

# **PATTERNS OF BEHAVIOR DISPLAYED IN THERAPEUTIC TREATMENT: VIEWS WITHIN A PRIVATE COUNSELING**

**Jillian Pizzi\***

**M.A. Program in Mental Health Counseling, Rivier College**

## **Abstract**

*This research paper will discuss the basics of therapy while providing insight to the patterns of behavior displayed by various clients that have become apparent over the course of this semester. The setting is a private counseling practice in New Hampshire. The participants are clients that have chosen this facility for treatment (men, women, teens and children of all ages and ethnicities) and the initial questions will pertain to the topic of study, noted above. The research literature, actual research, conceptual framework, and summary will follow.*

## **Introduction**

By definition, a pattern is “1.) one worthy of imitation, 2.) plan used in making things, 3.) a design and 4.) usual behavior, procedure” (Goldman, 2000, p. 285). These definitions are connected in many ways with the author’s research interest; patterns of behavior people display while in therapeutic treatment. The focus of the research completed is the clientele of LMR Counseling & Associates (name changed due to confidentiality), which were observed while in treatment. The research question explored in this paper is, “How do people respond to positive, as well as negative feedback from their therapist?”

## **Historical Perspective**

Modern psychological therapies trace their history back to the work of Sigmund Freud of Vienna in the 1880s. Trained as a neurologist, Freud entered private practice in 1886 and by 1896 had developed a method of working with hysterical patients, which he called “psychoanalysis” (Milhauser, 2008). Others such as Alfred Adler, Sador Ferenczi, Karl Abraham and Otto Rank were also analyzed by Freud and had brief apprentice-type training from him before becoming psychoanalysts in their own right (Milhauser).

In the early 1900’s, Ernest Jones and A.A. Brill, from the UK and US respectively, visited Freud in Vienna and returned to their own countries to promote Freud’s methods. Freud himself began a lecture tour of North America in 1909. Gradually, many such as Ferenczi, Adler, Rank, Stekel and Reich began to develop their own theories and approaches, which sometimes differed markedly from Freud’s. Jung, a close collaborator of Freud’s from 1907-1913 who was in some sense “groomed” as Freud’s intellectual successor, eventually split from Freud and pursued the development of his own school of analytical psychology, drawing heavily on both Freud’s and Adler’s ideas. All these immediate descendants of Freud’s approach are characterized by a focus on the dynamics of the relationships between different parts of the psyche and the external world; thus the term “psychodynamics” (Milhauser, 2008).

## Treatment Modalities

A separate strand of psychological therapies developed later under the influence of psychology, learning theory and leading thinkers such as B.F. Skinner. Many rejected the notion of “hidden” aspects of the psyche, which cannot be examined empirically (such as Freud's rendition of the “unconscious”). Practitioners in the behavioral tradition soon began to focus on what could actually be observed in the outside world (Milhauser, 2008).

Finally, under the influence of Adler and Rank, a “third way” was pioneered by the US psychologist Carl Rogers. Originally, it was called “client-centered” therapy and later known as the “person-centered” approach (Milhauser, 2008). Rogers' approach focused on the experience of the person, neither adopting elaborate and empirically un-testable theoretical constructs of the type common in psychodynamic traditions nor neglecting the internal world of the client in the way of early behaviorists. Other approaches also developed under what came to be called the “humanistic” branch of psychotherapy, including Gestalt therapy and the psychodrama of J. L. Moreno, which encourages participants to explore internal conflicts through acting out their emotions and interpersonal interactions on stage. A psychodrama session can last anywhere from ninety minutes to two hours depending upon the situation and focuses principally on a single participant known as the protagonist (Milhauser).

