

# Cambridge Guide to Psychodynamic Psychotherapy

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A unique and accessible guide to contemporary psychodynamic psychotherapy and its applications.

An author line-up of experienced educators guides the reader through the breadth of psychodynamic concepts in a digestible and engaging way. The key applications of psychodynamic psychotherapy to a range of presentations are explored, including anxiety, depression, problematic narcissism as well as the dynamics of 'borderline' states. Specific chapters cover the dynamics of anger and aggression, and working with people experiencing homelessness. The guide will be a valuable resource for novice and experienced therapists, presenting a clear, comprehensive review of contemporary psychodynamic theory and clinical practice.

Highly relevant for general clinicians, third-sector staff and therapists alike, the chapters also examine staff-client dynamics and the development of psychologically informed services underpinned by reflective practice.

Part of the Cambridge Guides to the Psychological Therapies series, offering all the latest scientifically rigorous and practical information on key, evidence-based psychological interventions for clinicians.

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## Cambridge Guides to the Psychological Therapies

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#### Patricia Graham

Consultant Clinical Psychologist Director of Psychological Services, NHS Lanarkshire, UK

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“This excellent book does exactly what it says it will; to be a guide to what psychodynamic psychotherapy is, how to do it well and for whom it works best. For too long, psychodynamic psychotherapy has been plagued by what we now might call ‘deep fakes’; first, the idea that psychological therapists who think this way hold strange and esoteric sets of beliefs about how the mind works, and second, that there is no evidence that treatments based on this paradigm might be helpful. Both these deep fake ideas have been conclusively proved wrong; this helpful book makes clear why this is. The book includes a range of chapters covering different themes and clinical topics in psychiatry; the writing is clear and the approach practical. I have no doubt that the future of psychiatry needs to be psychodynamic, and this book shows why psychodynamic thinking applied to psychiatry not only makes it more interesting, it makes us as psychiatrists more human and more effective.”

**Dr Gwen Adshead**  
**Consultant Forensic Psychiatrist and**  
**Psychotherapist**  
**Broadmoor Hospital, Berkshire**

“I thoroughly enjoyed reading this book and found it accessible and informative. The various authors conveyed the principles, practices, research, theories, and history of psychoanalysis in a way that was engaging and easy to understand, even for those such as myself, from outside the field. For clinicians (specialists and generalists alike) understanding the unconscious processes taking place in the consulting room can be invaluable in delivering effective care to our patients, and this book was able to provide insights into this important area.”

**Dame Clare Gerada**  
**President, Royal College of General**  
**Practitioners (RCGP)**  
**PRCGP FRCPsych FRCP (Hons)**

“Unlike psychoanalytic authors whose writing is oriented mainly toward colleagues with extensive analytic training, these contributors intend their chapters to reach audiences that may be new to a psychoanalytic frame of reference, or sceptical of it, or confused by it. Somehow, they have also made the book interesting and clinically relevant to experienced psychoanalytic readers ... I know from experience that it is not easy to produce a multi-authored compendium whose final product embodies an overall continuity and integration, and so I am impressed that the authors of this volume have managed that feat. I urge readers of all mental health disciplines, professional involvements, and theoretical orientations to spend time with this worthy and important book. I think you will find it as fascinating and clinically helpful as I did.”

**Nancy McWilliams**  
**Distinguished Retired Professor**  
**Rutgers Graduate School of Applied & Professional Psychology**

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‘...these brief imperfect meetings have a tale to tell,’

Emily Dickinson, 1851 (page 57)

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## Foreword

*Nancy McWilliams, PhD, Distinguished Retired Professor  
Rutgers Graduate School of Applied & Professional Psychology*

It is my pleasure to make some introductory comments for the *Cambridge Guide to Psychodynamic Psychotherapy*, whose contributors have produced a clear, comprehensive review of contemporary psychodynamic theory and practice. Readers who have come to expect impenetrable jargon and unsubstantiated opinion from authors in the psychodynamic tradition will be happily surprised: the contributions to this volume are readable, even-handed, evidence-based, and highly relevant to clinical work and general professional experience.

