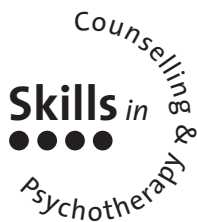


Second Edition

**Skills** *in*  
**PSYCHODYNAMIC**  
Counselling & Psychotherapy

Susan Howard



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# 1

## THE PSYCHODYNAMIC APPROACH

The business of counselling and psychotherapy rests on a fundamental premise: that one person, through the process of being with and talking to another, can resolve his<sup>1</sup> psychological problems. Everything else flows from this: our theory about what brings about change as well as the technique or skills we use in doing so. All psychodynamic approaches agree that the more we are able to be honest with ourselves the better chance we have of living a satisfactory and productive life. Doing so is a huge challenge, and is difficult to accomplish without the help of a guide. With this in mind, Cox proposes that psychotherapy is ‘a process in which the patient is enabled to do for himself what he cannot do on his own. The therapist<sup>2</sup> doesn’t do it for him, but he cannot do it without the therapist’ (1978: 45).

### THE CORE OF THE PSYCHODYNAMIC APPROACH

So what distinguishes the psychodynamic approach and the skills we need to practise in this way? For many years I have worked closely with therapists who use different therapeutic models, and I am aware of how often we appear to be doing similar things but giving them a different name. This makes it all the more important to be clear about what differentiates the psychodynamic model in order to determine which skills are needed to practise within it. I have grouped the areas I think define psychodynamic practice into five dimensions: theory; basic assumptions; the aims of therapy; the particular skills and techniques we use; our understanding about the factors that lead to change.

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<sup>1</sup>I will generically refer to the therapist as ‘she’ and the client as ‘he’ except in case studies.

<sup>2</sup>For the sake of simplicity I have used the terms ‘therapy’ and ‘therapist’ to refer to both counselling and therapy practice.

## Theory

Psychodynamic theory is a developmental theory which is based on the premise that early experience and phantasy<sup>3</sup> combine to create a person's internal world. Although that internal world can change through later experience, its conflicts and deficits have a powerful effect on how he will experience and negotiate his life. This includes his external world, how he experiences himself, what he expects from others, and his overall psychological adjustment. Because we are so powerfully aware of the link between early psychological development and later experience it is almost impossible for a psychodynamic practitioner to hear her client's story without thinking about its developmental origins, so rooted is our sense of the link between past and present.

## Basic assumptions

Luyten et al. (2015) identify seven basic assumptions about psychopathology that are shared by all psychodynamic approaches.

- ◆ A developmental perspective that takes into account how early experience is linked to later psychopathology.
- ◆ Factors outside an individual's awareness (the unconscious) play an important role in understanding both how psychopathology develops and how it is maintained.
- ◆ Early caring relationships create a template for current relationships and how we perceive the world.
- ◆ A focus on understanding the whole person, including their strengths as well as their vulnerabilities.
- ◆ Psychological functioning is complex rather than linear, so we don't look for simple explanations for complex problems; it also includes the notion that, when looked back on, events early in life can be invested with new meaning.
- ◆ The focus on the client's inner world and how a client's psychology influences other developmental factors, for example biological and social.
- ◆ There is a continuity between normal and disrupted personality development. In recognizing that we are all vulnerable to imperfect environments in early life, we acknowledge that we are all vulnerable to developing psychological problems.

## The aims of therapy

The general aims of dynamic therapy go beyond measurable changes in symptoms or overt behaviour. Other markers of successful therapy include improvements in a

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<sup>3</sup>I use the term 'fantasy' when referring to conscious processes, and 'phantasy' when referring to unconscious processes.

client's ability to make, keep and enjoy meaningful relationships as well as to experiment with new behaviours in relationships. It also includes enjoying new challenges and being able to explore novel situations – to be less fearful. Successful therapy results in an increased ability to tolerate negative feelings and to be able to use self-regulatory strategies when distressed.

