PSYCHOLOGICAL HOLDING OF UNCONSCIOUS PROCESS THROUGH THE SUPERVISORY FRAME

Implications of the “Holding” Study

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This presentation will cover factors which influence degrees of holding in:

- Therapeutic Practice
- Worker Support
- Organisational processes
The SPPF paper argues that the concept of holding is a useful lens with which to develop and observe aspects of processes and systems designed to help people who are severely distressed.

Slochower describes holding in psychotherapeutic practice as “.. an emotionally protective space, co-constructed by analyst and patient, that facilitates interior exploration and supports an illusion of analytic attunement”.

UK Council for Psychotherapy
Holding in Psychotherapy Practice

A consistent **frame** consisting of clear statements about:

- Place and Time of appointments
- Boundaries in regard to, amongst other things, contact outside sessions, physical contact, therapist’s personal disclosure

Safety

An attitude of **empathic concern** and respect for the individuality of the service user in relation to developmental stage, culture, personality etc; a respect for their ‘personhood’.

A framework which is **risk aware**, but not **risk averse**.

A dynamic engagement with the service user that acknowledges power imbalance and yet attempts to promote a sense of **informed agency**.

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“Holding, containing and boundarying are not things that we do to clients. The process needs to be actively shared, negotiated and dialogical. We can’t just decide to ‘hold’ the client. The client has to accept the holding; they need at some level to take in our witnessing and containing presence and to feel held.”

The boundaries within holding can be seen as ‘structured defences’ that serve the aims of the therapy. At their most beneficial they are *enabling* defences; but they can become *disabling* defences when their rigidity works against the aims of the therapy, when the therapist over-protects themselves; then the client is not heard, nor respected. The **client has no voice in an overly-boundaried and risk averse setting.**
Enabling and Disabling Defences
“Holding” – Helping Systems

If the Helping System provides effective holding then the client of the system is better helped and the wellbeing of the staff working within the system better promoted and maintained.
“The Helping System”

The Client in Distress
Individual Therapists and their Supervisors
Clinical Staff with face to face contact
Teams and their Managers
Community Resources such as
Police, Para-Medical services & Social Work
Bureaucratic support systems
Funders and Politicians
“Challenges for The Helping System”

- To contain the emotional content that the client brings and the Therapist’s reactions, and
- endeavour to prevent them from entering the helping system.

- To contain the tensions produced within organisational processes, and
- avoid them adversely affecting the interventions aimed at helping the distressed person
Organisational Holding

The worker has to hold the boundary between themselves and their client. The degree to which they are able to do this in a way that enables the boundary to be a ‘semi-permeable membrane’ rather than a brick wall will depend on many factors, including the degree to which the worker is held by their organisational context. This may be an organisation in which they are employed or organisations with which they interact (e.g. referrers and funders).
“The Helping System”

Examples of Characteristics of the Helping system that may influence the degree to which workers and service users feel held:

- Value systems and the tensions between them
- The degree to which systems manage anxieties
- The degrees of awareness of “Organisational Pathogens”
Interventions with Distressed People are effectively the meeting point of four value systems and decisions which have arisen from them:

- Professional
- Bureaucratic
- Managerial
- Political

All of which impinge upon the worker in their attempts to help, and consequently on the Service User.
## Values