Unlike psychoanalytic authors whose writing is oriented mainly toward colleagues with extensive analytic training, these contributors intend their chapters to reach audiences that may be new to a psychoanalytic frame of reference, or sceptical of it, or confused by it. Somehow, they have also made the book interesting and clinically relevant to experienced psychoanalytic readers. They address clinicians, supervisors, administrators, and other professionals who work with patients of heterogeneous backgrounds, across the socio-economic spectrum, in short- and long-term therapies, and in both inpatient and outpatient settings. With this diverse audience in mind, they have covered the relevant conceptual territory of current psychodynamic thinking and demonstrated its beneficial applications across a broad range of professional practice.

Their accomplishment is best appreciated in the context of the long history of psychoanalytic ideas in Western intellectually oriented subcultures. In the era when psychoanalysis was ‘the latest thing’, it was common to regard Freud’s new ‘science of the mind’ with undiluted enthusiasm and with anticipation of a revolution in mental health and social well-being. In many departments of psychiatry, doctors who had graduated from a psychoanalytic training programme found themselves on a fast track to personal status and institutional power. Middle-class people teased each other about their ‘Freudian slips’, opined about their own and others’ ‘complexes’, and headed in large numbers to an analyst’s couch. Psychotherapy training programmes taught psychoanalytic concepts as the core of their curricula. As might be expected of any social movement that became embraced so uncritically (Marxism comes to mind as a comparable phenomenon), psychoanalysis eventually disillusioned those who had expected miracles.

Currently, the psychodynamic perspective finds itself subject to distortions that may be as extreme as those it evoked in its early days, but this time in the direction of devaluation rather than idealisation. For example, it has become commonplace to regard psychoanalytically based treatments as outdated, empirically unsupported, contaminated by the personal failings of Sigmund Freud and inapplicable to contemporary clinical challenges. In the United States, some of my colleagues who have been treating patients psychodynamically have been characterised as practising ‘unethically’. Such allegations reflect common misunderstandings, such as beliefs that there is no basis in scientific evidence for psychoanalytic approaches, or that psychodynamic treatments must go on for years before achieving

significant changes, or that scientists have demonstrated the superiority of competing ways of understanding and treating mental suffering.

While it is true that over the long history of the psychoanalytic movement, analysts have been guilty of some major misunderstandings and mistakes, it is not true that the movement Freud set in motion is fatally flawed or irrelevant to current clinical practice. In fact, over decades of efforts to understand and ameliorate psychological problems, the psychoanalytic community has accumulated a vast amount of clinically derived wisdom and empirically derived knowledge that has corrected many of its earlier errors. A scholarly tour of the contemporary psychodynamic landscape that is neither idealising nor devaluing, a central achievement of the *Cambridge Guide*, is thus long overdue.

In this volume, the authors engage with the psychodynamic tradition without being polemical or dismissive of other perspectives. They are notably free of the insularity and arrogance that characterised some psychoanalysts in the movement's heyday, attitudes that have had a destructive effect on the reputation of psychoanalysis as a field and on the readiness of professionals to consult psychodynamic ideas for their relevance to understanding mental processes and solving personal and interpersonal problems. Instead of talking down to their readers, they have communicated what is of most practical value to working professionals, who inevitably face challenging and often bewildering encounters with human psychological distress.

