

# Psychodynamic Approaches to Counselling Children and Young People

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This chapter will discuss:

- A brief history of psychodynamic theory and practice
- Core beliefs that underpin the psychodynamic approach
- Key elements in psychodynamic practice
  - Observation
  - Putting feelings into words
  - Using play
  - Understanding and working with transference
  - Understanding and working with counter-transference
  - The importance of self-awareness and reflection
- Using psychodynamic approaches with children of all ages and abilities
- Working with diversity
- Short-term work
- Inter-agency working
- Findings from research

# Introduction

We will start with a description of a case:

Paulo<sup>1</sup> (8) was referred to the school counsellor because he was increasingly having trouble in class. He hit other children, was constantly distracted and lacked the concentration to learn effectively. He was not unintelligent but was underachieving. Psychological testing revealed a mild but significant degree of attention deficit disorder but no hyperactivity. Paulo's parents were caring and concerned. They saw the problem mainly in terms of him not applying himself, although they were aware also of him preferring to be in a world of his own. He resisted attempts to be taken out on family outings and he always wanted to play games on his phone or computer. He had always seemed different but they had not seen him as having problems until the demands of school began to bite.

In the assessment meetings, the counsellor watched whilst Paolo played rather formless games with the cars and other toys. Some had a narrative of sorts, with themes of one animal gobbling up another or shifting alliances of animals attacking each other, but the relationships portrayed were perfunctory or unclear, and the play meandered without much focus. The counsellor felt increasingly at sea, beginning to think that she had lost her expertise in understanding children or maybe never had any. Although she was an experienced counsellor who had worked with many hard-to-reach children, she felt unable to make a link with Paolo, who related to her in an affable but impersonal way.

What does a vignette like this tell us about psychodynamic counselling or therapy? And why would it help the counsellor – and more importantly, Paolo – if she is able to think psychodynamically about

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<sup>1</sup> For reasons of confidentiality all cases are fictionalised and disguised amalgamations of several actual cases.

these encounters? In this chapter we will set out some of the key ideas behind psychodynamic counselling and psychotherapy,<sup>2</sup> and show how this way of thinking and working can be of value.

## **Background and History of Psychodynamic Work**

Psychodynamic psychotherapy with children and young people has its origins in the work of Sigmund Freud, who first suggested that our behaviour is governed by unconscious processes, and that the core of our personality itself can often be traced back to key aspects of early childhood experience. He also argued that mental and emotional difficulties can be addressed through a therapeutic relationship that assumes that behaviour has meaning, and that exploring and coming to some understanding of one's 'internal world' is a key element of emotional well-being.

Following Freud, Hermine Hug-Hellmuth (1921), Melanie Klein (1932) and Anna Freud (1927) developed specific techniques of 'child analysis' and demonstrated the possibilities of direct work with children. Although there were strong disagreements between these early analysts, they were all agreed that children's emotional and behavioural difficulties could be understood by paying attention to the 'internal world' of the child, and that establishing therapeutic settings in which this internal world could be explored safely was key to therapeutic change. They also all agreed that play is central to the way in which children communicated about their internal worlds.

Later, Winnicott (1961) drew on his experience as a paediatrician to recognise the role of the parent-child relationship in supporting healthy emotional development, and Anna Freud highlighted how children's difficulties were sometimes based on 'deficits' in their early experience, whether due to trauma and neglect or to genetic or biological causes – or a combination. Bion (1962) introduced the important concept of 'containment', emphasising that a child's development depends on the capacity of the adults to receive and metabolise the child's powerful emotional experiences, and return them to the child in a way that could be properly processed.

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<sup>2</sup> In this chapter 'counselling' and 'therapy' will be used interchangeably, although the authors are aware that these terms have different histories and are often linked to different trainings and professional groups.

