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Seminars in the Psychotherapies

Second edition

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Rachel Gibbons is a Consultant Psychiatrist, Medical Psychotherapist, Psychoanalyst and Group Analyst based in London, UK. She has worked in the NHS for the past 20 years in various psychiatric and psychotherapeutic settings. Up until February 2020, she also worked as the National Director of Therapies for the Priory Group. She is a member of the Executive Committee of the Medical Psychotherapy Faculty of the Royal College of Psychiatrists. She is the Chair of the new RCPsych working group on the Effect of Suicide and Homicide on Psychiatrists, and the Patient Safety Group. She has been working on suicide over the last 12 years and is a member of the National Suicide Prevention Advisory Group.

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Foreword

It is more than 25 years since I first bought the first editions of the seminar series while preparing for the Membership of the Royal College of Psychiatrists (MRCPsych) exams as a trainee psychiatrist. I have subsequently developed an interest in education and how we learn. Now, as Dean of the Royal College of Psychiatrists I find myself responsible for many aspects of psychiatric education in the UK. Since studying for my own membership exams, much has changed in our field. What has not changed, however, is the primacy of George Engel's biopsychosocial model which puts the patient and their utterly unique set of circumstances centre stage in our thinking [1, 2].

Throughout my career, I have always appreciated the breadth and depth of specialist knowledge that the world of mental health offers its students, from the impact of social policy, through the cellular biology of neuroscience to psychological theories of mind. The intellectual rewards of exploring this Aladdin's cave of knowns and unknowns are extraordinarily rich, particularly in a rapidly changing and advancing world.

Understanding who people are and how they have become is at the heart of what we do as psychiatrists. This book sets out key concepts of psychological development and how we relate to others and the world around us.

Working with other human beings is never straightforward, and all who work in health and social care will be too familiar with the mental and emotional stress in working with people who themselves are hurting, perplexed and distressed. Having paradigms in which to examine and explain our own reactions, at the sharp end of this work, is essential in containing our own anxiety and maintaining a sense of well-being. This book is full of thoughtful descriptions of how concepts such as countertransference and projective identification relate to everyday practice and the importance of finding reflective space for supervision and peer support.

In common with the rest of medicine, psychiatric training is supported by educational and clinical supervision which is designed to facilitate educational progression and maintain patient safety. However, also enshrined in our General Medical Council approved curricula is the unique concept of psychiatric supervision. I am extremely proud of the recognition within our specialty of the importance of high-quality supervision which plays a critical role for trainees in developing strategies for resilience, well-being, maintaining appropriate professional boundaries and understanding the dynamic issues of therapeutic relationships. It also supports the development of leadership competencies and is necessarily informed by psychodynamic, cognitive and coaching models [3].

This supervision is different from psychotherapy supervision, which is critical for those undertaking any form of psychotherapy with people. However, psychiatric supervision owes its existence to the rich tradition of psychoanalysis which helps inform modern therapeutic practice. It is key in delivering modern recovery-focussed, person-centred care.

These concepts deserve to have a wide audience, far beyond the bounds of psychiatry, and will be of interest and importance to all doctors and those in the health and care sector who wish to excel in understanding the heart of therapeutic relationships. After all, the quality of the therapeutic relationship between patient and doctor or client and therapist remains predictive, not only of a good outcome in talking therapies [4], but also in care in general [5].

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Despite our intentions to bring our best selves to work, the relational nature of what we do inevitably exposes our own emotional vulnerabilities and anxieties as caregivers. This book is a very helpful starting place to understand defence mechanisms and the systems we create around patients to try to contain these.

Many will identify with my own vivid memories of the initial rollercoaster of emotions starting out in medical practice; trying to make sense of complex interactions between myself, patients, staff and the organisations I worked for. I remember clearly the sense of relief when I became aware a little later of the existence of an academic paper 'Hate in the Countertransference' [6]. It was much later still that I read it and became aware of who it was by, but for a while, the mere knowledge of the title of Winnicott's 1949 paper gave me permission to also bring my human self to work. Subsequent psychotherapy training and supervision has arguably been the single most important training experience which enabled me to make sense of an often confusing and disturbing work environment as a psychiatrist in training, and now as a consultant general adult psychiatrist.

