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Third Edition

Psychodynamic Counselling

in a nutshell

COUNSELLING IN A NUTSHELL SERIES: Edited by Windy Dryden

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Beginnings

The young woman on the doorstep of my consulting room was smartly dressed and carefully made up; she was petite, with dark brown hair, brown almond-shaped eyes and olive skin. Layla had contacted me through the clinic website a couple of months earlier, but it had taken us some while to set up the appointment, because it had been difficult to find a time when she could attend. Then, having agreed we would meet, she cancelled the session at short notice, leaving a message on my answering machine. I had written to her offering another appointment but had not heard back, so I was a little surprised when she contacted me again a few weeks later.

As we walked through to my consulting room Layla profusely thanked me for seeing her. Once we were both sat down I said, 'I wonder if it was difficult for you to come here today after not being able to make the first appointment?' She looked slightly alarmed. 'Yes, I wasn't sure you'd agree to see me. I thought you'd be cross with me for messing you around.' 'So perhaps you're waiting for me to tell you off?' She nodded and I continued, 'Maybe it's difficult to imagine that I could understand that while one part of you wants help, another part is much less sure about talking to someone.' Again, she nodded, this time looking relieved.

'I was afraid I'd be wasting your time.' She took a deep breath. 'I've been feeling sick for several weeks. I hate being sick – I guess I'm phobic of it. I just can't bear being sick or seeing anyone else be sick. I went to see my GP and she ran some tests, but everything came back fine and then she asked if I was worried about anything. The only thing I could think of was that I was worried about feeling so ill and the possibility of being sick. She suggested I talk to someone and so I made the first appointment. But then I got cold feet. I couldn't see how a counsellor could help me with feeling sick. I went back to my GP and she explained that feeling very anxious could have made me

feel sick because stress hormones upset the digestive system. Talking to her made me realize how worried I am about my mother and brother. My brother has problems with his immune system and constantly gets ill and now my Mum has a chest infection and can't seem to get rid of it.'

'All of you being ill at the same time sounds quite frightening. It might be quite hard to manage,' I said.

'Yes. There's just us and we need to look after each other – be strong for one another. My father is dead. We're from Iran originally and all our family is still there; we haven't seen them for years, so we're on our own.'

Listening I felt huge empathy for her situation. As she described in some detail her mother and brother's illnesses I pictured this small family clinging to one-another on a life-raft, alone in choppy seas. But then I noticed something else; I felt as though there was a heavy lump inside me, weighing me down. I wondered if this might reflect something of how Layla felt; whether she might feel not so much a joint responsibility for one another but that the burden of caring for her brother and mother was hers. I decided to take the risk of using this bodily experience and said, 'I wonder whether you might feel that you have the lion's share of the responsibility of caring for your mother and brother? That if you're not able to look after them they won't manage?'

Layla nodded and her eyes filled with tears. 'My boyfriend, James, asked me to marry him a few weeks ago. I accepted and he wants us to get formally engaged on my birthday. I should be so happy – I love him and want to be with him – but I worry that without me there my Mum and brother won't cope. She's always said that she doesn't know what she'd do without me. The thing is, James wants us to move to Edinburgh. He's been told that he needs to make the move in the next year or so to get on the next rung of the ladder at work. I'd have to go with him, but I can't bear the thought of leaving Mum behind.'

'That sounds like a terrible dilemma for you,' I said. 'I wonder whether the worry about it may have made you feel quite sick?' She thought for a moment and then said, 'Come to think of it, I started feeling ill not long after he proposed. But it doesn't make sense. I should be happy about getting engaged. Why should I feel anxious?'

'Perhaps that's what you've come here to find out,' I replied.