The medical vs. non-medical split quickly approached. During this time, Freud strongly supported the idea of lay analysts without medical training, and he analyzed several lay people who later went on to become leading psychoanalysts, including Oskar Pfister, Otto Rank and his own daughter Anna Freud. He published two staunch defenses of lay analysis in 1926 and 1927 arguing that medicine and the practice of analysis were two different things (Milhauser, 2008). When Ernest Jones brought psychoanalysis to the UK in 1913, he followed Freud's preferences in this area and the tradition of lay involvement continues to this day in the UK where most psychoanalysts and counselors have a lay background (Milhauser). In the U.S., however, Freud's colleague A.A. Brill insisted that analysts should be medically qualified even though there were already many lay analysts practicing in the U.S. (Milhauser). Many of them trained with Freud in Vienna, as well. Brill prevailed; however, in 1926 the state of New York made lay analysis illegal, and shortly thereafter the American Medical Association warned its members not to cooperate with lay analysts. To this day, almost all U.S. psychoanalysts are medically qualified and counselors typically study psychology as undergraduates before becoming counselors (Milhauser).

## Dichotomy between Psychotherapy versus Counseling

The counseling versus psychotherapy divide arrived soon thereafter and was largely in response to the U.S. prejudice against lay therapists. Carl Rogers adopted the word “counseling,” which was originally used by social activist Frank Parsons in 1908 (Donaldson, 2007). As a psychologist, Rogers was not originally permitted by the psychiatry profession to call himself a “psychotherapist,” but he did, nonetheless. Ironically, Rogers became renowned as one of the most influential empirical scientists in the fields of psychology and psychiatry, introducing rigorous scientific methods to psychology and psychotherapy that psychoanalysts had long resisted (Donaldson). He went on to become a joint Professor in the departments of psychology and psychiatry at the University of Wisconsin, as well as Head of the Psychotherapy Research Section of the Wisconsin Psychiatric Institute (Donaldson).

In the field of psychology as it now stands, the argument as to whether counseling differs significantly from psychotherapy is largely academic. Those from psychodynamic traditions sometimes equate “psychoanalysis” and “psychotherapy,” which suggests that only psychoanalysts are really psychotherapists, but this view is not common anywhere else (Milhauser, 2008). Others use “psychotherapy” to refer to long-

term work (even though some psychotherapists offer brief therapy) and “counseling” to refer to short-term work (even though some counselors may work with clients for years). These two terms are commonly used interchangeably in the U.S. with the obvious exception of “guidance counseling,” which is often provided in educational settings and focuses on career and social issues (Milhauser).

Modern counseling and psychotherapy have benefited immensely from the empirical tradition, which was given such impetus by Carl Rogers, even though the research agendas of psychology and counseling have diverged greatly over the last half century. Additional work in cognitive psychology, learning theory and behavior has informed many therapeutic approaches. By some accounts, the different strands of counseling and psychotherapy now number in the hundreds. Mainstream approaches, however, are much fewer in number and over time, it is likely that many of the less well-grounded schools of thought will fade away while newer ones will emerge to take their place. While the main approaches continue to develop and others appear and then fade away, clients are left to choose for themselves what might be best for them.

### Barriers to treatment

The current debates surrounding the research for this paper include, “Is moral psychology relevant to moral philosophy?”, “Are too many children being overmedicated today?”, “Is the un-medicated person healthier?” and “What sort of treatment is immoral and/or unethical when it comes to patients of mental health facilities and research participants?” The debate surrounding animal testing, whether the negative effects on the animals outweigh the benefit of obtaining conclusions from research is still very much in effect.

Past debates are similar in that they also have much to do with medication levels and the question of “How much is too much?” and “How much is too little?” According to Dr. Deacon (1997), people and animals are constantly changing and adapting to the world around them. Our research questions, however, typically stay the same. The questions asked of people and animal subjects may have different variations over time and the research outcomes will surely change, but when it comes to psychology, the information that is truly wanted to get at is usually similar to that of the generation before that and the one before that and so on.