Contemporary psychodynamic therapists have built on these ideas but also recognise the need to integrate findings from other disciplines. Developmental psychology, attachment theory and neuroscience all enrich both clinical and research work (e.g. Green, 2003; Alvarez, 2012; Horne and Lanyado, 2012). Systemic thinking is also incorporated, in particular the understanding that a child's problems cannot be understood outside the systems in which they are living, and that working with that system is of equal importance to working with the child's internal world.

## **Core Beliefs Which Underpin the Psychodynamic Approach**

As indicated above, the central idea is that a child's difficulties in behaviour, emotions and responses make some kind of emotional sense. Their roots lie in the internal world of the child that has been built up from their earliest experiences and relationships. In the face of experiences that are hurtful, frightening or which engender intolerable internal conflict, a child will develop defences to make the emotional pain less overwhelming, and to keep out of awareness whatever is more than can be coped with. This clearly relates to how difficult their beginnings have been but not in a simple sense. Some children are more resilient than others and make surprisingly good progress in relatively impoverished or damaging circumstances, whilst others are more sensitive and vulnerable.

When a psychodynamic practitioner is working individually with a child, the focus will be on what is going on inside the child. What will be explored is the 'cast of characters' that has been internalised, the 'ways of being with others' (Stern, 1985), which powerfully influence how they behave and respond. The real relationships and circumstances in children's lives are of course crucial influences on how they feel about themselves and others, and family or parental work is often indicated to help address ongoing difficulties in home relationships, but in the room the emphasis will be on the child's internal world and the emotional world they bring into being with the counsellor.

It is central to psychodynamic thinking that change is painful and difficult, that defences have developed for a reason and that part of a counsellor's role is to create a space sufficiently safe for tentative moves towards more benign relationships to be encouraged. What holds a child in particular patterns of relating is in part the risk of greater vulnerability they would need to manage, and the pain

they would need to face, if they were to lower their defences and experience the world more as it actually is, rather than through the lenses established from earlier experiences. The counsellor's work is to help clarify the unconscious mechanisms that get in the way of the child establishing a better relationship with themselves and with potentially helpful others, to help them make more sense of their own feelings and reactions and thus to enable the child to resume their developmental journey.

## **Key Elements in Psychodynamic Practice**

From this underlying set of ideas follows the key elements of psychodynamic practice. First the practitioner has to be able to observe extremely carefully how the child acts, reacts, responds and relates, both in the way the child speaks, plays and behaves, but also, crucially, in the way they are apparently experiencing the therapist. This emotionally sensitive and informed observation will reveal information about the internal world of the child. The therapist will be alert to clues as to what anxieties the child is most affected by, what defences they are using to keep vulnerability at manageable levels, what sorts of experiences appear to have been indigestible and what internal conflicts are causing the child's development to have stalled or become disrupted.

The emphasis on observation should not be understood to mean that the counsellor just sits back and watches. The counsellor will offer a thoughtful, attentive presence, perhaps putting into words what the child is doing, or commenting on what their play is conveying. However, it does mean that the counsellor will most likely let the child lead the session, and will usually avoid setting agendas or dictating activities. She might join in play with the child, but would take care to remain reflective and alert to the emotional dynamics, seeking guidance from the child as to what part she is supposed to play, and all the time keeping one foot outside the game, reflecting and maybe commenting on what is being brought into focus through the play. As the main aim is to find out what is going on in the child's mind and emotional life, it is essential that the child's own preoccupations are allowed to emerge rather than the practitioner impose a shape on the sessions.

Alongside the observation, therefore, the counsellor looks for ways of putting into words the child's experience. Giving children an emotional vocabulary is often of vital therapeutic value, partly

because this offers acceptance and validation of often shaming or painful emotions the child may have, but also because the very act of naming a feeling makes it accessible to thinking, giving it a shape and substance that can render it less overwhelming and more available to be processed. Feeling understood is in itself a powerful therapeutic experience. So the counsellor observes, maybe making some comments about or putting into words what the child is revealing but may not be consciously able to think about.