> A little later I asked Layla to give me a brief outline of her history. She was born in Iran into a secular Muslim family and had come to the UK when she was aged six and her brother, four. She had few memories of her family in Iran, though she did remember a grandmother to whom she was close. Her parents were both pharmacists and the family came to the UK so that her mother could study for a PhD. Her father worked for a British pharmaceutical company; his role required a lot of travel and she remembered that from the time she was 10 he was rarely at home. After a few years the family took British citizenship; this had made them feel more secure and she felt more part of the community in which they lived. Indeed, her mother had renounced her Iranian roots and had identified with all things British. For Layla, becoming British had also made her feel even more disconnected from the family in Iran.
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> Her parents argued more as she grew into her teens, particularly about following Iranian customs and the possibility of returning to Iran; Layla had worried that they would divorce. She felt increasingly estranged from her father and he complained that she, her brother and mother excluded him from their family life. When he was at home he often shut himself in his study for many hours and the rest of the family were forbidden to enter. Her parents separated when she was twenty, and she didn't see her father after that. She said that the divorce hadn't really made much difference to her life because her father hadn't been around much; in fact she hadn't minded that her father was no longer there. He returned to Iran, where he had died suddenly two years previously from a heart attack. Following the divorce her mother had changed their surname – choosing an Anglicized version of their Iranian name.

The way I related to Layla, the questions I asked and the sense I made of her answers was largely shaped by the model of counselling I have been trained in and use. Like the other models used in counselling, the psychodynamic model has assumptions or ideas implicit to it about how our minds work, how we develop psychologically, how we function emotionally, what causes emotional problems and therefore which counselling techniques will bring about psychological change.

The ideas that underpin each counselling model have a profound effect on the techniques we develop and the way we 'do' counselling.

The model a counsellor uses will even affect what she[1] considers important in what her clients say to her. For example, my first comment to Layla addressed the issue of any anxiety she may have felt about not attending the previous appointment. My hypothesis that it had been difficult to come to the session was confirmed, which enabled me to convey some understanding of her ambivalence. Using another model I might not have chosen to address the issue at all, or I might have given reassurance that I hadn't been cross with her. But by saying that I wondered if she had found it difficult to come I straightaway conveyed several things to her. The first was that it was all right to acknowledge how she was feeling at that moment – that she might be anxious about coming to counselling for fear that I might be angry with her. Second, I wished to signal the opening up of an area that could be thought about, rather than closing down discussion, as I would have if I had reassured her that she need not be anxious about the missed session. Third, that I wished to be able to understand how she saw the world through recognizing her possible ambivalence about counselling. Lastly, that thinking about the relationship between us is a legitimate and central area for discussion in the work we will do together.

In conveying these thoughts I was already giving Layla an experience of some of the elements of psychodynamic work. I was indicating that I took her inner feelings seriously; I was demonstrating that exploration of thoughts and feelings was meaningful and that, in counselling, finding a space in which to think was important. In particular I was, from the very beginning of our work together, indicating to her that the relationship between us was central. Psychodynamic work emphasizes the importance of the relationship between practitioner and client in a way that is different from other models of counselling. This goes beyond the attention that all forms of therapeutic work pay to the importance of building a good working relationship between client and counsellor (Crits-Cristoph and Connolly Gibbons, 2003). Some approaches, for example Interpersonal Psychotherapy (IPT), acknowledge that the way a client experiences his counsellor and the

kind of relationship he develops with her gives important information about other important relationships in his life. But it is the psychodynamic model that uniquely goes beyond this and says that the relationship between client and counsellor is, additionally, the central vehicle through which psychological change occurs.

> At the end of the first session I asked Layla if she wanted to come back to explore these issues further. When she said yes I asked what she hoped to gain from counselling. Initially she seemed surprised by the question, but then said, 'I want to stop feeling sick.' Then she added that she wanted to be able to feel less anxious about marrying James. In this way Layla conveyed to me that she had begun to make the connection between her physical symptoms and her emotional concerns.

At this stage Layla knew very little about psychodynamic counselling, what she might expect and whether this was the best approach for her. She therefore did not know what she was agreeing to in saying she would return for further sessions. Practitioners in other therapeutic models may at this stage endeavour to obtain formal informed consent from their client before proceeding further. By informed consent I mean that the client has sufficient relevant information about counselling to understand what he is agreeing to, including the nature, risks and benefits of the approach and the alternative approaches available. In common with many other psychodynamic practitioners I have not sought to gain informed consent at this stage and have done so for several reasons.

