. On the other hand someone else might say "you know, being able to reflect is profoundly important to me my ritual is going to be every morning I'm going to write three pages". There are other rituals such as ceremonies, you know, weddings can be profoundly important. I think they have become kind of a show these days but they actually do make an important difference for people.

Dr. Dave Yeah, yeah, you mentioned that this was stepping outside the bounds of at least traditional psychoanalytic thought because I can recall a time when those sorts of activities would have been maybe labelled as resistance as trying to deal with issues outside the relationship instead of bringing it in to the therapy.

Dr. Gary Trosclair: Yeah, I don't think it has to be an either or, I think that work outside can deepen the work because people realise things about themselves when they're working outside on their

own. So I understand the old theory but, I think the other thing that you can keep in mind is a lot of the psychoanalytic theory and guidelines were developed when people were coming in four or five times a week and that's a whole different thing which is different from where we are working now which is once or twice. There, in that old model there might have been things to gain by saying don't do things outside a session but with the model that we have now once or twice a week. Most of us you don't get as much from the actual model. It's worth it to do the outside work. I think of some of the traditional psychoanalytic thought came out of a much different era. Different people a hundred years ago.

Dr. Dave Right

Dr. Gary Trosclair: You wouldn't say but even CBT therapy now we've got research that says it's not as effective as it was 30 years ago.

Dr. Dave that's fascinating, that triggers a whole bunch of associations from me. One of the main one's going back to the early days of mesmerism and then hypnosis where some of the early people were saying something very similar. You know we saw something's happening in the early days of mesmerism and hypnosis that we don't see anymore. You know, and you have to wonder about that.

Dr. Gary Trosclair: Just the whole cultural context, the zeitgeist which I suspect affects how effective some types of work are.

Dr. Dave Yeah, yeah, a related question; that this brings up for me is what are your thoughts about self-help books? I don't quite see your book as a self-help book. It could seem that way maybe but you know, there are books that are more explicitly of, you know, self-help.

Dr. Gary Trosclair: I have no problem at all, I think it can add to the work I what I do recommend though, now, are you talking about self-help along with therapy or instead of therapy?

Dr. Dave Well that's a good distinction I guess, umm, I guess I'll let you talk about both.

Dr. Gary Trosclair: I think it can be a very good addition to psychotherapy. What I do recommend if people are reading self-help books to bring that stuff into their therapy and to connect it with what's going on in therapy especially if what they read in the self-help book seems to be different from what's going on in the therapy cause that's one of those really juicy things going on in the present moment with your therapist. I think people can get stuff out of self-help books on their own. I do make my living this way, but I think it's hard to do this sort of thing on your own. Human beings seem to be hard-wired to change through our interactions with other people. You find that not only in psychology but in so many spiritual traditions, career things that just take in things on a much deeper level when there is another person there that we are doing it with.

Dr. Dave Yeah, yeah

Dr. Gary Trosclair: Depending on what you want to accomplish, I'm not sure it's going to be enough.

Dr. Dave Your final recommendation or tool you characterise as *into the fire*. Tell us about that.

Dr. Gary Trosclair: Okay, there is a long standing tradition certainly in spiritual approaches but also within psychology to take the very difficult thing and make that the fodder, the opportunity for change, because when you're in the fire you're much more malleable. Think for a moment about putting a piece of metal into a fire in order to forge a very strong sword. It's when the difficult things are coming up that we are much more open to be able to change. Now here to we've got a burgeoning field of research called post-traumatic growth. In which rather than seeing people as always being hurt through trauma, they can see how people can actually grow through their trauma and so building on that but also looking at so many of the spiritual traditions behind it that say when things are difficult there is opportunity for change. One of the presentations I've been doing takes tons of slides and shows how

fire is so often used symbolically in spiritual traditions to help people experience these difficult situations as hot periods when that's the opportunity for change and so many ceremonies, festivals, let's take burning man now. Well, some Celtic celebrations, I'm forgetting the name of it now, where people will jump over the fire. Or most, spiritual traditions have some use of fire, whether it just be a candle that they are close to or some more open fire.

Dr. Dave What about fire-walking, you know, that was kind of a cultural thing for a while here.

Dr. Gary Trosclair: It is, it's been found in many different traditions, sweat lodges, swallowing fire. It's kinda like shooting a fish in a barrel with this stuff, when you start looking around at pictures of fire. So often it's an opportunity for growth and for internalising or changing something that we wanted to change, and that's the time that it's most effective to make the change.

Dr. Dave Mmhmm, you said something early on at the very beginning of our talk that just kind of slid by, making some reference to religion and I think that, it sounds like that's been a strong element in your life from very early on.