This brings us to another central idea in psychodynamic thinking – the transference. The way the child responds to us in the counselling room is often a direct communication about how they have internalised their earlier experiences with others. We get information from them as the relationship develops as to how they see us, what issues they have with us – feeling badly treated, being wary, wanting to be the sole focus of our attention, being afraid of disapproval, expecting us to be punitive, idealising us, seeing us as useless and so on – which are good indications of the perceptions they are prone to have of others in their lives and clues as to how they have experienced aspects of their first and most important relationships.

Alongside this the counsellor will be paying attention to her own emotional state, reactions and responses, using these to provide another level of information about the child – what is called the counter-transference. The child may be relating to the counsellor in such a way that she is made to feel something the child themselves (consciously or unconsciously) struggles with, such as fear, despair, frustration, vulnerability, feeling stupid or misunderstood. The therapist in this situation is being asked to register and bear feelings which the child themselves may not be able to manage. Or, in a variation on this theme, the therapist may find herself responding as if she is a figure from the child's inner world, perhaps feeling rejecting, detached, mindless, punitive or placatory. This carries vital information about the child's inner cast of characters but also helps us understand how a child might engender unhelpful responses in those they meet.

So the psychodynamic therapist is constantly using this binocular vision, monitoring both the child's way of relating and her own emotional state. First she has to manage the impact of these, then she has to work out whether, when and how to put some of this into words for the child. If she manages to remain curious and thoughtful whilst registering and digesting the impact of the child –

without getting caught up in the urge to respond in kind or retaliate – she is offering them ‘containment’ (Bion, 1962). This can be therapeutic in itself and is of great value in both clinical and non-clinical settings.

Out of these considerations it becomes clear that there are some personal attributes that are essential for someone working psychodynamically. The therapist needs to have a high level of self-awareness and self-knowledge, as she is using herself as the central tool of the therapy. She needs to be curious about her own feelings, so she can use her responses as a sensitive barometer for the dynamics in the room, without resorting to reaction or blocking off the impact of the child on her. she needs to be endlessly interested as to what might lie behind a child behaving or relating as they do, and above all be prepared to manage receiving the child’s negative as well as positive feelings.

## **Using Psychodynamic Approaches Across the Age and Ability**

### **Range**

One of the beauties of the psychodynamic approach is that it can be adapted to work with a wide range of children, both in age and in intellectual capacity. As well as in consulting rooms, psychodynamic work can take place in classrooms, children’s homes or in hospitals, with individuals or with groups (See Lanyado and Horne, 2009, Kegerreis, 2010; Schmidt Neven, 2010). Since the focus is on emotional communication and interpersonal dynamics and with so much of the work being done through art, play and the therapist’s processing of the relationship dynamics, children with limited verbal ability can be helped as well as those who want to talk and/or who can understand at a sophisticated level.

With younger children, art and play will most likely be the way the child communicates, with much of the processing done within the practitioner’s mind, and any verbal interpretation will be geared sensitively to the child’s level of linguistic ability and understanding. With older children and adolescents, more will be done in words, and interpretations may be more elaborate, making more explicit the patterns observed and their links with those from the family or from the past.

Whatever the age of the client, however, what brings about change is often less the explicit working out of a narrative link between past and present but more the way in which, during the therapy, the old and now out-of-date relationships are re-created but this time worked through differently, with the therapist reflecting on, having insight into and curiosity about their meaning, rather than just responding or retaliating. In Anna Freud's words, the therapist is both a 'transference object', and a 'new object', offering the child a different kind of experience, and thereby promoting the child's own capacity to accept and welcome new experiences.

## **The Psychodynamic Approach and Diversity**

Whilst the psychodynamic approach emphasises the role of the internal world, it also offers a powerful set of tools for exploring the way in which external social and cultural differences impact upon the child. By focusing closely on the way in which the world is subjectively experienced, the psychodynamic approach encourages genuine curiosity about how culture both shapes and is shaped for each individual, and how the wider social landscape is experienced.