<table>
<thead>
<tr>
<th>Bureaucratic Value System</th>
<th>Professional Value System</th>
<th>Managerial Value System</th>
<th>Political Value System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Values Rules and Procedures</td>
<td>Values Healthy Outcomes</td>
<td>Values Economy, Efficiency and Effectiveness</td>
<td>Values popularity and political ideology</td>
</tr>
<tr>
<td>Generally Short term procedure-related goals.</td>
<td>Generally middle to long term goals</td>
<td>Generally short to middle term goals</td>
<td>Time frames reflect election cycles</td>
</tr>
<tr>
<td>Decisions are made on the basis of externally defined rules (including legislation)</td>
<td>Decisions made on the basis of negotiation and knowledge base. Staff have responsibility for decisions</td>
<td>Decisions made on the basis of cost</td>
<td>Decisions made on the basis of interlocking interests and long term “Health of the Nation”</td>
</tr>
<tr>
<td>Energy directed towards finding ways of not providing resources</td>
<td>Energy directed towards finding ways of providing resources to meet need</td>
<td>Energy directed towards the achievement of internally defined goals</td>
<td>Energy directed towards goals influenced by Economic theory and political ideology</td>
</tr>
<tr>
<td>Outcomes defined in terms of degrees of error.</td>
<td>Outcomes defined in terms of Individual and public health</td>
<td>Outcomes expressed in financial or organisational terms</td>
<td>Outcomes defined in terms of (economic) state of nation,</td>
</tr>
</tbody>
</table>
When one Value system dominates

<table>
<thead>
<tr>
<th>Bureaucratic Value System</th>
<th>Professional Value System</th>
<th>Managerial Value System</th>
<th>Political Value System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rules more important than their purposes - <em>Ritualism.</em></td>
<td>Rules broken to attempt to gain better outcomes. Organisation goes beyond its brief.</td>
<td>Following the latest management theory is more important than monitoring outcomes.</td>
<td>Processes change frequently, reflecting political climate.</td>
</tr>
<tr>
<td>Organisation becomes <em>Persecutory</em> in use of rules.</td>
<td>Insufficient controls, potential fraud.</td>
<td>The management of the organisation becomes more important than the achievement of its purposes.</td>
<td>Individual politicians are able to influence decision-making beyond the rules and perhaps against positive outcomes.</td>
</tr>
<tr>
<td>The tension between bureaucracy and professionalism is acted out between the funder and face to face workers.</td>
<td>Tension between bureaucracy and professionalism is acted out between the funder and the organisation as a whole.</td>
<td>Spending less becomes more important than achieving outcomes. “More for less”</td>
<td>Use of power more important than outcomes</td>
</tr>
</tbody>
</table>

Defences against anxiety

Organisations’ responses to the issues presented by service users may also militate against optimal holding of both the workers and the service user.

They may create systems which, on the surface, indicate a service but in fact become barriers to effective help being offered and received. What might seem to be *enabling* defences are in fact *disabling* defences.
Defences against anxiety

From the Tavistock Institute of Human Relations, Eliot Jaques proposed the idea of social systems as a defense against psychotic anxieties in a seminal paper in 1955. Susan Long says: “The idea of social defences against paranoid and depressive anxiety has grown from a working hypothesis put forward by Jaques in 1955 into a theory of social defenses against the distressing and unbearable emotions aroused by organizational tasks and dynamics.”
Defences against anxiety

Also from the Tavistock Institute, Menzies’ seminal paper on organisational defences discusses the functioning of social systems as a defence against anxiety in a nursing service. She says that “Without a matrix of staff support – if the staff themselves are not ‘held’- they will deny that they need holding, so that dissociation and distancing may ensue” (précis from Cox, 1986). The forms in which that ‘holding’ may occur will vary, as will the degree to which that holding is *relational*.
Defences against anxiety

As Margaret Tonnesmann (1979) says: “...the strong emotional climate, or the absence of feelings by the denial of them (in the workplace) does not simply belong to the workgroup but to the casework... if this point is missed then group members will start to attack and accuse each other, and often, all hell is let loose”.