This book eloquently covers formulation, that is, understanding patients' difficulties in psychodynamic terms. It will be useful to those starting out on psychotherapy training or simply wanting to understand their patients better. It describes the process of psychodynamic therapy in understandable terms and covers important, but often avoided, topics of patient discontinuation, therapeutic boundaries and helpful advice on referring patients for therapy. It describes underpinning theories and a practical description of all therapies likely to be encountered in modern practice within NHS or public health settings. As such it will be of interest to those exploring different therapeutic modalities, as part of training.

Underpinned by evidence throughout, the book describes essential psychotherapeutic aspects of psychiatric disorders encountered in everyday practice in general psychiatry including depression, psychosis, trauma, personality disorders, medically unexplained symptoms and self-harm. It also covers children's mental health and psychiatry within forensic settings.

After initial training, it frequently becomes clear that working with patients is often the more straightforward part of what we do as clinicians. Understanding organisational dynamics within complex systems can be perplexing, and at times overwhelming, to the practitioner starting out. Having psychodynamic paradigms as clear reference points can help practitioners reflect and make sense of their interactions and emotional responses, within systems. Developing a well-honed ability to reflect is essential to maintaining compassion which is critical not only for the people we work with as patients, but also for colleagues and importantly for ourselves [7]. As Joan Erikson, the lesser-known partner of the famous psychoanalyst Erik Erikson, put it 'The more you know yourself, the more patience you have for what you see in others' [8].

The final chapter of the book takes an Eriksonian approach in describing opportunities for psychotherapeutic development throughout the various career stages of a psychiatrist from medical student to retirement. It describes many of the areas of challenge and opportunities for personal growth throughout a typical working life. This is an underacknowledged and seldom discussed area which will be helpful for those at the beginning of their careers as well as those established in practice and those approaching retirement and beyond. 'Lots of old people don't get wise, but you don't get wise unless you age', Joan Erikson sagely said [8].

As a clinician, my focus is on supporting patients achieve their potential as they work towards their own goals for what recovery means to them. As an educationalist, my focus is on learning and supporting students, trainees and colleagues achieve their true professional potential. Understanding the barriers that get in the way of learning is fundamental to both

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processes. There is often necessary pain and mistakes involved in learning, but the rewards of subsequent growth as a result are immense [9].

As I reflect on my own journey as a psychiatrist I feel immensely privileged to have been trusted to glimpse and explore the inner worlds of others. I am grateful to have had wise mentors and colleagues who have provided educational support to develop the advanced communication skills demanded of psychiatrists in order to do their best to understand the thinking and emotional life of their patients.

For some reading this book, it will be full of new and exciting concepts and information. For others, like me, it may provide a refreshing reminder of why, despite its challenges, the field of psychiatry and mental health is unsurpassed in providing endless intrigue and academic curiosity.

This edition of *Seminars in the Psychotherapies* goes a long way to providing psychiatrists and health and care professionals at all stages of their career with key and relevant knowledge which applied wisely will help many attempting to solve problems inherent in being human.

Dr Kate F. Lovett
Dean, Royal College of Psychiatrists
February 2021

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Preface

Knowledge of the self is the mother of all knowledge. So it is incumbent on me to know myself, to know it completely, to know its minutiae, its characteristics, its subtleties, and its very atoms.
Khalil Gibran

Working in mental health puts us in touch with the complexity, depth, creativity and turmoil of the human mind. We are at the emotional coal face, privileged to be encountering the fundamental unknowability and strangeness of the internal world. How much we make of this opportunity depends on how open or closed we are to the experience. Our patients communicate their disturbance powerfully and the working environment can be challenging and exhausting without meaningful understanding. To explore one's own mind, and to be receptive and knowledgeable about the unconscious processes that underlie all mental activity, allows us to learn from this experience. Working in this area then becomes more creative, enjoyable, productive, and of lower personal risk. It feeds rather than depletes.