In the past, psychodynamic practitioners were liable to overstress the individual and the internal, but more recently there has been much greater appreciation of both the obvious and more subtle ways in which such forces as racism and the social unconscious influence our relationships both with ourselves and with others.

It has already been emphasised that it is powerful for young people to have a counsellor who can clear-sightedly process the anxieties and negative feelings they may be experiencing within the therapy, and this would include their experience and understanding of any perceived differences. The counsellor needs to be alert to the child's experience and perception of her and the therapeutic setting, with openness to how much the differences between them will be shaping how she and the work might appear. The counsellor can explore how pre-judgements and expectations of pre-judgement in others affect the child, appreciating the anger and hurt they can cause but also looking into how this child particularly resonates with and responds to such pressures and their possible internalisation of or reactions to racism and cultural expectations. She needs to be attentive to her own cultural



assumptions and attuned to how different from the child's her own background may be and how this has shaped her attitudes. The emphasis on the *sense* the child is making of their individual and social world means that psychodynamic work can be used to explore whatever conflicts and vulnerabilities are getting in the child's way, as well as assisting the child in processing the meaning of their own cultural journey.

Psychodynamic thinking is also immensely useful in the exploration of children's experiences of their own sexual and gender identities. It is steeped in the understanding of the complexities of individual sexual development and behaviour, and provides the counsellor with a flexible approach, whether in exploring identifications and defences against intimacy and vulnerability or in helping the child establish more clearly their own sense of who they are.

## **Using the Psychodynamic Approach in Short-Term Work**

If one thinks of the essence of psychodynamic therapy being the reconfiguring of a child's inner world, removing unhelpful defences and developing more benign inner relationships, then it is true that this work can take a long time, as it involves major restructuring of the child's way of relating to the world, in the context of a safe-enough space.

However, therapists are increasingly developing more short-term approaches to psychodynamic therapy (e.g. Cregeen et al., 2017). Particularly with older children and adolescents, it is possible to help a client swiftly by helping them see what internal conflicts lie hidden in their presenting problems. For example, Sam, 15, was consciously desperate to do well in his GCSEs, particularly to impress his father who had left 2 years earlier – and to be in a position to follow in his footsteps. But he found himself endlessly procrastinating and avoiding his revision. In counselling it was quickly possible for his deep hurt and anger with his father to come to the surface, giving him insight into the unconscious sabotage that was going on. Once this was conscious he found it much easier to make himself work, on his own behalf rather than in an attempt to resolve his emotional difficulties with his father. Longer-term work might have led to deeper levels of meaning and other kinds of changes, but short-term work enabled Sam to deal with the specific problem he was facing – his problems

preparing for his exams – and also awakened in him a curiosity about the links between his behaviour and his deeper thoughts and feelings about the people around him.

Uncovering patterns, making links that are as yet unacknowledged and recognising ambivalent feelings are ways in which brief psychodynamic work can be effective. Sometimes it is enough for a child or adolescent just to have their feelings recognised, named and validated as, for whatever reason, how they are experiencing things is difficult for their carers to acknowledge. This can be immensely healing in its own right.

## **Inter-Agency Working**

Psychodynamic thinking has been used to great effect in the understanding of organisational and network dynamics. The understanding of how projective processes and other defensive responses to anxiety can engender and exacerbate interpersonal difficulties has been applied to how colleagues and agencies relate to one another, with particular alertness to how unhelpful dynamics and enactments can occur (Obholzer et al., 1992). A psychodynamic practitioner can be very well placed to understand why and how well-meaning professionals might not find it easy to work well together.