Currently, our society is dealing with an economic crisis, war in the Middle East and is in the process of welcoming a minority to preside over our country. Each of these has stirred the emotions of many; leaving the country as a whole a bit unsure of what the future holds. This has put depression, general anxiety disorder and bipolar disorder on the rise (Needleman, 2009). One area of employment, that is not falling while many others are, is healthcare; both physical and mental (Needleman). Many believe that this is due, in large part, to the current economic crisis at hand, which is said to be contributing directly to the deterioration of overall health in our country. This is a stressful time for many financially and emotionally because changes are being made and there is nothing they can do about it. The citizens of the U.S. have much to accept and adjust to while continuing to live life as they normally would. Whether it is positive or negative, change is a tremendous thing, but can easily send people into a tizzy until they have had time to regroup and readjust.

On a smaller level, the author observed many interesting patterns of behavior while sitting in numerous counseling sessions of adults, teens, and children at LMR Counseling Associates. The findings began with the program director sharing that most of the people she currently works with live with attention deficit hyperactivity disorder (ADHD), depression, autism and grief from the loss of someone important in their life. The “grief” mentioned above does not necessarily stem from the death a loved one, but rather from the actual loss of certain relationships they were so used to having at one point or another. Most of the losses occurred through arguments, divorce and children being removed from the home or family of origin (Milhauser, 2008). This particular pattern is intriguing because when you hear of someone’s demise one may automatically feel deeply saddened for the family and friends that the deceased have left behind. However, it

is less likely that people will feel the same innate reaction when speaking to someone who has ended a close relationship with a friend or family member. It is not often that others feel sorry for them when in reality, they too are suffering the same feelings of grief and loss that someone who has had a family member die are feeling.

Secondly, through observation of clients in this environment, it was clear that finances largely impact their lives. Counseling sessions are expensive. The first session, also known as an intake session is ninety-six dollars per one hour session, individual counseling is seventy dollars per one thirty or forty-five minute session, and marriage/family counseling is eighty dollars per one forty-five minute session. Though insurance companies do compensate clients, others do pay out of pocket. Either way, the bills add up and can easily become overwhelming. When the subject of money is approached by the counselor or client, both parties' faces immediately become serious and tensed. They become fidgety, nervous and appear a bit pressured. Due to this underlying feeling of discomfort, people sometimes become too hard on themselves or on their counselor and want things done here, now, faster and better because after all, "they are paying for it." When this occurs, the agency director reminds them that counseling is not a quick, easy path; the clients must be in it for the long haul if they want to see lasting changes in either their own behavior or the behavior of those they care about most. Many clients have expressed feelings of guilt and/or shame around being involved in therapy. Much too often they are embarrassed about what others will think of them or the stigma that may be attached to them if others know that they are in therapy (Milhauser, 2008).

The fourth and fifth patterns are related. The fourth is that all too often people do not "own" their behavior or the things they do, both good and bad. Most people will usually say at some point during their session, "You will be so proud of me because I did \_\_\_\_\_", or "You're not going to be happy at all because I did not do \_\_\_\_\_. This pattern of behavior stems from the therapist's attempt to help the client set clear, relevant goals up front and then continuing to aid the client in completing those goals for the remainder of the week, month, or even year that they are set. If the client does complete the goal that has been set, they own it, but if they do not complete the goal that has been set, they do not own it regardless of how much they believe they do or should. Owning one's actions is essential because it makes those actions unique to them as an important individual in the world. Too often people blame or give all the credit surrounding their successes to their counselor, so they eventually feel as if they are doing all that work for someone else, rather than feeling as if they are doing it to better themselves. The problem with this is that when the client eventually ends their treatment, they may not feel as if they have anyone to work hard for anymore because the therapist will be out of their life. This could result in more failures than successes for them in the end. This is clearly not the goal of treatment. People, as a whole, must learn to own their actions in their entirety and be well aware that they are working hard for themselves and no one else so they do not fall into the trap of confusion surrounding this pattern.

The fifth pattern of behavior is centered on power, authority and who has more of it; the counselor or the client? Clients seem to struggle with the question of who is really in control of their lives and who has more power and authority in and out of session. Oftentimes, clients recognize that their therapist is well rounded, very intelligent and can be helpful in goal setting and helping them to realistically handle the curveballs life throws at them, so they will become submissive to them.