To remain 'mentally well' is an enormous challenge and many of us will join our patients in having periods of sustained mental distress in our lifetime. The reasons for any psychological or psychiatric breakdown are multifactorial and each person has their own vulnerabilities based on their particular circumstances and formative experiences. We are not only individuals, we function within groups, intimate relationships, family networks, and larger social and global arenas, a matrix of emotional connections which profoundly affects our mental health. This complicates and diversifies a reductionist biological perspective and makes for a much deeper, richer, understanding of our human struggle.

We both identify ourselves as biopsychosocial or psychodynamic psychiatrists. We have worked within frontline mental health services for many years. In addition to our psychiatric training, we are also psychoanalysts, and have undertaken further psychotherapy trainings. When we were starting out as trainee psychiatrists there was a division, or split, between the three conceptual pillars addressing the aetiology of mental distress: the biological, the social and the psychological. Biological ideas about the origins and treatment of mental illness were given precedence over psychological or relational factors. This was a strong reaction to the earlier preference for psychoanalytic understanding; and a resistance to bringing together different perspectives. Within this medical, action-based, approach to mental distress, psychiatrists saw themselves as medical doctors. They viewed their task as gathering information and identifying symptoms in the service of making a diagnosis and prescribing a range of primarily pharmacological interventions.

During our careers we have seen significant shifts in the understanding and treatment of mental illness. There has been a gradual rapprochement between the biological, social and psychological, and a recovery of the understanding that mental health is a holistic discipline. The central role of unconscious processes in mental life, and the importance of life experiences, relationships and the quality of early nurture in shaping the mind are now widely accepted. Currently within mental health there is new diversity, open-mindedness and curiosity about the person behind the psychiatric presentation. Examples of this more holistic approach include the adoption in many services of Open Dialogue as a psychologically based approach to treating psychosis, and the neuroscientific advances evidencing the fundamental role of early relationships in brain development. This

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contemporary approach to mental disorder, as illustrated in this book, prioritises the central importance of relationships in emotional life, psychological functioning and psychiatric breakdown. Emphasis is also placed on viewing symptoms as communications suffused with meaning requiring understanding and beyond the therapeutic reach of pharmacological interventions alone.

We have aimed to make this book accessible and relevant to all mental health staff interested in the psychological and relational aspects of their work. We have included the current mainstream psychological models, their theoretical underpinnings and a guide to the psychotherapeutic treatments derived from these approaches. The scope and complexity of these models provides a rich understanding of how the mind develops and functions; a necessary basis for understanding the form the breakdown takes when the balance of the mind is disturbed. We have included chapters showing how key psychological theories can enrich our understanding of a range of mental disorders, and the various forms psychiatric breakdown may take, from self-harm to psychosis, mood disorders to personality difficulties. Further chapters focus upon the emotional impact of working with mental distress and how this intensity of these encounters can inform a psychotherapeutic approach to psychiatry. For readability and consistency babies are referred to as he and the primary carer as the mother – while fully recognising that we all start lives as babies and both men and women play crucial roles in the early nurture of our children.

We are grateful to all the leading contemporary clinicians who have contributed chapters to this book. Many are medical psychotherapists (trained in medicine, psychiatry and psychological therapy), who are currently working within mental health services. Their trainings in psychological treatments and extensive clinical experience gives theoretical depth and breadth to their writing and they have brought their sections to life with a range of vividly described clinical scenarios.

This book was completed during the 2020 coronavirus pandemic and was influenced by the profound psychological and social change in our attitudes, behaviours and habits that followed. There has been a paradigm change and the pandemic has shed light on areas of dysfunction, prejudice, discrimination and inequality in society. The necessity of collective endeavour has been powerfully underlined, and the risks of isolation and disconnection have become increasingly apparent. We have seen how anxiety and fear can exacerbate splits and create conflicts. The worldwide spread of this new disease has shed light on the need to come together, to overcome unhelpful divisions and to challenge false dichotomies.

We hope this book contributes to the practice of psychiatry and the understanding of the mind. Trainees will find much of what they need to know for their developing clinical skills, their exams and for undertaking therapeutic work within these pages. More experienced clinicians and psychotherapists will also find new and creative approaches to the clinical dilemmas routinely faced working within the fascinating territory of the human mind.

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