For example, the care staff at Bella's (aged 5) residential home felt powerfully dismissed and undervalued by her social worker and also wary of potential adoptive parents. They were taking the brunt of aggressive but desperately needy behaviour from Bella, and felt unsupported by their own managers. Instead of all elements of the network working together on the child's behalf there was great tension between them. In many ways the staff members were re-enacting dynamics that had their origin in Bella's own fraught family background. She was expressing the damage that had been done by abusive and neglectful parents but this fed into the sense of neglect and abuse felt by the staff. The difficulty in processing her pain and the complexity of her needs led each professional to take up a place in a reworking of abuser/rescuer/helpless victim dynamic (Kegerreis, 1987), which made it difficult to collaborate effectively. The psychodynamic counsellor working with Bella gained sufficient insight into her experiences and functioning to be able to disentangle this and help each person in the network to understand more fully what was unconsciously affecting their capacity to

cooperate, leading to much more effective teamwork and the eventual successful transition from the home.

Psychodynamic practitioners have long functioned well within multidisciplinary Child and Adolescent Mental Health Services (CAMHS) teams, and collaboration with other professionals is integral to their thinking. The focus on the internal world of the child is most effective if the parents are also getting support from another professional in helping the child to change and in addressing their part in the relationship.

## **Returning to Paolo**

After the discomfort of her initial feelings of being de-skilled when meeting Paolo, his counsellor was able to draw on her psychodynamic thinking, and to process her counter-transference in a number of ways. First, she realised that her lack of connection with Paolo was not just her own failure, but was similar to how the staff at school and, to some extent, his parents felt. Second, she realised that her experience of nothing making much sense and the links between things being obscure and arbitrary was an indication of how this child experienced his world.

When with Paolo she put these experiences and thoughts into words. He let her know how much difficulty he had in getting properly in touch with, let alone making sense of, his feelings. His recourse to repetitive games was in part a retreat from what baffled and perplexed him in the real world of other people. He sought distraction and excitement in a fantasy world that offered escape from his sense of disconnection and disarray. Given his difficulty in staying in touch with reality it was not surprising that applying himself to learning was a challenge.

One important strand in the work with Paolo consisted of helping him grasp and identify his own feelings. Another consisted of the counsellor first registering, then processing and bearing, then being able to feed back to him the experience – clearly one he had himself struggled with – of not being emotionally connected to. His parents were kind, but for a range of reasons had not been consistently able to reach out and try to understand this little boy. Paolo responded strongly to the therapist's interest in his emotional life and week by week built better links both inside himself and

between him and others. His play became more coherent, with clear narratives and consistent relationships. He calmed down, as he no longer needed to distract himself so much from his own confusion. As he became more at ease inside his own mind, he began to be able to learn. He was also increasingly able to mentalise, that is, to be curious about his own mind and that of others, which meant that his capacity to relate to other children improved (Midgley and Vrouva, 2012). Regular meetings with his parents also helped them to see the importance of looking beyond Paolo's behaviour, and seeing him as a child with his own mind and his own feelings. The counsellor helped the parents recognise their own resistances to doing this, which led to them acknowledging their own need to address issues in the marital relationship, and they chose to attend couples counselling.

## **Research Including Evidence-Based Practice and Practice-Based Evidence**

Paulo was helped in his counselling, but one successful case is not an evidence base. For many years psychoanalytic and psychodynamic therapies have been considered to lack a credible evidence of effectiveness. However, this situation has begun to change over recent years, particularly in relation to adult work. Shedler's landmark paper on 'The efficacy of psychodynamic therapy' (2010) showed that these therapies are at least as effective as other forms of treatment long-regarded as 'evidence-based', and that patients who receive such treatment not only appear to maintain their therapeutic gains after treatment ends, but in many instances continue to improve after treatment ends.

Regarding child work, there has been a rich clinical literature, and a strong tradition of qualitative, practice-based research (see Midgley et al., 2009), but the evidence base is still a work in progress. A number of systematic reviews have now been published (e.g. Palmer et al., 2012), as well as a meta-analysis of short-term psychodynamic therapies for young people (Abbass et al., 2012). A recent systematic review (Midgley et al., in press) gives as complete a picture as possible of the existing evidence base for individual psychodynamic psychotherapy for children aged between 3 and 18.