The sixth and final pattern of behavior has to do with transference. Oftentimes, clients will transfer feelings they have toward someone else onto their counselor. This is a mistake they make because in doing this they are hurting themselves by essentially prolonging treatment until they can learn to keep their counselor and others involved in their life separate entities entirely. They must realize that when they transfer feelings from someone else onto their counselor, their treatment is being set back rather than progressing forward. Their counselor is not the person that they are having the unsure feelings about, so if they cannot keep those two people separate in their conscious mind then they will end up overlapping their feelings in treatment to feelings they may have when they are with the person who evoked the original feelings in the

first place and vice versa. Likewise, counselors must remember not to counter-transfer their feelings towards clients, which can be just as detrimental to a client's success. Counselors must remember that each client is a different person entirely and though they may behave like another client they are not them, so they must be treated with the utmost respect and high level of care no matter how they act. Interestingly, clients tend to transfer feelings most often in session when those feelings are toward a close family member. Counselors, on the other hand, tend to counter-transfer feelings most often when they are not pleased with the way treatment is progressing or if they are reminded of a particularly difficult client they had in the past (Brandon, 2004).

## Research Design

Designing an experiment involving patterns of behavior in therapy is possible to do, but can be tedious and frustrating at times. The research design for the question being studied is a case study. A case study is the easiest and most people-oriented way to study individuals on a small scale (source). The variables under consideration include the demographics of the clients, their disorders, any medications they take and the place of treatment. The independent factor in the experiment would be the clients being studied. It is not possible to establish a control group because if you studied people in treatment, you could not mold them into the ideal control group you are looking for. For example, a therapist or doctor could not take control by changing their medication(s) or taking them out of their natural environment simply because they are interested in studying a certain topic. That is far too manipulative for this type of research. The clients would also have to be unaware of the fact that they were being studied in the first place because that could possibly change their behavior to the point where they were displaying unnatural behavior specific to them as an individual. This phenomenon is known as the Hawthorne Effect and has been proven repeatedly (Kratwohl, 1993). If a researcher wants people to act naturally, they cannot know that they are being watched. In order to reduce the Hawthorne Effect a pilot study should be conducted. This allows the researcher to increase their awareness of the environmental influences. It is unnecessary to conduct preliminary interviews in this particular situation because the people who would be studied are already your clients and have each gone through an initial intake session with you which essentially is a preliminary interview. There is not a specific appropriate sample size in this situation. It comes down to whoever and however many people you as the therapist feel like studying. The therapist would be testing a hypothesis only if they picked a certain behavior to focus on specifically. Examples of this could be, "People always cry when they come in with sad news", or "People seek out counseling only when they are getting a divorce." These examples illustrate a specific, observable behavior that once studied more closely, could be proven true or disputed by the therapist. There are no other methodological alternatives because studying behavior in this way does not fall under the category of methodology, rather it is something you have picked on your own. Again, a case study is the best way to study subjects in a setting such as this because it is the most person-oriented method when compared to the rest. Other possible forms of analysis could include having other people in session observing, as well. These other people may be other counselors who are welcomed into the room by the client or an intern that has been given permission to sit in on various sessions with clients. The biggest problem one would experience when studying clients in this way includes being too pressed for time and concentration to both help the client solve their issues and observe other patterns of behavior for their own research at the same time.

Therapists' main goal is to have direction and purpose while helping their client(s) as efficiently as possible. If the therapist is sidetracked by something else while trying to help their client(s), then they are no longer working as purposefully and efficiently as possible with the sole intention of helping their client to work through troubling issues. This is not a field where even the smallest of mistakes are permitted or may go unnoticed. It is people's lives you are dealing with in this profession and through careful research, the

author found that that is enough to keep most therapists focused on their primary job (helping) and not on trying to research their clientele for their own benefit. Some could argue that a therapist's intern or colleague could do the observing and recording if allowed into the session, but only the therapist is allowed to have paper and a pen to ensure that nothing the client said was written down by anyone else present. This comes under the confidentiality clause and is strictly enforced. The intern or colleague could attempt to rely on his or her memory to recall certain things that happened, but with this, the accuracy is lost because one is reliant upon memory, which is not always accurate and essentially renders the information obtained useless. This coupled with the confidentiality piece, which includes the right of the client to have all information shared to be kept private and personal, is much of the reason that this topic does not get as much attention as it could or should.