Tyndale adds a further dimension when she proposes that the purpose of psychotherapy is to 'make sense of the past and to disentangle it from the present' (1999: 54). For, as Cozolino (2014) notes, the existence of a coherent narrative about our lives and relationships is a marker of psychological health. In this quest our role is both to help our client co-create a coherent narrative as well as to help him repair the deficits in his developmental trajectory and face the hurts and conflicts he defends himself against. This allows him to become aware of and respect previously disavowed aspects of his personality. Dynamic approaches thus aim to make more of our client's mind available to consciousness so that he can live his current life, being more aware of what motivates him, how he can care for his own needs, and, importantly, how he can increase his freedom and choice about how he acts.

Lastly, the aim of psychodynamic therapy is to instil psychological strengths in our clients, giving them the emotional tools they need to better face future difficulties and challenges and the capacity to live a fuller life. To achieve such resilience we need to mobilize his own capacity for self-repair, and help him to achieve that in an ongoing way so that he no longer needs our physical presence to continue and maintain his emotional development.

## Technique

A number of important areas distinguish psychodynamic technique from other models. The first is the use we make of ourselves – akin to using ourselves as a finely tuned instrument. By developing our ability to sensitively attune to our client, we receive, track and interpret his inner world. This enables us to see the world from his perspective and become available to what he is communicating to us through his transference and our own countertransference. This requires an ongoing evaluation of our own psychological functioning and responses as well as attention to his. Secondly, there is a difference in the way we inhabit the psychological space, which is manifest in the careful attention we pay to the setting, boundaries and containment in order to facilitate working with our client's unconscious. Other differences include the use of free association, the way we understand defensive processes and the use we make of interpretation.

Psychodynamic practitioners are particularly attuned to the use of metaphor and symbolism in our client's communications and what they convey about his internal world. We take as our departure point that there is meaning both in how he relates to us as well as the material he brings to therapy. Decoding the meaning of our client's verbal and non-verbal communication is seen as a central technique in psychodynamic work. In all of this we regard emotional insight as the agent of profound change. Intellectual insight can act as a scaffolding to help the client manage at times of distress. However, on its own it is not sufficient to bring about change.

In an attempt to identify what makes psychodynamic interventions different from other therapeutic approaches Blagys and Hilsenroth (2000) identified seven core processes which distinguished manualized psychodynamic psychotherapy: explaining emotions and putting them into words; exploring attempts to avoid distressing feelings and thoughts; identifying recurring patterns in thoughts, feelings, relationships and life; discussing past experience in order to understand the present; focusing on the client's relationships; exploring the relationship between client and therapist; exploring the client's fantasy life, including dreams and whatever is on their minds.

## Factors leading to change

Psychodynamic approaches consider that psychological change is brought about by a combination of three factors: emotional insight, containment of distress, and the experience of a new relationship. As you will see in Chapter 8, there is considerable disagreement between the different schools as to which of these is the most important. However, most psychodynamic therapies will include a mixture of all three, dependent on the length and intensity of therapy, the needs of the client, and therapist factors such as therapeutic orientation. Interestingly, Cozolino (2016) identifies just two main factors accounting for therapeutic success: first, the quality of the therapeutic relationship and, secondly, a reduction in avoidance behaviour. By avoidance behaviour he is referring not only to physical avoidance of places or things. He also means avoidance of intimacy in relationships, difficult-to-tolerate emotions, knowledge of oneself and facing the past.

## THE AIMS OF THIS BOOK

I have written this book in the full knowledge that, as Haynal (1993) has said, it is illusory to imagine that technique is something that can be learned and applied 'correctly'. Therapy is a subtle and multi-faceted task, as well as one of the most private and complex of human interactions. As such, it cannot be reduced to a series of instructions. But, hand in hand with the experience of your own therapy or counselling and good supervision, a skills book can be invaluable in putting a framework around what you do.