Key conclusions from this review included the following:

- Although few in number, studies indicate that psychodynamic treatment can be effective for a range of childhood disorders.
- Psychodynamic treatment of children and adolescents appears to be equally effective overall to comparison treatments, with some studies suggesting it is more, some less and some equally effective.
- It may have a different pattern of effect to other treatments, for example it might not be as swift but it might be more sustained, with a possible ‘sleeper effect’ of improvement continuing after therapy ends.
- Younger children appear to benefit more than older ones, but studies suggest that older children and adolescents can also benefit from psychodynamic therapy.
- Children with emotional or internalising disorders respond better than those with disruptive/externalising disorders, with an especially strong evidence base emerging for the treatment of children and young people with depression.

The largest ever study to take place, the IMPACT study (Goodyer et al., 2017), compared a short-term psychodynamic psychotherapy (STPP) to cognitive-behavioural therapy and to a brief psychosocial intervention, in the treatment of adolescents with moderate to severe depression. Young people in all three arms of the study showed significantly reduced symptoms, and these were sustained 1 year after the end of treatment. Indeed, 85% of adolescents receiving STPP no longer met diagnostic criteria for depression 1 year after the end of treatment. Importantly, all three treatments were equally cost-effective.

## Summary

The psychodynamic approach has three main distinctive features:

1. Emphasis on the power of unconscious dynamics at work in all of us.

2. The central importance of early experiences in shaping how we perceive, experience, behave and relate.
3. The use of the therapy relationship itself in bringing about change.

The therapist uses her observational skills to gain insight into the inner world of the child. The child may play, use art materials and/or talk, and from this and the evolving relationship with her, the therapist elucidates what conflicts, anxieties and defences are at work, and how these are interfering with the child making the most of their opportunities and relationships. She processes this and feeds back to the child where appropriate, whilst appreciating that the receiving and understanding of the child's feelings and providing the child with opportunities for emotional expression and exploration may be powerfully therapeutic in themselves.

With roots in psychoanalysis, psychodynamic work with children has been modified and extended to meet the challenges of the 21st century. Responding to theoretical refinements, clinical experience, different client groups and new knowledge about child development, it now offers a flexible yet powerful tool to help a wide range of children. Psychodynamic therapies with children and young people are also being increasingly 'manualised' (e.g. Cregeen et al., 2017), in a way that makes it clearer for others to see what this form of therapy involves, and for the approach to be scientifically evaluated.

Furthermore, because it also offers so much understanding of the impact of troubled children and families on those who work with them, and the complexity of professional interactions around challenging cases, it can be used effectively in non-clinical as well as clinical settings and to help staff as well as children and families (Kegerreis, 2011; Nicholson et al., 2011).

## **Discussion Questions**

1. How does the psychodynamic approach enable children to change, and to gain greater control over their behaviour?

2. Does psychodynamic thinking suggest that children with abusive pasts are bound to get into abusive relationships later in life?
3. What are the distinctive ways in which a psychodynamic practitioner would behave with and talk to a child?
4. Why would a psychodynamic practitioner pay a lot of attention to how they were feeling in their interactions with clients?
5. What toys or play materials would you provide for a child of 7? 11?

## Develop Your Skills

1. Observation:
  - Watch someone you are not interacting with for 10 minutes and later write down in as much detail as you can exactly what you saw, heard and experienced.
  - Discuss with a partner what you can infer from what you observed about the person.
2. Listening:
  - With a partner, take it in turns to tell a story from your own life. The listener can practise different elements of good listening in each workshop opportunity.
  - Listen with a view to being able to *remember the facts* and then retell to see if this was accurate, with attention paid to what might have been misremembered as well as remembered.
  - Listen with attention *only* to the feelings being expressed – discuss.
  - Listen with attention *only* to the listener's own sensations and responses – discuss.
3. Explore transference:

- Write down your feelings about three figures who have had authority over you.
- Are there any similarities? Key differences?

What earlier relationships might be affecting your experiences of these people?

## Further Reading

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## Online Resources

MindEd

Self-awareness

Communicating Empathy

The Evidence for Counselling Children and Young People

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