Two hypotheses were developed prior to zeroing in on patterns of behavior during therapy. The first hypothesis was that teens, as a whole, would be more willing to share information about traumatic or life changing events while adults would be more conservative when discussing these personal issues. After having completed the research, the author found this to be true. Teens and children were, in fact, more willing to discuss any issue in depth, no matter how uncomfortable the situation made them feel. They talked openly about self-injurious behaviors, sexual assaults, being bullied at school and various family issues they were experiencing. Adults, on the other hand, were more articulate when explaining delicate situations with many intricate details, but were also more demur and standoffish when discussing private issues. They tended to look down or away more often and had a habit of speaking more and more softly when getting to the "bad part" of a story. It is believed by the author that that type of body language conveys embarrassment or shows fear that though they are in a counseling facility, they are still being judged by their counselor, who could very possibly be the same age as some of their peers. It is human nature to feel this way. Surely, these thoughts are more than enough to make them feel uncomfortable or uneasy.

The second hypothesis made by the author is that marriage counseling would be much harder to help people through than family or individual counseling because often there is more tension and outward aggression in an intimate relationship than in a familial relationship. This was found to be correct, as well. Marriage counseling sessions were ones that were not allowed to be sat in on often due to the level that the intense arguments between the couples would get to at times. The agency director often came out of these sessions looking drained and frustrated. She shared the information that she sees the smallest level of overall progress throughout these sessions than in all others. These sessions are the most volatile by far. They are filled with yelling, screaming and mindless banter. It is reported that one could always tell when marriage counseling sessions were going on because they could clearly hear the couples shouting from across the hall. Rarely do the couples leave happier than when they arrived. In fact, many times either one person will get up and leave mid-session or they leave not speaking to one another. Interestingly, however, the agency director has had two couples begin counseling with her as part of their plan to get a divorce, but then ended up staying together. She noted that though this sounded like a positive thing it was not because they did not choose to stay together for love, but because it was far too expensive to get a divorce and because of the inevitable upset that it would cause their children. To these couples, it was not worth the potential expenses incurred and seeing their children upset or unhappy. I believe that this is much of the reason why counseling these couples is so difficult. If they had stayed together because they truly loved and cared deeply for one other they might be willing to work harder on their relationship to save it, but because they chose to stay together for other reasons, that might not get them through the tough times as solidly as true love and passion could. This is something I want to examine more closely if I am allowed to sit in on any other marriage counseling sessions again. The question left to ponder here is, "What exactly would it take to get these couples to work harder on their relationships and their marriages?"

Lastly, an important philosophical question related to this topic is, "How can we, as human beings be happy?" The answer to this question is that people are most happy when they are in control. "In control"

means that they feel competent enough to satisfy their most basic needs and reach their toughest goals. Happiness is most common in societies, which provide sufficient wealth, health care, education, personal freedom, and equality (Brandon, 2004). Happy people tend to be self-confident, open to experience and have good personal relations. Promoting these social and personal values increase our overall quality of life. A quote that directly applies here reads, “The last six letters of Satisfaction are action (Canfield, 2005).” This quote directly relates to the question the author chose to explore because it touches upon satisfaction, which ultimately leads to one’s happiness. If one is satisfied with their work as well as their lives, they will be a happier being, overall. Obtaining enough satisfaction to ultimately achieve the goal of happiness is not easy and does not come without hard work and dedication. Remember, you are the sole creator of your own happiness. If you are unhappy, there is no one else to blame but yourself.

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