To many of us who are committed to passing on the clinically useful elements of psychoanalytic thinking, it can be irritating that when readily appreciated psychoanalytic concepts get traction in the public mind, they come to be regarded as 'common sense', whereas analytic ideas that are either wrong or overgeneralised are derided as 'nonsense' and are erroneously seen as evidence of the intellectual bankruptcy of the whole psychoanalytic enterprise. The former category of 'common sense' includes, among many other psychoanalytic concepts, terms such as Freud's notion of 'defences' or Adler's 'inferiority complex' or Erikson's 'identity crisis' or Bowlby's 'attachment' or Winnicott's 'good-enough mother'. The area of 'nonsense' includes, for example, Freud's assumptions that all women suffer elementally from penis envy, or that the nineteenth-century Viennese, middle-class version of an Oedipal phase is universal, or that all men have unconscious homosexual longings. While this process of social redefinition goes on, practitioners of non-psychoanalytic orientations rediscover ideas that have been central to psychoanalysis, call them by new names (e.g. 'unconscious' becomes 'implicit', 'repression' becomes 'cognitive avoidance', 'object representation' becomes 'core schema') and hail them as unprecedented discoveries.

Practising therapists tend to be integrative, to be grateful for any concept that makes our difficult job easier, irrespective of the affiliation of the theorist supplying the formulation. One way of looking at what has sometimes been called 'unconscious plagiarism' is as a reflection of the fact that we are all trying to understand and help the same suffering human animal. It would be strange indeed if clinicians of differing theoretical orientations did not run into similar clinical challenges and devise similar ways of engaging with them, expressed in whatever language permeated each therapist's training background. Yet this phenomenon also suggests that in the field of mental health, we keep reinventing the proverbial wheel rather than contributing to the progress of clinical science. The *Cambridge Guide* may have a critical role to play in correcting misimpressions, clarifying what psychodynamic ideas have to offer, and moving all of us forward toward an appreciation of what elements of clinical practice are worth keeping irrespective of what they are called by adherents of particular philosophies of treatment.

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This book begins with an historical overview of psychoanalytic theories and of the main empirical foundations of the psychodynamic orientation. It moves then to clinical practice, focusing on framing the treatment, formulating goals, and employing particular interventions, ending with commentary on the overall structure of psychoanalytic treatment and supervision. In the third section, applications to specific problems of anxiety, depression, borderline conditions, and problematic narcissism are explored. The last section moves the reader outside the clinical office and into applications to organisations and clinical teams, with a special focus on problems of anger, aggression, and violence. Finally, the authors address therapy relevant to homeless individuals, treatment via phone or computer, and group analysis. While the first sections of the book constitute essential reading for anyone seeking to understand mainstream clinical applications of psychoanalytic theories, the later sections would be highly useful for professionals in roles other than direct clinical service. All this material is accessibly written, presented in the context of the empirical evidence that supports it, and illustrated by vignettes that bring relevant concepts to life.

I know from experience that it is not easy to produce a multi-authored compendium whose final product embodies an overall continuity and integration, and so I am impressed that the authors of this volume have managed that feat. I urge readers of all mental health disciplines, professional involvements, and theoretical orientations to spend time with this worthy and important book. I think you will find it as fascinating and clinically helpful as I did.

## Preface

One of our principal aims for this book is to provide a readable and welcoming guide to psychodynamic psychotherapy. We have found the psychodynamic approach offers a helpful ‘guide to life’ both for ourselves and also for a considerable number of people we work with. So, we are enthusiastic about sharing our understanding of this approach and are grateful for this opportunity. To help with the writing process, we found it grounding to remember that this book is intended as a ‘guide’ as opposed to being an exhaustive account. Our associations took us to a travel guidebook that helps people to find their way about a place, pointing out areas of interest to the visitor. We hope this book serves a similar purpose for the reader, both for new travellers to the area of psychodynamic psychotherapy and those looking for further explorations having been here before.

The psychodynamic field is broad. There is more than one ‘school’, with overlaps as well as differences. Our clinical approach is to draw on, and at times integrate, approaches from the various slants on psychodynamic therapy, focusing on aspects that we have found particularly useful in clinical practice. A recurrent theme of this book is that the therapist adapts their approach to each patient, while retaining the core principles of psychodynamic theory and practice.