The major difficulty lies in the fact that until Layla has some experience of psychodynamic counselling she will not know what she is consenting to. I could explain something of the nature of psychodynamic counselling to her, but it would probably not mean very much outside the context of experiencing it. Consent given at this stage may therefore not be truly 'informed'. At the same time there is a tension between giving Layla enough information to enable her to make an informed choice about continuing while not disrupting the nascent

therapeutic relationship between us which will allow the emergence of unconscious material. As I said previously, the therapeutic relationship is the central vehicle through which therapeutic change occurs, so my first task is to facilitate the development of that relationship. Often people in great distress do not want to hear about the advantages and disadvantages of a particular approach. They want their distress to be heard and taken seriously. Not to do so may inhibit the development of the relationship if the client feels that the counsellor is more concerned with her own agenda (in this case to discuss risks and benefits) than his. Having said this, should a client ask about the nature, risks and benefits of counselling or other counselling approaches in the very early sessions, it should be discussed.

Obtaining informed consent as soon as is practicable is a matter of good practice and I will need to address the issue with Layla at some point near the beginning of her counselling. The question is when? One way is to make a distinction between the assessment and 'treatment' phases of counselling, and to discuss consent at the end of an assessment phase once Layla has had some experience of the approach so that she better understands what she is consenting to. To some extent, making a distinction between assessment and treatment creates an artificial division, since psychodynamic practitioners argue that assessment is continuous and treatment begins the moment a client makes contact. However, it may be helpful to organize one's thinking around this division for the purpose of gaining informed consent.

Not to gain her explicit consent means that I have assumed that Layla has given implicit consent to counselling by virtue of coming to see me. However, there are dangers in this, the most important of which is that Layla is vulnerable to commencing counselling without understanding the potential risks or difficulties involved. For example, many people who enter psychodynamic counselling find their relationships with important others in their lives change as they change, and this could be true for Layla. Very often this is for the better, but changes can also involve losing friends or even a partner where the relationship has contributed to the emergence or maintenance of a client's distress. It is

important that Layla understands these risks before she becomes too involved in the process of counselling.

While informed consent is best sought after a few sessions, there are other 'Beginning' tasks that need to be addressed as soon as the client has agreed to commence counselling:

- **Limits of confidentiality**: this includes letting the client know who information will be routinely shared with (for example a supervisor) and under what circumstances confidentiality would be broken (for example the client's GP if there was concern about risk). If working for an agency, it can be helpful to direct the client to the agency's policy in this area.
- **Session arrangements**: this includes agreeing the timing and frequency of sessions and, if counselling is time-limited, its length. Additionally, it includes an agreement about how cancellations are managed. Some counsellors also give information about their holidays at this juncture and the amount of notice the client will be given of breaks in counselling. This is also the time to agree the fee if one is to be paid.
- **Out of hours contact**: whether working in private practice or as part of an agency it is important that the client knows whom to contact and how to do so in case of emergency. (See Howard, 2017 for a more detailed discussion of all these issues.)

We will return to Layla throughout the book and trace her progress through counselling. I will also use additional case material where appropriate. In the next chapter I have set out some of the concepts that define the psychodynamic model and set it apart from other models of counselling. Chapter 3 is an exploration of the theory behind the practical skills, which describes why we do what we do. In Chapter 4, I will look at what happens in psychodynamic counselling, from the perspective of both counsellor and client. In Chapter 5, I describe some of the practical skills involved in psychodynamic counselling. In Chapter 6, I look at how neuroscience is impacting on our work as counsellors. Chapter 7 will discuss the context in which psychodynamic counselling takes place. Lastly, in Chapter 8, I will assess the evidence base for the psychodynamic approach.

Note

1. For the sake of clarity, I will refer to the counsellor as 'she' and the client as 'he' throughout, except when describing specific case studies.

Further Reading

Symington, N. (2006) *A Healing Conversation: How Healing Happens*. London: Karnac.