Or alternatively, the emotional climate in the casework may be a refection of stressors from the organisation. The service user may not feel held by the worker because the worker does not feel held by the organisation.
Organisational Pathogens

A worker’s ability to maintain a safe and dialogic relationship with their client will be influenced by systemic factors. Some of which may be the ways that the organisation responds to the issues presented by their service users and others which will be independent of the service user, but may eventually affect them.
Organisational Pathogens

Psychology Professor, James Reason’s work on human error provides some guidelines on the ways in which combinations of organisational factors, often unrelated to the service user, may weigh heavily on the worker, with sometimes tragic results.
Reason’s “Swiss Cheese” model

Factors which, in combination create a situation where catastrophic errors may occur

- managerial oversights
- lack of foresight
- inadequate budgets
- excessive cost cutting
- Unsuitable equipment
- commercial pressures
- Blame Culture

- ill-defined policies
- lack of awareness of risks
- poor process design
- poor training and selection of personnel
- blurred responsibilities
- missing or flawed defences
Reason’s “Swiss Cheese” model

Herald of Free Enterprise 1987 193 lives lost
Medical Error

**MEDICAL ERRORS NATION’S THIRD BIGGEST KILLER IN 2013**

<table>
<thead>
<tr>
<th>Cause</th>
<th>Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>611,000</td>
</tr>
<tr>
<td>Cancer</td>
<td>585,000</td>
</tr>
<tr>
<td>Medical error</td>
<td>251,000</td>
</tr>
<tr>
<td>COPD</td>
<td>149,000</td>
</tr>
<tr>
<td>Suicide</td>
<td>41,000</td>
</tr>
<tr>
<td>Firearm</td>
<td>34,000</td>
</tr>
<tr>
<td>Motor vehicle</td>
<td>34,000</td>
</tr>
</tbody>
</table>

**Doctors and nurses are the "second victims" of medical errors**

- Extreme sadness: 68%
- Difficulty concentrating: 65%
- Depression: 55%
- Repetitive and intrusive memories: 52%
- Sleep disturbances: 45%
- Avoidance of similar types of patient care: 32%

Source: Martin Makary, Michael Daniel study at Johns Hopkins University School of Medicine
Jim Sergent, USA TODAY

UKCP
UK Council for Psychotherapy
Reason’s “Swiss Cheese” model

For want of a nail the shoe was lost.  
For want of a shoe the horse was lost.  
For want of a horse the rider was lost.  
For want of a rider the battle was lost.  
For want of a battle the kingdom was lost..
Organisational stressors

“In conclusion, it appears that for those working in mental health services, the distressing content of the work is not necessarily a primary stressor, although it can become so when combined with other stressors such as excessive workloads and/or lack of supervision”.

Organisational factors

“Resilience has been shown to be an important element in allowing those working and volunteering in mental health settings to cope with the stressors inherent in their chosen field....

Allowing staff reasonable control over their work, and providing an adequate environment in which to carry out their work, is conducive to building and maintaining resilience”.

Organisational factors

A recent study of staff morale in NHS Mental Health Services reported that:

“. ..crisis teams (24/7 NHS mental health teams) report lower emotional strain and higher levels of control over their work than psychiatric inpatient or CMHT staff lending further support to the idea that degrees of control over work are important in mitigating stress.

Supervision

Clinical Supervision can be seen as a buffer between the emotional world of the client, the personal integrity of the therapist and the organisation. When the inner world of the client arrives unprocessed in the organisation then dysfunction can occur.

Supervision enables the emotional context of the work to be processed and held within the supervision relationship, and thus not enter the organisational system as unprocessed emotionally driven unconscious content.
Supervision

The supervision context must provide a safe, 'held', space for emotional acknowledgment, expression and opportunities to reflect on their (sometimes transferenceal) origins.

MacLaren, Stenhouse & Ritchie researched the supervision of Mental Health Nurses from the perspective of the management of emotions.
Supervision

Their Key Findings were:

• Feeling rules (ideas about what are considered appropriate and acceptable experiences and expressions of emotion) operating in supervision were different to those operating in the organizational culture.

• Supervisors and supervisees were able to create emotion cultures in supervision that allowed the expression and exploration of the supervisee’s emotions.

• Where the emotion culture of supervision facilitated critical reflection it promoted processing of difficult emotions; the re-energizing of the supervisee; and action planning for practice.
Small Groups

How are you held:

• In your client work
• By others in your helping system
• By processes in your helping system

What makes you feel less held:

• In your client work
• By others in your helping system
• By processes in your helping system