A psychodynamic understanding of human relations and functioning is intertwined with social circumstances (including poverty, inequality, and other adversities) as well as the biological and medical. This book assumes that a practitioner working in a psychodynamic way will already have a background in a relevant profession that provides this overview. This brings a safety and grounding to therapeutic work that the practitioner can draw on, and a wider perspective about important social or medical issues that may need to be considered either before therapy or in parallel with it.

Part 1 of this book offers an overview of the psychodynamic approach, providing the underpinnings to concepts and clinical practice that follow in later parts. Chapter 1 is an historical vantage point on the development of psychodynamic psychotherapy, written by Allan Beveridge, an historian of psychiatry and a psychiatrist. Beveridge critiques an idealised portrayal of the development of psychodynamic theory: a struggle of the misunderstood hero (Sigmund Freud) against his unseeing detractors. Instead, Beveridge offers a more nuanced and integrated account, situating psychodynamic therapy amongst wider influences and describing practitioners’ mistakes and wrong turns as well as insights and helpful clinical discoveries. To see ourselves as others may see us does not always make for comfortable reading, but then again, as we describe later in the book, no process of deep learning or therapeutic change is without some discomfort for the individual. No discipline that wants to progress stays still. While we find much of the work of early psychodynamic theorists to be of great value, it is also the case that psychodynamic psychotherapy has evolved with subsequent clinicians refining or more radically building on early work. These developments in psychodynamic theory and a contemporary perspective are discussed in Chapter 2. Chapter 3 outlines the empirical basis of psychodynamic psychotherapy and Chapter 4 an overview of the model. Chapter 4 pulls together key aspects of history, theory, research and clinical practice, and as such, if a reader wishes to read a single chapter to tap into the psychodynamic approach, this chapter may be a suitable choice.

Part 2 brings the psychodynamic model more squarely into practice. We start by describing how to frame a psychodynamic space (Chapter 5), before discussing the goals of psychodynamic therapy (Chapter 6). Chapter 7 covers psychodynamic technique and Chapter 8 the overall structure of therapy. Chapter 8 expands on important processes of change which have been mentioned in Part 1, including working with the formulation, using the therapy relationship and mourning. Chapters 7 and 8 could be read as a pair. Chapter 9 concentrates on the initial encounter between patient and therapist and the practice of psychodynamic consultation. David Bell concludes Part 2 with some reflections on the supervisory process and its importance for how knowledge and practice may be transmitted from one generation of practitioners to the next, for better or for worse (Chapter 10). Bell stimulates awareness of the potential in psychodynamic work for ‘thought-provoking ideas (discoveries)’ but also how, without reflection, these may be ‘degraded into ritualised practices’.

In Part 3 we apply a psychodynamic approach to a number of common presentations, illustrated by case study descriptions. We examine a psychodynamic approach to anxiety (Chapter 11), depressing/depressed states (Chapter 12) and borderline states (Chapter 13). Chapter 14 by Susan Mizen moves more into the inpatient setting. Mizen uses the lens of narcissistic difficulties to examine encounters where staff and patients get stuck in entrenched positions with seemingly no way out and suggests a practical and relational approach to working in this area. A common thread in Part 3 is how a psychodynamic approach considers underlying meanings and dynamics that sit behind various ‘symptoms’, locating feelings as part of a lively and active internal world.

Part 4 applies psychodynamic psychotherapy to different populations and settings and is divided into two main sections. The first section in Part 4 is a group of chapters titled, ‘Beyond 1:1 Therapy – Working Psychodynamically with Clinicians, Teams and Organisations’. This applies psychodynamic ideas to working in settings where relationships are central to their operation (such as all healthcare, secure facilities, as well as education, social work and other caring services). This section was borne out of requests by non-psychotherapist staff for digestible written material in this area; this section is also suitable for psychotherapists working with staff teams. Chapter 15 is an introduction to applied psychodynamic work. Drawing on the work of Hinshelwood and others, its central thesis is the importance of noticing and thinking about our responses to working with patients and service users as part of the everyday process of caring, and that this requires work due to the ‘invisibility’ of relationships. Chapter 16 examines the dynamics of anger, aggression, and violence. Chapter 17 outlines the principles of a ‘psychologically informed’ service – that is, how practically to organise and structure a service to offer good care, and access to it, for those service users with more complicated relationships with care. A psychologically informed approach is underpinned by spaces for reflective practice for staff – this forms the subject of Chapter 18. Chapter 19 draws on many of the themes discussed in Chapters 15–18, describing a process of psychodynamic consultation for clinical teams.