Dr. Gary Trosclair: It's been helpful to me, currently my practice of insight meditation is very important to me and I think it's, I've often learned from it about how we function psychologically it's been a source of information. As a Jungian analyst what I have also found though is that many people who come to see me don't necessarily have a spiritual approach and I can try to force them into it and say they should have an experience of something greater than themselves but I'm interested in being able to meet people where they are and to find a way to have a relationship of something greater than they are which is not spiritual in a traditional religious sense because I think that as Jungians we've often preached to the choir and it's somewhat easy to attract people to Jungian analysis who are already interested in mythology or spirituality but there are many people who could benefit from Jungian analysis who that does resonate so much for. I feel like part of my job, my goal as a Jungian analyst is to be able to meet people where they

are and that might not involve a spiritual perspective. Now, how you define a spiritual perspective is a whole different question, but, if for instance, I can help someone to have a sense of what I refer to in the book as the constructive unconscious that is, in addition to their ego. There's a whole part of their personality, the unconscious, that if they collaborate with, if they work with, if they listen to. It will not only help to move symptoms but it will help them have a much greater sense of wholeness. Because that's part of what I'm aiming for in my work with people, is to have a sense of wholeness rather than limit it to just a small ego which gets buffeted out by the whimsy change.

Dr. Dave Yeah. Now this might seem like to obvious to deserve asking but who should read this book?

Dr. Gary Trosclair: Okay, I have heard from many people that it is a great introduction for people who are just starting therapy, for people who are also curious about therapy because therapy is so poorly known it's so poorly described in popular media that I believe it gives people a real honest sense of what happens in therapy, what it's actually like. I have appendices on both starting therapy and stopping therapy. To help people get an idea about how you start but also to know when to stop. So I think it's good for people who are just considering therapy, people who are also already in it. But I also hope that therapists and indeed researchers will read it for a couple reasons. Therapists tend to have a tendency, sorry, to take far too much responsibility for the work, but I think especially in the last few decades where we talk about the importance of atonement and empathy and resonating with their patients. Those are profoundly important but it can leave out the fact that patients do, they have to take an active role in the work, or else they won't get as much out of it. So what I hope is that therapists will also read it and they can develop their own sense of what clients need to do. Because it's important for you to have your sense of what patients need to do. Don't necessarily take my word for it, I hope to provoke thought about this, to provoke discussion and maybe hope that some researchers read and say; wait, you know, there is something missing here, maybe there is a way for us to research it and to be more specific about what the client needs to do. Because we have been focussing

almost exclusively for decades now, on what the therapist needs to do. And to me that's not only just leaving something out it's, it misses a whole respect aspect in therapy in which it implies that it's what the therapist does rather than what the client does and it really is a lot about what the client does. And I mean that in a very respectful way not in a blaming way. When people do good work, they have done a lot of work, you know, and I think we want to give credit for that. In a way the big picture for this is to me too is a philosophy, I want to get away from the idea of doing a procedure on someone, to someone rather than, I want to be doing it with someone. That it's a dialectical procedure where we are both engaged so that it affirms their sense of self rather than it leaves them dependent on me.

Dr. Dave Yeah, you know one of the things I'm impressed with about you is the way that you integrate and the effort and energy that you put into integrating research and practice. You know, that's something that we are urged to do but I don't know how many clinicians really do that.

Dr. Gary Trosclair: yeah, well, I, some people say it's one of my complexes that I have a need to know. You know, why neural research? My take on it is that if you take one or two individual studies you can't depend on them too much. We have this study come out 6 weeks ago that said that a lot of psychological research, maybe, what was it? Maybe 40 percent 60 percent cannot be replicated. Well if you looked at the overall picture we've got 30 studies talking about the importance of the therapeutic relationship, we can listen to that, we can learn from it. I think psychotherapy research is still pretty young but I'd rather encourage it and learn what I can from it than to dismiss or ignore it. I think there is a lot to be learned.

Dr. Dave Okay

Dr. Gary Trosclair: We, it's dangerous as therapists to just go on anecdotal stuff, stuff we've been taught by our therapist, by our analyst and I'd like to have a bigger more certain picture.

Dr. Dave Okay, well as we wind down here I wonder if there is anything else that you would like to add.

Dr. Gary Trosclair: Umm, well I guess the one part that I didn't talk about much but I alluded to was this idea of the constructive unconscious. That is that we have within us a deep tendency, a desire, an instinctual need to grow towards wholeness to become more integrated so that all the different parts of the personality I started to mention that first chapter are all working together. I have a couple mandalas in my book and what a mandala shows is how all these different parts are balanced in harmony and that even looked at from an evolutionary perspective that part of us wants to be more flexible more adaptive and we do that by listening inside, and bringing all the different parts together and we have an attitude of listening within then that changes the whole picture. So rather than our problems being crises they're opportunities that something inside is often trying to tell us. Or that we are going to make something out of it.

Dr. Dave Well that's a good wrap up. Dr Gary Trosclair I want to thank you for being my guest on Shrink Rap Radio.

Dr. Gary Trosclair: Thank you very much for having me. I have enjoyed our discussion.