My first aim is to facilitate your understanding of 'how to' and enhance your practical skills. I hope that reading it will give you confidence in using psychodynamic skills by taking the mystery out of psychodynamic practice. It is well documented that adults learn best through experience. I have therefore incorporated a number of case studies, including two that run throughout the book. I hope this will engage you in a form of analogous experiential learning by focusing on the experience of individual clients and the skills used by the practitioner. The people described are fictitious but, inevitably, some of the situations are rooted in actual events. I have also included practical suggestions for how you might approach particular technical issues. Again, I emphasize that this is not a 'cookbook' that can tell you how to manage each situation

you meet as a therapist. Rather it is a guide to practice that you can use as a basis for your own thinking about your work. I consider our development as psychotherapists being analogous to a tool that is crafted rather than a manual that is followed.

My second aim is to make links between theory and practice. It can be very confusing, especially at the beginning of one's career, if technique is taught and learned without clear reference to the body of theory that supports it. Since our theoretical position impacts directly on how we understand our clients' unconscious communication and the skills or technique that we use in our work, it is important to understand why we do what we do. An adequate conceptual framework also gives us some security in coping with the chaotic and disturbed part of our client which propelled him into treatment in the first place. It also helps to maintain good practice and avoid 'wild' interpretations.

During our training therapy or counselling we absorb our therapist's theoretical orientation through her use of technique. Because this experience is encoded into our implicit memory it may not easily translate into conceptual understanding. Also, supervisors and trainers do not always make the links between their practice and their theoretical orientation clear to supervisees. Together these factors can make it difficult to detach ourselves from our therapeutic and supervisory experience and encode our understanding into words. It can then be hard to think objectively about how to adapt technique according to the needs of different clients, or understand the reasons for adopting one approach rather than another.

With this in mind I want to explain something about my clinical orientation, which has been shaped by my own experience and those aspects of theory that have made sense to me. My practice and approach to psychodynamic work has been influenced primarily by psychoanalytic writers, including Winnicott, Fairbairn and Balint. These writers have had their greatest influence on the Independent group within British psychoanalysis. My analysis and much of my supervision have been within the Independent tradition, though I have also been supervised across a range of psychodynamic orientations during my career. One of the features of the Independent group is that the client's internal world and his external reality are both considered to be important, and my stance throughout the book reflects that emphasis. I have also incorporated aspects of Bowlby's attachment theory into my work. Bowlby was a psychoanalyst, and attachment theory owes much to psychoanalysis, but it is founded in research. As a clinical psychologist I particularly value this link between research and practice. In recent years I have also trained in interpersonal psychotherapy (IPT), a non-transference-based derivative of psychodynamic therapy – and this too has impacted on my thinking and technique.

## THE CORE COMPETENCIES OF PSYCHODYNAMIC PRACTICE

Lemma and her colleagues (Lemma et al., 2008) have identified the core competencies, or skills, necessary to deliver effective psychodynamic therapy. These competencies provide a framework for training and the basis for determining whether practitioners

have the necessary skills to work independently in public-sector settings in the UK. They have also been used to develop a new short-term psychodynamic therapy. Dynamic interpersonal therapy (DIT) was developed by Lemma, Target and Fonagy (2011) and is now available as a therapy for depression through the NHS.

This book is organized around systematically addressing these major core competencies. Familiarity with the skills described will give you the basis for sound practice within a competency framework. The framework can be found at [www.ucl.ac.uk/clinical-psychology/CORE/psychodynamic\\_framework.htm](http://www.ucl.ac.uk/clinical-psychology/CORE/psychodynamic_framework.htm).

Because the book is oriented towards skills, I have anticipated that you already have a basic understanding of the concepts and theory underlying psychodynamic practice. I have consequently introduced some terms without defining them. For those of you who do not have that basic knowledge, Howard (2011) will give you a foundation.

#### **FURTHER READING**

Howard, S. (2011) *Psychodynamic Counselling in a Nutshell*, 2nd edn. London: Sage.