The second section of Part 4 looks at other forms and settings of psychodynamic work. Chapter 20 sets out a psychodynamic approach to working with people experiencing multiple exclusion homelessness. Chapter 21 addresses working psychodynamically online and by phone – a topic that came urgently to our attention due to Covid-19. Chapter 22 provides an introduction to group analysis and its applications.

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Regarding case material, the authors confirm that these are either works of fiction or General Medical Council guidelines on confidentiality have been followed. A note on pronouns. Usually, we use ‘they’ when referring to people. However, a psychodynamic approach is often interested in the detail of interpersonal interactions, and in some instances using ‘they’ for both the patient and the therapist would be ambiguous as to who is being referred to. Therefore, at times, for clarity, we use different pronouns for patient and therapist, most commonly ‘he’ for patient and ‘she’ for therapist.

## A Note from the Series Editor

I remember when I first met Sarah Marsh, Editor at Cambridge University Press – it seems like a lifetime ago now. We met at a café in central Edinburgh in June 2017 to discuss an idea that she had to create a series of books focussed on evidenced based psychological therapies. The idea was simple – the books would be attractive to a trainee and simultaneously to an expert clinician. We wanted to enable readers to conceptualise a psychological difficulty using different theoretical models of understanding, but not become overwhelmed by the volume of information. We saw the need for a series of books that could be easily read and yet would examine complex concepts in a manageable way.

So, when Sarah asked me if I would become the Series Editor, I couldn't say no. What we could never have predicted back then, when making early plans for the series, was that we would soon face a global pandemic. There were days when we didn't even know whether we could leave our house or if our children could go to school – the world effectively stopped. Yet through all the chaos, uncertainty and fear, I saw the determination and successes of those around me shine through. I was in awe of the resilience of my own son, Patrick, who lived his adolescence in 'lock-down'. I watch him now and the young man he has become – he walks tall with a quiet confidence. I am so proud as he and his friends laugh together and now enjoy what most of us had previously taken for granted: their freedom at university. In a similar way, I watched the many authors of these books, most of whom are busy and tired clinicians, continue to dedicate their precious time to this venture – an incredible achievement through a most challenging time. They each welcomed me into their academic, clinical and theoretical worlds, from all over the globe. They have all been an honour to work with. I would personally like to thank every contributor and author of this series for their hard work, determination and humour even in the darkest of days. Despite all of the unknowns and the chaos, they kept going and achieved something wonderful.

I would like to thank Sarah, and Kim Ingram at Cambridge, for giving me the opportunity to be Series Editor. I have loved every minute of it; it has been a longer journey than we anticipated but an amazing one and for that I am incredibly grateful. Sarah and Kim are my friends now – we have literally lived through a global pandemic together. It has been my absolute pleasure to work together and in collaboration with Cambridge University Press.

*Patricia Graham, Series Editor*  
*Consultant Clinical Psychologist, NHS Lanarkshire, UK*

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A. P. and R. P. are grateful for each other's support and encouragement throughout the writing process.

A. P.: I would like to thank Jon Patrick and all my past and present supervisors for their influence on many chapters. I am grateful to The State Hospital (Carstairs), NHS Lothian and the University of Edinburgh for their support. Most of all, to my family, thank you all for your support throughout this project in many ways, and for your tolerance of the time this has entailed.

R. P.: I would like to thank all my supervisors past and present, and my family.